IHP news 448: Gearing up for UHC Day

(8 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.

Dear Colleagues,

The week started with a tweet from Dr Tedros, reacting to the merry news that “President Kagame and First Lady Jeannette Kagame are now joining residents in the Kigali city wide work out as part of the monthly car free zone day dedicated to pedestrians sports and cyclists”, with a congratulatory tweet of his own: “Thank you Mr. President @PaulKagame for your leadership. A very important part of our fight against air pollution and #NCDs”. This “TTT” (tricky tweet by Tedros) shows the limits and trade-offs that will need to be kept in mind for WHO’s “stepped up global leadership”, as you know a key focus under dr. Tedros. It’s one thing for WHO to work with every government (including authoritarian ones), as they should, and it’s obviously a good thing if Tedros goes himself to high-profile meetings like G20 & G7 summits to make the case for UHC and other important global health causes. It’s quite another thing, though, to personally (and publicly) pat leaders with somewhat murky track records on the back, for their progressive public health policies. I hope Tedros’ advisor & communication team will thus spend some time on these ‘TTTs’ as well, as they send somewhat “ambiguous” signals on the importance of human rights. At the very least, I’d use country names in congratulatory tweets instead of names of leaders (as Tedros did on the encouraging public health news (on soda taxation) coming from South Africa this week).

Enough on tweets. Tedros’ keynote speech at the official launch of the “Disease Control Priorities 3rd edition” (DCP 3) in London was far more appreciated and forceful. It also came very timely with a view on UHC Day next week (and the 4-day UHC Forum in Tokyo). The latter promises to be an important political milestone to boost support for the UHC agenda in the messy and dangerous world that is, unfortunately, ours. Indeed, for every global & planetary health ray of hope, The Donald & fellow plutocrat crooks are taking a couple of decisions that allow, at best, “cheerful despair” (IHP) on the future of humanity. Still, in spite of the (many) doubts we might have, it’s our duty to work towards a ‘Grand Convergence’, with all the tools, discourses and frames that we have or can think of. One of my own global/planetary health hopes is that Trump succumbs to Alzheimer’s before I do (I admit, that’s a fairly safe bet), and second, that I can still witness the Grand Implosion of predatory capitalism in my lifetime. Hopefully without taking the planet with it.

Also in this newsletter, updates on family planning, migration, humanitarian crises, the ICASA summit in Abidjan, dengue vaccination, and much more. Last but not least, we noticed WHO celebrated its first ever “WHO Respectful Workplace Day” this week. Paraphrasing a well-known global health scholar: Kudos!

Enjoy your reading.
Featured Article

Responsiveness of human resources for health: a key ingredient of functional health systems

Taufique Joarder (Assistant Professor, James P Grant School of Public Health, BRAC University, EV 2010)

I always had trouble convincing my friends from the North how important an issue like responsiveness of human resources for health (HRH) is. I understand, though, it is very difficult for them to assess
news articles like ‘Is there a cure for bad behavior: the toxic demeanor of many Bangladeshi doctors is a disease unto itself’, or ‘Patient’s Death: DMCH doctors assaulted, ward ransacked’, or ‘Patients suffer as doctors take strike nationwide’. These newspaper articles from my country indicate that patients often express their frustration over their physicians’ behavior in a rather aggressive way. As a result, physicians respond to the violent acts of their patients in the form of strikes or refusal to provide services. This sad turn of events eventually causes the suffering of poor, innocent, and helpless patients, often costing their life. Although I gave examples from the popular media, these issues are increasingly being discussed in scholarly articles as well, in the fields of medical anthropology, health service management, health policy and systems research, etc.

In fact, I was so confident about the abundance of these types of news articles that, on the day of my doctoral proposal presentation on the responsiveness of physicians in rural Bangladesh, I took a risky yet interesting step. Before starting my PowerPoint presentation, I said to my examiners that I was ready to check any random Bangladeshi newspaper, being sure that there would be something relevant to my topic. Still, I was taken aback when I clicked on the link of the most popular Bangladeshi newspaper, the Daily Prothom Alo. The front page featured the news of a physician beating the journalist whom I had interviewed just a few weeks ago in relation to a research project. The journalist was unfortunate, but I was lucky, as I could rest my case.

Being a Bangladeshi physician, however, I did not have to resort to these newspaper clips or journal articles to find out about physicians’ lack of responsiveness (not all of them, of course). As a medical student I witnessed how a teaching surgeon pulled down an elderly person’s pant, in the middle of a crowded hospital ward, to show us how an inguinal hernia looked like. I witnessed another elderly patient being thrown out of the orthopedic consultation room just for asking what his diagnosis was. Being a physician, and with all my family members also being physicians, it’s perhaps no wonder that I chose to do my doctoral thesis on the pertinent issue of responsiveness. Indeed, if I didn’t, who would do so?

“Responsiveness” refers to the social actions that HRH take to meet the legitimate expectations of service seekers. The World Health Report 2006 identified four domains of HRH performance: availability, competence, productivity and responsiveness. There’s an abundance of literature on the first three domains, but there are hardly any articles on HRH responsiveness. In my literature review, I found only four such studies. One primarily discussed the overall HRH performance; responsiveness came as a part of an overall discussion on performance. The second one involved telephone interviews of European patients, but did not discuss how the construct of responsiveness was derived. The third one, a study on Brazilian nurses, described the psychometric steps in developing an instrument to assess their responsiveness; but again, this study failed to clarify the method used for developing the construct. The fourth one concerned Thailand, analyzing the degree of responsiveness of physicians, but it did neither clarify the concept of responsiveness nor investigate the reliability and validity of the tool used.

So, my task was challenging, as I had to first understand what responsiveness meant to the physicians as well as to the patients. I thus conducted a qualitative study involving interviews and focus group discussions with the service providers and clients, followed by observation of actual consultations. In the next step, based on the qualitative findings, coupled with literature review, I developed a structured observation tool to measure responsiveness. Applying the tool on 393 physician consultations, I developed the Responsiveness of Physicians Scale (ROP-Scale) after psychometric analyses and tests of validity and reliability. The ROP-Scale consists of 34 items, grouped under five domains, namely, Friendliness, Respecting, Informing and Guiding, Gaining Trust, and Financial Sensitivity.
I also employed the tool to distinguish the responsiveness of the public sector physicians vs. the private sector’s. Most of such previous comparative studies in Bangladesh had found the private sector outperforming the public. We, however, discovered in the qualitative part of our study that neither of the sectors actually live up to the expectations of the people. Although private sector physicians scored slightly higher on the overall scale, public sector physicians scored higher in domains of Gaining Trust and Financial Sensitivity; private sector ones in the remaining domains. The ‘Respecting’ domain was considered the most important domain in terms of responsiveness.

In spite of this criticism, I must acknowledge the huge workload Bangladeshi physicians endure, and their provision of health care against a backdrop of extremely scarce health systems support. Many physicians, in fact most of the ones under my observation, were quite respectful to the patients, and supportive towards my study.

My take-home message is that Bangladesh and similar countries with a booming and unregulated private health sector, urgently need well-defined and functioning regulatory and mediatory mechanisms. If people don’t find a legitimate and regular way of venting their frustrations, they will do so in a rather unexpected way, which is neither good for them nor for the physicians. Obviously it’s not good for the health system as a whole either.

### Highlights of the week

**Run-up to UHC Day (& the UHC Forum in Tokyo)**

We start with a few highlights, preparing the (UHC) ground for the UHC Forum in Tokyo next week.

**Launch of Disease Control Priorities 3rd Edition (DCP 3) (6 December, in London)**

http://www.thelancet.com/disease-control-priorities-3

“The nine-volume Disease Control Priorities 3rd edition (DCP3), addresses the different needs of low-income and lower-middle-income countries at different stages in the development of their health systems, as they journey along the pathway to universal health coverage. Each DCP3 volume defines an essential package containing a mix of intersectoral policies and health-sector interventions around a topic area, and reflects the concerns of a professional community (eg, cardiovascular disease, child health, surgery, or mental health). The essential packages comprise interventions that are cost effective, implementable, and address substantial disease burdens. The Lancet has published summaries of the findings of most of the nine DCP3 volumes.”

Read the [Comment](http://www.thelancet.com/disease-control-priorities-3) (by Pam Das & Richard Horton) and check out the summaries.

A series of interesting tweets from the Launch in London, then (which featured, among others, Dr Tedros, Horton, Agnès Soucat, Dean Jamison, Jaime Sepulveda (no – not Sepultura),...):
“Today, sees the launch of the 3rd edition of the Disease Control Priorities (#DCP3), a herculean endeavour, which focuses on essential packages of interventions for health in LIC & LMIC on the pathway to #UHC.”

#DCP3 will help reconcile the contradictions of #GPW13-focus/priorities versus being asked to address lower priority areas #UHC top priority, central to @who mandate says @DrTedros

.@DrTedros: #DCP3 really matters in my efforts to convince countries that investing in health reaps dividends

“#DCP3 gives us powerful evidence about what priorities should be considered by countries to deliver UHC.” @richardhorton1 opens the #DCP3 launch.

Priorities are needed on the path to UHC, says Richard Horton @TheLancet

.@DrTedros: #UHC is an affordable dream, as this @LancetGH article shows http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2817%2930263-2/fulltext#.Wie492CKsGA.twitter ... #DCP3

@DrTedros #UHC is the centre of gravity for global health and WHO 's top priority #DCP3

@DrTedros from @WHO introduces the #DCP3 series as an important priority setting tool

Dean Jamison-the chief architect of #DCP3 & @Lancet Commission for health. He draws on the notion of “grand convergence”, where highest priority packages of interventions will achieve huge reductions in mortality.

@richardhorton1 articulated that #DCP3 can be the mechanism to deliver on #UHC and reconcile the contradictory demands placed on @DrTedros & @WHO to address member states demand to limit priorities while being asked to add a laundry list of priorities in the #GPW13 @TheLancet

@asoucat #UHC has now reached a high level of consensus. #DCP3 is already being taken up @WHO to respond to country demands.

@asoucat #DCP3 reflects state of play now, but things will change. Going forward-Need 3 Ds=data, dialogue, decision at global & country level

#UHC is not only about health. It’s about jobs, finance, social cohesion. It’s a political issue. @asoucat on #DCP3 panel @DCPThree

Jaime Sepúlveda: of the 71 intersectoral & 218 health sector interventions in #DCP3 will need local champions from countries to revise what is already in place & allocate resource accordingly.
We’re reminded that #UHC is not only about health. It’s about poverty alleviation, economic growth & development, social cohesion, security, peace #DCP3

Three independent analyses broadly agree: investing in UHC will cost around $200 billion annually by 2030, averting 4-6 million deaths.

@gatesfoundation remain committed to the DCP endeavour. A commissioned impact review of DCP1,2, & 3 expected in early 2018. Foundation funding #DCP3 knowledge extraction & implementation in Afghanistan, Ethiopia, & India. Mention of a DCP4 (but thankfully, not for a while)!

Dr Tedros: “No country will be able to treat its way to Universal Health Coverage.“ #DCP3

Horton at DCP3 launch in London declares change of heart regarding economics and calls for change in language from investing in health systems to investing in health economy. Lots of discussion about the “How To” of DCP locally. Lets talk implementation.”

HSG, the Alliance & many other actors are gearing up for the UHC forum in Tokyo

http://universalhealthcoverageday.org/forum/

HSG, among others, with a series of blogs on UHC: see for example Law, Regulation and Policy: How do they impact UHC? (by A Dutta et al) Many more blogs to come in the coming days.

HSG - UHC at the Tokyo Forum

Worth giving in full, as it sets the scene quite well:

“Health Systems Global will be flying the flag for health policy and systems research at the UHC Forum in Tokyo from 12 to 15 December. The UHC Forum is hosted by the Government of Japan, World Bank, World Health Organization, UNICEF, UHC2030, and JICA. The Forum – which is part of 2017 UHC campaign culminating on UHC Day on 12 December – aims to galvanize the health sector, countries, development partners, civil society and the private sector toward the common goal of UHC and highlight country success and breakthrough experiences to accelerate the progress of UHC. We would like to invite all UHC Forum participants, including HSG members who will be in Tokyo, to join us at the two side events we will be hosting with the Alliance for Health Policy and Systems Research:

• Domestic Financing of HPSR: key to UHC, Tuesday 12 December, 8AM TO 9AM, Peony room
• Embedding Health Systems Research within Health Systems to Achieve UHC, Friday 15 December, 12:30PM to 14:30PM, Fukuju room

... ... In the run-up to the UHC Forum, we are aiming to create a real buzz on social media around how health systems and policy research is fundamental to achieving universal health coverage by 2030. As part of this, we are running a Thunderclap social media campaign. For this to be successful, we need your support! https://www.thunderclap.it/projects/65622-evidence-for-uhc2030 “
Hope many of you join this Thunderclap campaign!! Takes only 5 seconds to join.

PS: the campaign will surely be further invigorated by today’s Lancet Editorial - Putting research evidence at the heart of policy making (focusing on China): “…in today’s Lancet, two Articles display how research addressing knowledge gaps can inform policy for hypertension control in China.”

As for a detailed agenda of the Tokyo UHC Forum, see Tokyo Forum. A bit the “Who’s Who” in Global Health, with many of the usual suspects. Including, naturally, Tim Evans 4 All.

Lancet (Offline) – Offline: The tasks facing Dr Tedros

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33137-9/fulltext

(must-read!!!) Richard Horton’s view on the process around (and stakes of) the 13th GPW of WHO, the tasks Tedros faces, and a recap of a recent Global Health Lab in London on WHO.

He ends somewhat disappointingly in my opinion (at least if you want WHO also to play a key role in tackling commercial determinants of health and on planetary health), “… Tedros will receive a great deal of well intentioned advice as he begins to rewrite WHO’s strategy for his sceptical Executive Board. It will be impossible to satisfy every demand made by member states. He should not try to do so. Tedros will be judged mainly on his ability to protect countries from unexpected epidemic outbreaks. Beyond that, he must choose what is necessary, tempered by what is possible.”

Chatham House paper – Hospital Detentions for Non-payment of Fees: A Denial of Rights and Dignity


Must-read on a very important (and outrageous human rights) issue, and a problem endemic in far too many countries. “A new paper assesses the prevalence of medical detentions globally, the health and human rights impacts, and policy options to reduce and eradicate the practice.”

Read also Rob’s Op-Ed in Stat News - Hospitals that act as modern-day debtor prisons deny rights and dignity.

And a Lancet Editorial on the same topic - When a hospital becomes a prison. “… On Dec 6, 2017, Chatham House released a paper by Robert Yates and colleagues describing the global health and human rights implications of hospital detention, estimating that hundreds of thousands of people could be subjected to the practice each year....”
“The paper reviews literature published between 2003 and 2017, concluding that hospital detention occurs in sub-Saharan Africa, India, and Indonesia. ... Although many countries have not explicitly banned hospital detention, the practice is generally considered against international law, with the International Covenant on Civil and Political Rights prohibiting detention for failure to pay a debt. Yet national legal reforms alone are unlikely to solve the problem. Systematic health financing reforms to prevent people incurring unaffordable medical bills must be part of the response—placing the pursuit of universal health coverage at the centre of ensuring that patients do not become prisoners when they are at their most vulnerable.”

Gender & global health

Time’s Person of the Year: Time honours abuse ’silence breakers’


You probably already know this, but it’s still big (and encouraging) news. “Time magazine has named "the Silence Breakers" - women who spoke out against sexual abuse and harassment - as its Person of the Year. The movement is most closely associated with the #MeToo hashtag which sprung up as allegations emerged against Hollywood producer Harvey Weinstein. But Time says the hashtag is “part of the picture, but not all of it”. "This is the fastest-moving social change we’ve seen in decades," editor-in-chief Edward Felsenthal said.”

Let’s indeed hope the social movement will encompass all countries & ranks of society in the months & years to come.

And of course, it was lovely that The Donald was just ‘runner-up’ this year.

Wellcome Trust explores diversity rules for funding applications


News from late November: “Institutions that do not meet standards in areas such as gender may be ineligible for grants.” “One of the world’s largest biomedical research charities is exploring introducing diversity requirements that institutions would have to meet in order for their researchers to secure funding. The Wellcome Trust has made equality and inclusion one of its six priority areas and is hoping to change the culture in research that typically gives men an upper hand. It will invest £12.5 million over five years to establish a programme on the issue....”

As somebody put it (I bet you know who) on Twitter: “Kudos to Wellcome Trust, - timely, welcome & important; could have major impact in #women in science, medicine & health globally.”
Lancet Women Twitter chat (earlier this week)

#LancetWomen

“Women in science, medicine & global health: our call for papers highlighted several issues we are hoping to address in our themed issue, what should we focus on?”

Check it out, via the hashtag. Or else, do wait for the (forthcoming) Storify.

The Wire - Global Fund Elections and What They Say About US’s Influence in Global Health Politics


One of the articles of the week, and thus an absolute must-read. “Peter Sands was elected the executive director of the Global Fund even though he did not have American support, perhaps indicating the country’s waning importance.” By P Patnaik, a Geneva-based journalist/researcher.

Global humanitarian crisis

Much of the world is a mess, and in the humanitarian area, it’s probably worst of all. Some headlines & reads of this week:


From last week already: “The United Nations launched a record annual humanitarian appeal on Friday, asking donors for $22.5 billion to meet the needs of 90.1 million in 2018, mainly because of wars in Africa and Middle East....”

Rohingya genocide/humanitarian crisis:

WHO - [Diphtheria is rapidly spreading among Rohingya refugees in Cox’s Bazar, Bangladesh, WHO warned today.](https://www.who.int/csr/don/24-september-2018) (just one of the many horror stories on this crisis, happily ignored by most of the world)

Yemen:


“Diphtheria, a deadly infectious disease once thought to have been largely eradicated, has now joined cholera as a public-health scourge threatening war-torn Yemen, where a blockade by Saudi Arabia has impeded emergency aid....”

Meanwhile, Reuters reported that “Cholera could resurge in Yemen due to lack of aid, fuel -WHO”

See also a Lancet World Report - Millions in need of humanitarian assistance in Yemen.

Other crises, even further from the limelight:

New Yorker - Lake Chad: The World’s Most Complex Humanitarian Disaster (in-depth piece)

The Guardian, on Syria - Children bear ‘disproportionate lethal impact’ of Syrian war, warns study “Child deaths are on the rise in Syria’s war, according to estimates that show one in four civilians killed in 2016 was under the age of 18. The authors of a study published in the Lancet Global Health said aerial bombing in urban areas had “a disproportionate lethal impact on civilians, particularly children”.”

Based on a new study in the Lancet Global Health: “Patterns of civilian and child deaths due to war-related violence in Syria: a comparative analysis from the Violation Documentation Center dataset, 2011–16.”

Devex - World Food Programme DRC lead calls for urgent donor conference “The Democratic Republic of Congo is faring worse than humanitarian groups previously thought, and a donor conference is required to halt widespread starvation and disease as financial needs for the crisis have doubled, according to the World Food Programme’s country director, Claude Jibidar. His comments come as aid groups warned on Wednesday that the displacement crisis in DRC is outstripping those in Syria, Yemen, and Iraq, with 1.7 million people forced to flee their homes....”

Devex - UK pledges 40M pounds to 'modern slavery' as experts search for common definition (short report on the UK announcement of last week on slavery – “The U.K. secretary of state for international development pledged 40 million pounds ($54 million) to combat “modern slavery” on Friday in a move celebrated by many in the aid community — although some worried that the issue, which has also been a focus of U.K. domestic policy, still lacks a coherent and internationally sanctioned definition...”

Migration

IISD – Mexico Hosts Migration Stocktaking Meeting (4-6 December)
http://sdg.iisd.org/news/mexico-hosts-migration-stocktaking-meeting/
“UN Member States [are gathering] to take stock of inputs to the global compact on migration, on which they will enter negotiations in early 2018. The preparatory stocktaking meeting convenes in Puerto Vallarta, Mexico, from 4-6 December 2017. The meeting marks the beginning of the second phase of the preparatory process for the Conference....”

“A three-day preparatory meeting [will] include: a retrospection session to look back on Phase I (consultations); an “idea lab” session to stimulate analysis, innovative visions, and concrete objectives; six ‘Action Groups' addressing various dimensions of migration; and a follow-up and implementation session on forming a coherent institutional architecture and partnerships. On the eve of the meeting in Mexico, the US announced that it has decided to “end participation in the UN process to develop a Global Compact on Migration.” Also ahead of the meeting, UNICEF and World Vision issued recommendations on placing uprooted children's wellbeing at the center of the global compact.”

See also (UN News) - Recognize migration’s positive impact, address its challenges in realistic way, urges senior UN official (on the start of the meeting in Mexico: “Noting that the movement of people across borders is a global reality, a senior United Nations official stressed that policy decisions governing migration must be based on fact and not on perception or myth.”)

UN News - “... The next step in this process towards the Global Compact is the Secretary-General’s report on migration, expected to be released before mid-January 2018, followed by intergovernmental negotiations (expected to begin in February and conclude in July).

The Global Compact will be presented for adoption at an intergovernmental conference on international migration that will be held in Morocco at the end of 2018...”

CGD blog - Next Week There Is a Chance to Shape Global Migration This Century, Here Is One Way to Seize It. (analysis ahead of the meeting, by M Clemens) “...The Compact should commit to piloting Global Skill Partnership agreements between developing countries of migrant origin and developed countries of migrant destination....”

Mark Leon Goldberg (UN Dispatch) on the meeting & the US decision to pull out: The Trump Administration Pulls out of the Global Compact on Migration for No Good reason

“...Much like the Paris Agreement pullout the Trump administration’s decision to withdraw from the Global Compact on Migration is a symbolic snub with no real upside. The Compact, like the Paris Agreement, is not a legally binding instrument. It is not a treaty that obliges signatories to follow certain rules. Rather, it is intended to be a platform where countries can find some common ground common global challenges — like combating human trafficking; or how to approach the challenge of reuniting unaccompanied minors with their families...”

Still, the way the Americans framed their decision — “US envoy says “plan for more humane strategy is incompatible with US sovereignty” doesn’t bode well for the future (nor for migrants in general)
UN News - Donors make initial pledges of $857 million to fund UN refugee agency’s work in 2018


“Donor governments on Tuesday pledged an initial $857 million to fund the United Nations refugee agency’s work to help some 67 million displaced or stateless people worldwide in 2018. The Office of the UN High Commissioner for Refugees (UNHCR) said that while the pledges made at an annual meeting in Geneva represent only 11 per cent of its total 2018 funding needs of over $7.5 billion, they indicate the anticipated funding levels next year....”

International Day of Persons with Disabilities (IDPD), 3 December 2017

UN News – Remove physical, cultural barriers; build inclusive societies ‘for, by and with persons with disabilities’ – UN


“Persons with disabilities, as both beneficiaries and agents of change, can fast track the process towards inclusive and sustainable development, and for the 2030 Agenda to truly live up to its promise to ‘leave no one behind,’ all physical and cultural barriers must be removed to create societies that provide real opportunities for everyone everywhere, the United Nations has said. The theme of the 2017 edition of the International Day of Persons with Disabilities was ‘Transformation towards sustainable and resilient society for all,’ and the UN is urging governments, persons with disabilities and their representative organizations, academic institutions and the private sector to work as a ‘team to achieve the Sustainable Development Goals (SDGs)....”

See also a tweet from dr Tedros:

“Over 1 billion people in the world live with some form of disability. Disabilities can be extremely diverse. While some health conditions associated with disability result in poor health and extensive health care needs, others do not #HealthForAll”

Devex - Advocates welcome DFID pledge on disability, warn of complexities

“The new head of the United Kingdom’s Department for International Development has pledged to put disability “at the heart” of everything it does in her first public speech since taking the role. Speaking ahead of International Day of People with Disabilities on Sunday, Penny Mordaunt — who was appointed last month following the shock departure of Priti Patel — said the issue of disability-inclusive development “will be one of my top priorities.” In her first speech as U.K. secretary of state for international development, Penny Mordaunt [will announce] Thursday that the country is to host a major summit on disability-inclusive development in 2018, building on her background as minister for disabled people. Advocates welcomed the commitment but warned that DFID will need to be careful about how it approaches the complex issue. More work is needed to help people with
multiple disabilities, they said, and larger international NGOs and agencies must be more involved in the issue...”

UN Convention on Biological Diversity (CBD) (meeting in Montreal)

Some reads related to this meeting:

Science (Policy Forum) - Principles for gene drive research

http://science.sciencemag.org/content/358/6367/1135/tab-pdf

Was published ahead of this meeting. “Sponsors and supporters of gene drive research respond to a National Academies report.”

Guardian - US military agency invests $100m in genetic extinction technologies


“A US military agency is investing $100m in genetic extinction technologies that could wipe out malarial mosquitoes, invasive rodents or other species, emails released under freedom of information rules show. The documents suggest that the US’s secretive Defense Advanced Research Projects Agency (Darpa) has become the world’s largest funder of “gene drive” research and will raise tensions ahead of a UN expert committee meeting in Montreal [beginning on Tuesday]. The UN Convention on Biological Diversity (CBD) is debating whether to impose a moratorium on the gene research next year and several southern countries fear a possible military application. UN diplomats confirmed that the new email release would worsen the “bad name” of gene drives in some circles. “Many countries [will] have concerns when this technology comes from Darpa, a US military science agency,” one said.”

Nature (Editorial) - Gene-drive technology needs thorough scrutiny

https://www.nature.com/articles/d41586-017-08214-4

“Scientists must continue to play their part in pointing out the potential environmental dangers.” Interesting piece, this one.

Finally, a tweet from Laurie Garrett, as always extremely upbeat:

“Any hope of stopping biological weapons development/use in the #CRISPR era rests with international solidarity and political resolve -- which appear to be nonexistent.”
Family Planning

Devex – FP2020 reports progress on family planning, but faces an uphill battle

“A global partnership to drive access to family planning services has reported that almost 40 million more women and girls are using contraception since the initiative launched five years ago. However, rates of progress are still falling short of what is needed to reach the partnership’s targets and those set by the Sustainable Development Agenda. Furthermore, with donor funding for family planning declining for the second year in a row and the full force of the United States cuts set to kick in across the sector next year, progress is likely to become more challenging. The update report by the Family Planning 2020, or FP2020, partnership, published Tuesday, tracks progress made over the last year towards achieving the target of providing an additional 120 million women and girls with access to modern contraceptive methods by 2020. ... ... The report finds that as of July 2017, approximately 310 million women and girls in the 69 FP2020 focus countries are using a modern method of contraception, an increase of 38.8 million since 2012 when the partnership launched. While this is 30 percent above the historical trend, it is just over half the number of new users the partnership had hoped to reach by this time. If the current rate of progress continues, FP2020 will not reach its 2020 target of 120 million new users, the partnership’s executive director Beth Schlachter said during a press briefing on Monday....”

See also the press release on FP2020’s annual progress report.

Lancet – Modern contraceptive use, unmet need, and demand satisfied among women of reproductive age who are married or in a union in the focus countries of the Family Planning 2020 initiative: a systematic analysis using the Family Planning Estimation Tool
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33104-5/fulltext

Here you find all the detail.

Check out also the (must-read) Lancet Editorial of this week - Family planning: accelerating the way ahead.

“The latest figures and progress of the Family Planning 2020 (FP2020) global partnership were released in its annual report on Dec 5. FP2020 The Way Ahead, together with a related research paper by Niamh Cahill and colleagues published online in The Lancet, paint a mixed picture....” There are important achievements, yes, but also patchy progress. ... ...

The Editorial concludes, that despite a difficult international environment, and the fact that societal, cultural, and power norms are among the most intransigent obstacles, ... “... here is our best opportunity for acceleration. Adolescents and young people themselves are increasingly more active and vocal, as seen during the July FP2020 summit. Especially in the poorest countries, if young people have early comprehensive sexuality and reproductive health education, access to
contraceptive choices alongside secondary education, and early discussions on gender norms and power structures among both girls and boys, there might be hope for a future where choices lead to prosperity, wellbeing, and sustainable futures.”

Globe and Mail – UN says Canadian funding for reproductive health agency critical after U.S. cuts


“The head of the UN reproductive health and rights agency says Canada’s financial support has been critical to the agency’s work after President Donald Trump cut U.S. funding this year. Natalia Kanem, executive director of the United Nations Population Fund, says the withdrawal of almost $70-million (U.S.) in American funding will put millions of women’s lives at risk in the years to come. Dr. Kanem, who was in Ottawa on Wednesday to launch the agency’s annual population report, said the Canadian government’s renewal of $15.6-million (Canadian) in funding is “lifesaving” for vulnerable women and girls in some of the poorest regions of the world.....”

See also Canada announces renewed funding for UN Population Fund.

KFF - Donor Government Funding for Family Planning in 2016

https://www.kff.org/report-section/donor-government-funding-for-family-planning-in-2016-key-points/

“Donor government funding for family planning decreased in 2016 compared to the prior year, with bilateral support falling from $1.34 billion in 2015 to $1.19 billion (-12%)....” “...This marked the second year of declines in a row, following an initial increase after the London Summit on Family Planning held in 2012. These declines were largely due to currency fluctuations and the timing of donor disbursements, although even after accounting for these factors, funding in 2016 declined, returning to 2013 levels; funding from several donors decreased in real terms. Among the 10 donor governments profiled, four governments decreased bilateral funding (France, Norway, the U.K., and the U.S.), five increased (Australia, Denmark, Germany, the Netherlands, and Sweden), and one remained flat (Canada).....”

KFF (issue brief) - How Many Foreign NGOs Are Subject to the Expanded Mexico City Policy?

Kaiser Family Foundation

This brief examines the potential impact on foreign NGOs that receive global health assistance.
CGD (blog) Access to Contraception: A Key Ingredient in Women’s Economic Empowerment

https://www.cgdev.org/blog/access-contraception-key-ingredient-womens-economic-empowerment

In this blog, Amanda Glassman set the scene for an event on Thursday December 7: “…CGD [will] host a group of economists and policymakers to discuss global evidence on the causal relationship between access to contraception and women’s economic empowerment.”

Lancet (Correspondence) – Political determinants of Sustainable Development Goals

C Gianella et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33082-9/fulltext « Over the past two decades, a massive wave of pro-family mobilisation has swept Latin America....” “...Understanding the political determinants of health, including the new wave of conservative mobilisation, is necessary to evaluate the effect on women’s and adolescents’ most basic human rights and on the Latin American political process. This evaluation requires a fuller understanding of the backlash against sexual and reproductive rights in Latin America over the past few years.”

Dengue vaccination

FT Health - Philippines threatens Sanofi with legal action over dengue vaccine

https://www.ft.com/content/d27132a6-db37-11e7-a039-c64b1c09b482

Like Houston, Sanofi has a problem. And a rather big one. This story has been ongoing since late last week.

“...The Philippines plans to sue Sanofi over its dengue fever vaccine in response to the French drugmaker’s warning that the drug could lead to severe infections in some cases, the country’s health secretary said on Thursday. The country’s regulators on Monday suspended sales of Dengvaxia, which has been used in the world’s first mass immunisation programme against dengue fever, after Sanofi said the drug could worsen symptoms of dengue fever among people who had not been infected by the virus before vaccination. Roughly 830,000 schoolchildren have been given the vaccine as part of the immunisation programme. The government of Rodrigo Duterte has said it was launching a probe into the programme, pointing the finger of blame at the administration of Mr Duterte’s predecessor Benigno Aquino, which approved the vaccination programme that used Sanofi’s drug. On Thursday, when asked if the government would take legal action against the French company, Francisco Duque, the health secretary, told the ANC television network: “Eventually that’s where it’s going to go because eventually it’s the court of law that’s going to decide insofar as the liability of Sanofi is concerned.”

“...Dengvaxia is registered in 19 countries, including Indonesia, Argentina and Brazil.”
Some other reads related to this:

Reuters - Philippines halts sale of dengue vaccine as Sanofi downplays risk

“... The World Health Organisation said on Tuesday it supported the decision by the Philippines to suspend vaccinations with Dengvaxia until more information was available. It said its Strategic Advisory Group of Experts on Immunization would meet to review evidence next week. “Like many others in the Philippines, WHO is awaiting the expert analysis of new data and advice about its implications for use of the vaccine,” the WHO said in a statement on its website....”

Stat News - Sanofi dengue vaccine was supposed to be a blockbuster; now, it’s the focus of a scandal.

“An effort by Sanofi to transform its dengue vaccine into a blockbuster product has, instead, turned into a scandal for the drug maker and a public health crisis in the Philippines, where the government is investigating why the vaccine was so widely adopted, despite studies suggesting its use would not be appropriate for everyone....”

Guardian - Suspended dengue vaccine was given to 730,000 children, Philippines says

19th International Conference on AIDS and STIs in Africa (ICASA) conference (Abidjan, Côte d’Ivoire)

Some news and reports from the ICASA conference in Abidjan.

UNAIDS - West and Central Africa left behind in global HIV response


“More than four decades into the HIV epidemic, four in five children living with HIV in West and Central Africa are still not receiving life-saving antiretroviral therapy, and AIDS-related deaths among adolescents aged 15-19 are on the rise, according to a new report released today. While acknowledging progress in several areas, the report Step Up the Pace: Towards an AIDS-free generation in West and Central Africa, jointly published by UNICEF and UNAIDS, shows that West and Central Africa is lagging behind on nearly every measure of HIV prevention, treatment and care programmes for children and adolescents. In 2016, an estimated 60,000 children were newly infected with HIV in West and Central Africa....”

Read also (MSF) - HIV: Delivering differently to reach people living with HIV in West and Central Africa

At the opening ceremony, UNAIDS Executive Director Michel Sidibé implored the audience not to let ongoing political and social troubles threaten the many achievements made in the AIDS response. In his speech, he laid out key priorities, including ensuring that women and adolescents be better protected from HIV, and demanded more space for civil society, crediting civil society’s huge impact in the AIDS response. (UNAIDS)
Planetary health update

Lancet Planetary Health (December issue)
http://www.thelancet.com/journals/lanplh/issue/current

Among others, with an Editorial on Government indifference over air pollution crisis in Delhi; an important Comment Climate change adaptation: no one size fits all (commenting on the recent study in the same journal by Gasparinni et al, who calculated projections of temperature-related mortality under varying climate change scenarios across 451 locations in 23 countries).

Make sure you also read Carbon footprinting in health systems: one small step towards planetary health (by Tim Taylor et al), commenting on a new study.

“... efforts to assess the carbon footprinting of different elements of health care are needed. Bottom-up studies on this have included efforts to assess the carbon footprints of renal care, intensive care, dentistry and, now in The Lancet Planetary Health, operating theatres. Andrea MacNeill and colleagues report the carbon footprint of surgical suites in three academic quaternary-care hospitals in Canada, the UK, and the USA to be between 3218907 kg and 5187936 kg of CO2e over a 1 year period. Substantial contributions come from the use of anaesthetic gases and energy consumption....” They conclude: “....For improved planetary health to be realised it is important that sectors that are impacted by environmental change, such as health, take a proactive role in understanding their own environmental impact. Describing the carbon footprint of different elements of health care represents a small step in this direction. It is a necessary step, but we should be under no illusions. It is no longer sufficient to simply quantify the problems we face; health-care systems need to be much more effective stewards of the resources placed at their disposal.”

The study suggests cheaper-low carbon alternatives (when it comes to choosing anaesthetic gases).

BMJ (Editorial) – Monitoring progress towards planetary health
http://www.bmj.com/content/359/bmj.j5279

“International agreements must include appropriate indicators, published regularly.” ...The benchmarking of countries’ performance against indicators linked to global agreements is a powerful way to engage governments and mobilise resources—no country wants to fall behind....” Or so we hope. Some of the frameworks are: the Sendai Framework; Lancet Countdown Report; Paris Agreement, ...

Washington Post - The most accurate climate change models predict the most alarming consequences, study finds
Washington Post:
The climate change simulations that best capture current planetary conditions are also the ones that predict the most dire levels of human-driven warming, according to a statistical study released in the journal Nature Wednesday....

French climate summit focuses on governance, forgets finance

Euractiv:

Some info on the aims of the ‘One Planet summit’, scheduled for 12 December in Paris. Presumably, with “Jupiter” in the limelight. “Adapting rules instead of pledging millions: two years after the Paris Agreement, the fight against climate change has changed strategy. The climate summit to be held on 12 December seems to confirm a change of approach in global climate change action initiated at the COP21 in Paris. Rather than pushing heads of state to pledge billions and abstract sums, the Paris Climate Agreement encourages all stakeholders to mobilise....”

Guardian - Air pollution harm to unborn babies may be global health catastrophe, warn doctors

https://www.theguardian.com/environment/2017/dec/05/air-pollution-harm-to-unborn-babies-may-be-global-health-catastrophe-warn-doctors?platform=hootsuite

Based on new research in BMJ. “Air pollution significantly increases the risk of low birth weight in babies, leading to lifelong damage to health, according to a large new study. The research was conducted in London, UK, but its implications for many millions of women in cities around the world with far worse air pollution are “something approaching a public health catastrophe”, the doctors involved said. Globally, two billion children – 90% of all children – are exposed to air pollution above World Health Organization guidelines. A Unicef study also published on Wednesday found that 17 million babies suffer air six times more toxic than the guidelines....”

(for the latter (UNICEF) study, see also Reliefweb - Danger in the air: How air pollution can affect brain development in young children). “...As the highest-level decision-making body on the environment takes place over the next three days in Nairobi at the UN Environment Assembly, a new UNICEF paper warns that 17 million babies across the the world are breathing toxic air, putting their brain development at risk. UNICEF urges immediate action to reduce air pollution amid emerging evidence on how toxic air can affect brain development in young children.”

BBC - UN signals ‘end’ of throwaway plastic


“The end of the era of throwaway plastic has been signalled by UN environment ministers meeting in Kenya. They signed off a document stating that the flow of plastic into the ocean must be stopped. Scientists welcomed the statement, but were unhappy the agreement was only based in principle, with no firm targets or timetables....”


NCDs

**WHO - Dementia: number of people affected to triple in next 30 years + first global monitoring system launched**


"As the global population ages, the number of people living with dementia is expected to triple from 50 million to 152 million by 2050. "Nearly 10 million people develop dementia each year, 6 million of them in low- and middle-income countries," says Dr Tedros Adhanom Ghebreyesus, Director-General of WHO. "The suffering that results is enormous. This is an alarm call: we must pay greater attention to this growing challenge and ensure that all people living with dementia, wherever they live, get the care that they need." The estimated annual global cost of dementia is US$ 818 billion, equivalent to more than 1% of global gross domestic product. The total cost includes direct medical costs, social care and informal care (loss of income of carers). **By 2030, the cost is expected to have more than doubled, to US$ 2 trillion**, a cost that could undermine social and economic development and overwhelm health and social services, including long-term care systems. ...

...The **Global Dementia Observatory, a web-based platform launched by WHO today**, will track progress on the provision of services for people with dementia and for those who care for them, both within countries and globally...” For more info on this Observatory, see [Global Dementia Observatory (GDO)](http://www.who.int/mediacentre/news/releases/2017/dementia-triple-affected/en/).

Or see [UN News - UN health agency launches first global monitoring system for dementia.](http://www.who.int/mediacentre/news/releases/2017/dementia-triple-affected/en/)

**South-African Parliament finally passes sugary drinks tax**


A public health victory in South-Africa: “The National Council of Provinces (NCOP) today passed the tax on sugary drinks, which is part of the Rates and Monetary Amounts and Revenue Law Amendment Bill. This marks the end of 18 months of negotiations on the tax that included four public hearings and a negotiation process in Nedlac. **The tax, due to be implemented on 1 April 2018, will see the price of a can of Coca Cola increase by around 11%.”**


“...More than 30 countries have either introduced a tax on sugary drinks or, like South Africa, the United Kingdom of Great Britain and Northern Ireland and the United Arab Emirates, passed legislation to implement such a fiscal policy. A larger group of countries, including the Philippines, Antigua, Nepal and Seychelles, are considering introducing a tax on sugary drinks....”

See also a [statement by Michael Bloomberg](http://www.who.int/mediacentre/news/releases/2017/dementia-triple-affected/en/) or a tweet by him: “**South Africa joins a growing list of countries that recognize that sugary beverages are harmful to health & that taxes work to**
reduce consumption. This new tax on sugary drinks will help save lives – and spur other countries to act."

FT Health – Manufacturers respond to health edicts in food and drink recipes
https://www.ft.com/content/55348b48-c53f-11e7-b30e-a7c1c7c13aab

The bigger picture: “... a battle that has gradually moved from nutritional experts and health-conscious consumers to politicians, who are increasingly taking legislative action to force companies to go easy on sugar, salt and fat in foods.” “...Behind the step-up of government intervention is a fear that national health budgets will be swamped by the treatment of illnesses — type 2 diabetes, heart disease, and some forms of cancer — associated with high consumption of sugar....”

Lancet Global Health (blog) - Time to consider police brutality as a global health problem?
A Milner & G Russo; http://globalhealth.thelancet.com/2017/12/05/time-consider-police-brutality-global-health-problem

Not sure about this one, but well worth a read. “Police brutality continues to receive public attention in the media as well as in academic forums. Recent news headlines include images of Spanish riot police dragging along peaceful Catalan referendum demonstrators, American football players kneeling during the US national anthem to protest police killings of African American citizens, and thousands of Rohingya Muslims fleeing to Bangladesh to avoid police violence and ethnic cleansing in Myanmar. Incidences of excessive police force are occurring with increased frequency in low- and middle-income settings, and scholars have drawn awareness to police brutality in countries like Egypt and the Philippines. Because of its significant public health implications and geographical spread, it is becoming evident that an argument should be made for police brutality to be framed as a global health issue, so that supranational policy responses can be drafted, and international players become involved in the search for solutions.”

Key publications of the week

WHO Bulletin – Pandemic risk: how large are the expected losses?
Victoria Fan, Dean Jamison & Lawrence Summers ;
http://www.who.int/bulletin/online_first/BLT.17.199588.pdf?ua=1

“There is an unmet need for greater investment in preparedness against major epidemics and pandemics. The arguments in favour of such investment have been largely based on estimates of the losses in national incomes that might occur as the result of a major epidemic or pandemic. Recently, we extended the estimate to include the valuation of the lives lost as a result of pandemic-related increases in mortality. This produced markedly higher estimates of the full economic loss that might occur as the result of a future pandemic. We parametrized an exceedance probability function for a global influenza pandemic and estimated that the expected number of influenza-pandemic-related
deaths is about 700 000 per year. We calculated that the expected annual losses from pandemic risk to be about 500 billion United States dollars – or 0.6% of global income – per year. This estimate falls within – but towards the lower end of – the Intergovernmental Panel on Climate Change’s estimates of the value of the losses from global warming, which range from 0.2% to 2% of global income. The estimated percentage of annual national income represented by the expected value of losses varied by country income grouping: from a little over 0.3% in high-income countries to 1.6% in lower-middle-income countries. Most of the losses from influenza pandemics come from rare, severe events."

A few articles from a Norwegian magazine with a horrible name to pronounce

Both are part of the series ‘Global Health in the Era of Agenda 2030’, a collaboration between Norad, the Centre for Global Health at the University of Oslo and The Journal of the Norwegian Medical Association

Global health financing: Priority to poor people or poor countries?


“Global health initiatives have long focused on the health of poor people in poor countries. Changes in demographic, economic, and health patterns challenge our understanding about where to direct our attention. Most of the world’s poor now live in middle-income countries. How should this affect the distribution of development assistance for health? Should we give priority to poor people or poor countries?”

Multistakeholder partnerships in global nutrition governance: protecting public interest?


“Multistakeholder partnerships, involving public and private actors, have become key instruments in global food and nutrition governance. Such partnerships have the potential for conflicts between profit and public health goals, which may harm the integrity of nutrition policy. How can conflicts of interest be adequately addressed, and by whom?” This article zooms in on WHO and SUN – the Scaling Up Nutrition Movement.

Alliance - Community Platforms for Public Health Interventions


It’s not every week that Archimedes, of all people, pops up in this newsletter: “Greek mathematician, Archimedes said, “Give me a place to stand and I shall move the earth.” He was referring to his seminal work on the mathematics of the lever. Archimedes imagined that if he had a
platform to stand on, and a big enough lever, he could indeed move the whole world. A new paper applies Archimedes’ approach to global health by defining the characteristics of the platforms on which to implement public health interventions. Released in Disease Control Priorities 3rd Edition (DCP3), the paper defines the characteristics of community health platforms through which interventions can be launched in an effective and sustainable way.”

Abstract: “The public health cycle supports the sustained success of any of the interventions discussed in the Disease Control Priorities volumes, by (1) offering a typology of the stages of development of community health platforms, as well as a framework for assessing their success; (2) illustrating four stages of development of community health platforms with four case studies (Indonesia, Peru, Uganda, and Haiti); and (3) discussing investment opportunities for policy makers interested in strengthening community health platforms. Without initiatives to help community health platforms flourish, the health gains promised by interventions will cost more and deliver less. Communities will miss opportunities to activate partners and resources that can shift health determinants in schools and workplaces and the commerce, transport, and culture sectors. Political will to make changes in public health law enforcement and regulation and to hold governments accountable remains a precious resource community health platforms can nurture and maintain. With the availability of local data, local forums for sharing data, and local multisectoral stakeholder engagement, the solutions will work better and deliver more.”

Health Affairs (December issue)

Check out in particular:

The US Provided $13 Billion In Development Assistance For Health In 2016, Less Per Person Than Many Peer Nations (by A Micah, J Dieleman et al)

“... ... To further understand international financial flows for health, we examined international contributions from major donor countries. Our findings showed that the United States provided more development assistance for health than any other country, but it provided less than others relative to national population, government spending, and income. Norway, Denmark, Luxembourg, and the United Kingdom stand out when the provision of health assistance is considered relative to these other factors. Seventeen of twenty-three countries did not reach a target that corresponds to an international goal. If all twenty-three countries had reached this goal, an additional $13.3 billion would have been available for global health in 2016. Systematic efforts are needed to encourage countries to meet these targets. Sustained health improvement in low- and middle-income countries will benefit greatly from ongoing international support.”

Lancet (Review )- China's Silk Road and global health

K Tang, Lincoln Chen et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32898-2/fulltext

“In 2013, China proposed its Belt and Road Initiative to promote trade, infrastructure, and commercial associations with 65 countries in Asia, Africa, and Europe. This initiative contains important health components. Simultaneously, China launched an unprecedented overseas intervention against Ebola virus in west Africa, dispatching 1200 workers, including Chinese military
The overseas development assistance provided by China has been increasing by 25% annually, reaching US$7 billion in 2013. Development assistance for health from China has particularly been used to develop infrastructure and provide medical supplies to Africa and Asia. China's contributions to multilateral organisations are increasing but are unlikely to bridge substantial gaps, if any, vacated by other donors; China is creating its own multilateral funds and banks and challenging the existing global architecture. These new investment vehicles are more aligned with the geography and type of support of the Belt and Road Initiative. Our analysis concludes that China’s Belt and Road Initiative, Ebola response, development assistance for health, and new investment funds are complementary and reinforcing, with China shaping a unique global engagement impacting powerfully on the contours of global health.”

Many of you will also want to read another Lancet Review article - The primary health-care system in China.

Global health events

2nd global health Think tank meeting on 1000 days of SDGs (4-5 December, Geneva)

http://ghptt.graduateinstitute.ch/sites/default/files/savedate_20171204-05_v2.pdf

See the flyer of the meeting: “Following the success of the first-ever meeting of global health policy think tanks and academic institutions in November 2015 in Geneva, the international network THINK_SDGs was launched. It capitalises on the analytical capacities and creative thinking of policy research institutions to accelerate implementation of health-related SDGs through knowledge sharing, capacity building and innovation. Several regional hubs work at the regional and national levels to analyse context-relevant implementation challenges and offer best practices for civic engagement and monitoring. Drawing on these local realities and following the voluntary national reviews taking place at the High-level Political Forum in July 2017, the Global Health Centre at the Graduate Institute [will] host the Second Global Meeting of Global Health Policy Think Tanks and Academic Institutions on 4-5 December 2017....

“...Special attention [was] given to governance mechanisms fostering new development models based on co-benefits and co-production; to the creation of political processes at the national and global levels to support implementation and accountability; and to strategies for effective stakeholder engagement. By giving a strong voice to participants from the Global South, the meeting combine[d] a multitude of perspectives and stimulate[d] innovative thinking beyond the North-South divide, while promoting country ownership in the implementation of health-related SDGs.”

(We heard that the meeting, while interesting, was quite in line with current global development trends, with a big role reserved for the private sector, plus somewhat naïve about the “millennial generation” (that will, supposedly, pull the private sector in a more publicly-oriented direction...))
WHO – GOARN Global meeting of partners (5-7 December, Geneva)


“More than 200 participants from 100 of the world’s leading public health institutions [were] expected to recommit their partnership to the Global Outbreak Alert and Response Network (GOARN) at the Global Meeting of Partners organized by the World Health Organization (WHO ).”

Cfr a tweet: “@WHO and #GOARN partners convene to endorse the GOARN 2.0 strategy to strengthen and align international expertise and capacities to control major public health emergencies ..”

Coming up: WHO’s EB 142 Meeting (22-27 January, 2018)

http://apps.who.int/gb/e/e_eb142.html

Already with a rather detailed annotated agenda. Do check it out!

And among others, this, on the relation with non-state actors:

“@WHO #EB142 will consider the admission of 12 non-state actors into official relations including Bloomberg Family Foundation, Inc, KNCV Tuberculosis Foundation, Médecins du Monde, PATH, and The Wellcome Trust http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_29-en.pdf ... @JeremyFarrar @ariellain140”

Coming soon: Global Health Watch 5


Will be out next month. You can already pre-order the book. “This new edition addresses the key challenges facing governments and health practitioners today, within the context of rapid shifts in global governance mechanisms and the UN’s SDGs. Like its predecessors, it challenges conventional wisdom while pioneering innovative new approaches to the field. Collaboratively written by academics and activists drawn from a variety of movements, research institutions and civil society groups, it covers some of the most pressing issues in world health, from the resurgence of epidemic diseases such as Ebola to the crisis in the WHO, climate change and the ‘war on drugs’. Combining rigorous analysis with practical policy suggestions, Global Health Watch 5 offers an accessible and compelling case for a radical new approach to health and healthcare across the world.”

As for when this radical new approach will be implemented by the plutocrat & other nasty powers that be, that’s another question.
Coming up soon – 2nd Global NCD Alliance Forum (9-11 December, in Sharjah, UAE)

For the aims, see “Mobilising high-level political leadership to address NCDs key focus of Global NCD Alliance Forum”. “...Organised under the theme Stepping up the pace on NCDs: making 2018 count, the Global NCD Alliance Forum 2017 will focus on the build up to next year’s United Nations (UN) High-level Meeting on NCDs where world leaders will have to make bold commitments for action to stop the preventable epidemic....” Key speakers among others: Tom Frieden, Sania Nishtar, ...

Coming up: 8-9 February, Jo’burg, South Africa: 5th Global Mental Health Summit: Leaving no one behind.
http://www.globalmentalhealth.org/5th-global-mental-health-summit-2018-1

“...The focus of the 5th Global Mental Health Summit, themed “Leaving No One Behind” as per the aspiration of the Sustainable Development Goals (SDGs), aligns the Summit agenda with the SDGs and emphasize that mental health forms a vital component in achieving the SDGs. The aim further is to bring to the forefront the voices of persons with psychosocial and intellectual disabilities and establish their role as key partners in mental health but also in achieving the goals set out in the SDGs. The 2-day agenda of the Summit will be focusing on themes of the SDGs and what that means for global mental health and human rights going forward, and feature testimonials of persons with psychosocial and intellectual disabilities (perspective from lived experience), from various geographical backgrounds. Mental health care users/ persons with lived experience will have a strong representation on the agenda along with experts in the field of global mental health and human rights, leading discussions in various panels....”

Coming up – 17th world conference on tobacco or health (Cape Town, 7-9 March 2018)
http://wctoh.org/

With already dr. Tedros, Bloomberg & others confirmed.

Global governance of health

IHP – Cheerful despair

Kristof Decoster; http://www.internationalhealthpolicies.org/cheerful-despair/

My own take (on a rather bad day, I admit), inspired by the ‘cheerful despair’ badges by the School of Life, looking ahead to the “One Planet” Summit in Paris & UHC Day.
Nesta - We change the world: What can we learn from global social movements for health?

J del Castillo et al; [https://www.nesta.org.uk/sites/default/files/we_change_the_world.pdf](https://www.nesta.org.uk/sites/default/files/we_change_the_world.pdf)

Nesta is a global innovation foundation.

“**What can we learn from global social movements for health?** The report presents practical insights about how social movements grow. The insights are based on interviews with over 40 people at the heart of global social movements impacting health. We look primarily at four movements - HIV/AIDs, global mental health, disability rights, rare disease - and a diverse set of additional examples are signposted throughout. The report is intended to be of practical value to people starting or growing social movements as well as those desiring to work, understand or interact with them better. **The examples were chosen because they have scaled globally, have impacted on health issues, and are relatively mature and so potentially a great deal can be learned from them.**

Kickstarting action: Emerging and building momentum; Nurturing voices: Cultivating diverse interests and motivations; Influencing and interacting: Navigating a complex array of relationships.”

BMC’s blog “On Health” - How international financial institutions undercut human rights and impede public health

T Stubss & A Kentikelenis; [BMC blog](https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12909-016-1157-5);

“A **review recently published in Public Health Reviews** finds that people’s enjoyment of human rights are consistently undermined by policy reforms established by international financial institutions (IFIs). Here, authors of the study **explain how these reforms**, which are aimed at balancing the budget, **impact health, labor and democratic rights.**” (recommended)

Global Public Health - Why equity in health and in access to health care are elusive: Insights from Canada and South Africa


New article by one of our favourite authors. “**Health and access to health care vary strikingly across the globe, and debates about this have been pervasive and controversial. Some comparative data in Canada and South Africa illustrate the complexity of achieving greater equity anywhere, even in a wealthy country like Canada.** Potential bi-directional lessons relevant both to local and global public health are identified. Both countries should consider the implications of lost opportunity costs associated with lack of explicit resource allocation policies. While National Health Insurance is attractive politically, Canada’s example cannot be fully emulated in South Africa. **Short- and medium-term attempts** to improve equity in middle-income countries should focus on equitable
access to insurance to cover primary health care and on making more use of nurse practitioners and community health workers. In the longer-term, attention is needed to the economic and political power structures that influence health and health care and that ignore the social and societal determinants of sustainable good health locally and globally. This long-term vision of health is needed globally to achieve improvements in individual and population health in a century characterised by limits to economic growth, widening disparities, continuing conflict and migration on a large scale and multiple adverse impacts of climate change.”


“The World Health Organization (WHO) is undergoing a crisis of credibility and challenge. Having been subjected to a severe financial crisis and criticisms of its management of pandemics such as the H1N1 flu case and the outbreak of Ebola, with a new Director-General at its helm, it is an ideal time to review the WHO’s past and current achievements including on-going operations and reported failures. Whilst time is given to recurrent attacks on WHO performance, it is balanced by also highlighting the WHO’s leadership, its member states, and its influence on other actors, NGOs and business. As such, this study reviews the WHO’s actions in the most visible programmes such as SARS, H1N1, Ebola and also smallpox, malaria, onchocerciasis, polio and AIDS. The author also discusses the desirable balance between operational and normative functions and proposals for reform of the Organization.”

You might also want to read a short review by German Velazquez.

Eurodad - EU attempts to divert attention from its own problems with tax haven ‘blacklist’

http://www.eurodad.org/EU-taxhaven-blacklist

“Tax justice campaigners [today] condemned an EU “blacklist” of tax havens which fails to include a single EU member state. The blacklist of 17 countries was published just a day after new findings showed a large group of EU countries have tax structures that multinationals can use to avoid taxes....”

“...Yesterday, a coalition of civil society organisations published Tax Games – the Race to the Bottom which shows average global corporate tax rates will hit zero by 2052. A detailed analysis of 17 EU member states and Norway reveals the majority have either just cut their corporate tax rate, or are planning to do so in the near future....”

See also Tax Justice Network - The EU flunks the tax haven test
Including a short comment by Alex Cobham.

This tweet from Thomas Pogge also nailed it: “The EU published a curious list of tax havens. Switzerland, US, Singapore, all missing - as are the NL, Ireland, the UK and most of its dependencies. But Mongolia made the cut.” (presumably, somebody at the EU must be thinking Genghis Khan’s blood still runs through the veins of the average Mongolian)

Still, it’s a start. More (pressure) on tax havens, to come, I hope. Including on Holland, Ireland, Luxemburg, ... etc.

International Politics Reviews - Response to reviews

C Clinton & D Sridhar; https://link.springer.com/article/10.1057/s41312-017-0040-6?no-access=true

The two authors of the book respond (in a short piece) to some of the reviews. They start like this, acknowledging, “The conceptualization, research, writing and editing of what became Governing Global Health: Who Runs the World and Why? All occurred in a very different geopolitical and global health climate than what we confront today....” I’m sure they would concur that this is even a bit of an understatement.

Rethinking the global system for health in Agenda 2030

http://ighgc.org/blog/rethinking-the-global-system-for-health-in-agenda-2030

In a short blog, Sarah Hawkes reflects on a recent one-day workshop in London. “What would a more strategic and coordinated approach to supporting countries to ensure that people not only survive but that populations can prevent disease and stay healthy was the question which brought together a diverse global group of health and development specialists. The starting point for the day-long discussion was a shared concern that the global health system is not well set to effectively address the structural, social and commercial determinants of the major emerging burdens of disease – including non-communicable diseases, mental health, road traffic fatalities and diseases associated with environmental degradation, poor urban planning and unsustainable patterns of consumption....”

The ‘pivot to prevention’ will be key, if we want to do something about this. Includes some quotes of participants.
O'Neill institute (blog) – Complexity, politics and global HIV in 2018


Blog written by Matthew Kavanagh, written on World AIDS day. Interesting read. “This World AIDS Day the world is facing perhaps the most complex political and epidemiologic environment in the history of the global AIDS pandemic. To tackle this environment we need an equally sophisticated response that builds new evidence for what’s really working at a macro level, refuses to accept the current funding realities, and mobilizes human rights frameworks in powerful new ways to advance the fight against HIV....

WHO’s ‘Who’ Problem: Failures in the World Health Organization’s Apolitical Approach

Sean Joyce; Brown Political Review:

With focus on WHO’s approach in Somalia, Syria and Myanmar. Well worth a read.

CGD (Policy paper) - Working Itself Out of a Job: USAID and Smart Strategic Transitions

S Rose et al; https://www.cgdev.org/publication/working-itself-out-job-usaid-and-smart-strategic-transitions#.WiGgO3t1oo.twitter

“USAID has announced its intention to pursue “strategic transitions”—shifting select countries which have achieved an advanced level of development to a model of US engagement that relies less on traditional development assistance and more on other forms of cooperation. This paper seeks to inform USAID’s approach to strategic transitions by offering 1) a review of lessons learned from past USAID transitions and mission closures as well as similar efforts undertaken by other bilateral aid agencies; 2) an assessment of the advantages and drawbacks of using quantitative benchmarks to identify countries for transition, as well as an illustrative framework for evaluating countries’ transition readiness; and 3) a selection of tools and approaches the US government can leverage to create a path for sustained country engagement.”

Meanwhile, USAID’s big boss & self-proclaimed dealmaker has gone for a ‘strategic transition’ of his own this week in the Middle East.

G20: Germany hands over to Argentina

https://www.g20.org/en/g20-argentina/thematic-areas
Global Health remains on the G20’s agenda. Among others, the work of the “G20 Health Working Group” continues. Quote from the Argentina G20 website: “… It is important to highlight that the treatment of issues such as antimicrobial resistance, financing of universal health coverage and the problem of pandemics are issues present today in all international health forums and represent a danger to economic stability as a whole.”

WHO - WHO and Global Fund sign cooperation agreement


News from last week: “Today WHO and the Global Fund signed cooperation and financing agreements, amounting to an estimated US$50 million, to continue the invaluable technical support to countries to fight HIV AIDS, TB and malaria, and make significant strides towards the achievement of universal health coverage.”

UNITAID (press release) - Unitaid hails new US$ 50 million contribution from the Bill & Melinda Gates Foundation


“Unitaid warmly welcomes the extension of a long-term partnership with the Bill & Melinda Gates Foundation with a new commitment of US$ 50 million, bringing the foundation’s total contribution to Unitaid to US$ 150 million since 2006. In awarding the new grant, the Gates Foundation noted its enthusiasm for working closely with Unitaid to nurture innovations that will bring better access to prevention, diagnosis and treatment of HIV/AIDS, tuberculosis and malaria to those who are most in need but live in countries with the scarcest resources. The grant will be disbursed over five years.”

Guardian - Warm and cuddly global goals? The international community must get real


“At the moment the SDGs simply offer UN member states a free pass to pat themselves on the back, despite their collective failures,” argues D Sriskandarahjah (secretary-general of CIVICUS). “... Warm
and cuddly ambitions are simply no longer going to cut it. The UN system has to have the courage to hold its member states accountable. “

See a tweet by Helen Clark: ““Blog on #SDGs reporting by @TriRadhaKrish of @CHRI_INT asks whether presentations to UN High Level Political Forum have become public relations exercises. Raises issues of #accountability.”

Finally, a quick link: India, Cuba sign MoU for pharma regulation, medical devices

**UHC**

**BMJ (news) – US Tax bill could destroy central pillar of Obamacare**

http://www.bmj.com/content/359/bmj.j5656

“...The tax reform bill passed by Senate Republicans this week threatens to strip 13 million Americans of their health insurance coverage through a provision eliminating the Affordable Care Act’s individual mandate, a rule requiring most US residents to have health insurance or pay a penalty. By adding younger and healthier customers who otherwise would not seek insurance to the risk pool, the individual mandate is Obamacare’s principal mechanism for keeping insurance premiums down for older patients and people with pre-existing conditions. The Congressional Budget Office, which has scored the tax bill’s likely effects, found that repealing the mandate would make four million people uninsured by 2019 and 13 million by 2027. It would drive up premiums by 10% a year, it found...”

**WHO monthly digest focused on people-centred care**

http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/

Check it out!.

**HS Governance Collaborative – Second issue of the newsletter**

http://mailchi.mp/a850823efd97/health-systems-governance-collaborative-newsletter-2

The activities of the Health Systems Governance Collaborative are taking off, recently, with two very successful webinars (just this week, one with Sara Bennett & Bob Fryatt, among others) and an
upcoming side event in Tokyo under the title of Bold Moves: new ways of governance and partnership for UHC.

“... Over the last few months, we have seen the topic of health systems governance rise rapidly on the agenda of everybody concerned with universal health coverage. ... ... In this issue, we tune in to activities closely linked to actionable governance, and our two key subject areas of attention for this year: 1. Governance frameworks and measurements; 2. Governance capacities of ministries of health in turbulent times. ... “

And a few tweets from Agnès Soucat & others (no other info yet on this meeting):

“Tomorrow! @WHO Taxation for better health: meeting of the global task force on health taxes. #UHC.”

“Great to be at the @WHO Global Task Force on Health Taxes today - important work being done to assess the health impact of fiscal policies including an understanding of their role in achieving #UHC“.

**Planetary health**

**Vox - Does hope inspire more action on climate change than fear? We don’t know.**


“On climate change communications, the science really isn’t settled.”  This analysis starts from “journalist David Wallace-Wells [who] published a piece in New York magazine called “The Uninhabitable Earth,” a nightmarish guided tour of the worst-case scenarios for global warming”, in summer.

David Roberts’ analysis concludes like this: “What I take from the social science of climate-change communications is that no one knows much of anything about what kinds of messages and messengers have what kinds of long-term effects on behavior. At the very least, these remain deeply subjective judgments. Given that, it seems the wise course of action on climate communications is to encourage diversity, experimentation, and most of all, a spirit of charity and the assumption of good faith toward others who are attempting to tell the same story in different ways.”
Bloomberg - Moody's Warns Cities to Address Climate Risks or Face Downgrades


Another sign o’ the times.

Vox - Wealthier people produce more carbon pollution — even the “green” ones


“One’s environmental impact is primarily determined by structural features of one’s life circumstances, especially socioeconomic status. Or to put it more bluntly: Rich people emit more carbon, even when they recycle and buy canvas tote bags full of organic veggies. ... ... Study after study finds that the primary determinant of a person’s actual ecological footprint is income. After that is geography (rural versus urban), various socioeconomic indicators (age, education level, etc.), and household size. ... ... The variables that most predict carbon footprint are “per capita living space, energy used for household appliances, meat consumption, car use, and vacation travel.””

Infectious diseases & NTDs

HIV/AIDS

We want to draw your attention first of all to some HIV related articles, published around World AIDS Day from last week (see also last week’s IHP newsletter for coverage on World AIDS Day).

Plos Med (Editorial) – The end of HIV: Still a very long way to go, but progress continues

Plos Med;

“Let’s End It is the theme of this year’s World AIDS Day, which falls on December 1. In the spirit of the event, PLOS Medicine is devoting this special issue to a discussion on advances in HIV prevention, treatment, and cure. Here, we describe many of the remaining barriers in ending the epidemic and highlight a number of accompanying studies that provide paths forward for overcoming some of these challenges.”
Lancet HIV – Universal test and treat for HIV

http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30205-9/fulltext

“The first large-scale population-level trial of treatment as prevention of HIV in rural KwaZulu Natal, South Africa, had unexpected results.” Interpretation of the disappointing results: “…The absence of a lowering of HIV incidence in universal test and treat clusters most likely resulted from poor linkage to care. Policy change to HIV universal test and treat without innovation to improve health access is unlikely to reduce HIV incidence.”

The Hill – Trump’s World AIDS Day proclamation fails to mention LGBT community

The Hill;

Still better than making stupid jokes about them, I’d say – see the Pocahontas story from a few weeks ago. (With Trump, you have to adjust your benchmark, otherwise you get nuts)

Global Public Health – The ‘end of AIDS’ project: Mobilising evidence, bureaucracy, and big data for a final biomedical triumph over AIDS


Interesting article. “Efforts are currently underway by major orchestrators and funders of the global AIDS response to realise the vision of achieving an end to AIDS by 2030. Unlike previous efforts to provide policy guidance or to encourage ‘best practice’ approaches for combatting AIDS, the end of AIDS project involves the promotion of a clear set of targets, tools, and interventions for a final biomedical solution to the epidemic. In this paper, we examine the bureaucratic procedures of one major AIDS funder that helped to foster a common vision and mission amongst a global AIDS community with widely divergent views on how best to address the epidemic. We focus on the methods, movements, and materials that are central to the project of ending AIDS, including those related to biomedical forms of evidence and big data science. We argue that these approaches have limitations and social scientists need to pay close attention to the end of AIDS project, particularly in contexts where clinical interventions might transform clinical outcomes, but where the social, economic, and cultural determinants of HIV and AIDS remain largely intact and increasingly obscured.”

Global Health Governance (blog) – How to find data on infectious disease outbreaks

Rachel Reel; Global Health Governance;

“Over the past couple of weeks I have been investigating the current landscape of publicly available data on infectious disease outbreaks. This data has been reported through several channels. Below is a discussion regarding various datasets, what data is collected and how it is presented, how they are financed, and where they can be found.” Among others: WHO/UN databases; IHME GBD studies, GIDEON, Nature study, …
PEPFAR announces continued progress against HIV


“New results from the United States President’s Emergency Plan for AIDS Relief (PEPFAR) announced on World AIDS Day 2017 show strong advances in scaling up HIV prevention and treatment. UNAIDS recently reported that nearly 21 million people living with HIV are accessing antiretroviral therapy—more than half of the 36.7 million people living with HIV are now on life-saving treatment. **PEPFAR’s latest data show that PEPFAR supported more than 13.3 million of those men, women and children.** PEPFAR’s new data also indicate that **there have been significant declines in new HIV infections among adolescent girls and young women.** In the 63 districts of 10 African countries implementing PEPFAR’s pioneering DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) public–private partnership, the majority (65%) of the highest HIV burden communities or districts achieved a greater than 25% decline in new HIV infections among adolescent girls and young women. Importantly, new HIV infections declined in nearly all DREAMS programme districts....”

PEPFAR’s new strategy on HIV uses stigmatising language

http://www.aidsalliance.org/blog/1017-pepfars-new-strategy-on-hiv-uses-stigmatising-language

Blog by **Shaun Mellors** (International HIV/AIDS Alliance). “The ambitious new strategy of the US President’s Plan for AIDS Relief uses language that has no place in the global HIV response.” "**PEPFAR’s strategy for accelerating HIV/AIDS epidemic control (2017 – 2020)** **brings back stigmatising language from the dark ages of the AIDS response.** It states: “PEPFAR will support programs that significantly decrease the number of HIV-positive positive [sic] transmitting individuals through the suppression of their viral load...” and, “Pursued in combination, these strategies will reduce the amount of HIV that is circulating in the populations...” At the International HIV/AIDS Alliance, we believe this language reinforces the concept of people living with HIV as vectors of disease and reverses progress made on the meaningful involvement of those most affected, in the response to HIV....”

Devex - Global fight against HIV/AIDS moves toward feasible targets, UNAIDS finds


“Without a vaccine or a cure for HIV/AIDS, it could prove difficult to end the epidemic by 2030, according to Simon Bland, the director of the Joint United Nations Programme on HIV/AIDS New York office. But **UNAIDS is still working toward feasible, quantitative targets — including less than 500,000 new infections by 2020** — in combating HIV, which an estimated 36.7 million people live with globally....” “...So it is that vision, our mission is to have the trajectory within the 2020 milestones.” **Continued progress on these 2020 benchmarks will require a $26.2 billion investment in low- and middle-income countries.”**
Government of Sweden and four UN agencies announce new Joint Programme to boost efforts to achieve universal access to sexual and reproductive health and to end AIDS


“This World AIDS Day, December 1, the Government of Sweden, together with the regional offices of UNFPA, UNAIDS, UNICEF and WHO, announces the start of a USD45 million Joint United Nations (UN) four-year Regional Programme to reduce unintended pregnancies, sexually transmitted infections (STIs), new HIV infections, maternal mortality and sexual and gender-based violence (GBV) across East and Southern Africa. Rooted in the spirit of UN reform and a commitment to Deliver as One, the new Joint Programme combines the strengths of the four UN agencies to support governments and other partners to deliver country-level and people-centered results.”

Lancet Infectious Diseases – The global burden of tuberculosis: results from the Global Burden of Disease Study 2015

http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30703-X/fulltext

Brand new GBD study. “TB kills more people than any other infection. New data show the global burden of TB and suggest what we need to do to control it.”

Read also the Related Comment - Tuberculosis eradication: renewed commitment and global investment required (by Helen Cox et al)

“Despite centuries of scientific endeavour and social struggle, tuberculosis continues to claim more than 1·6 million lives each year. Tuberculosis has killed and continues to kill more people than any other infectious disease. In The Lancet Infectious Diseases, the GBD Tuberculosis Collaborators estimate that 10·2 million (95% uncertainty interval [95% UI] 9·2 million to 11·5 million) individuals developed tuberculosis in 2015. While this estimate represents a modest decline since peaking in the early years of this century, the continued high burden, along with a woefully inadequate response to drug-resistant tuberculosis, show a profound failure of public health globally....”

“...The GBD Tuberculosis Collaborators conclude that strengthening health systems for early case detection and improved care quality across diagnosis and treatment are required. Clearly this strengthening is needed in some countries....” But it won’t be enough, Cox et al say. “...Clearly, new patient-centred diagnostic and treatment tools are required. However, funding for tuberculosis research, from basic science through to implementation, has been sorely neglected. Globally, research funding fell by more than US$50 million between 2014 and 2015, just as the tuberculosis eradication targets were launched. Overall, only a third of the research funding needed to meet the Stop TB Partnership’s goals was invested during 2011–15 (figure). More urgency, commitment, and funding than have been shown so far are needed if tuberculosis is really to be eradicated.”
Malaria

Economist The World in 2018 – High hopes for a malaria vaccine

“...The coming year will see the widespread testing of the first effective vaccine against Plasmodium falciparum, the parasite that causes the most deadly type of malaria. The vaccine, called RTS,S, will be given exclusively to children…. ... Although the deployment of RTS,S in 2018—in Ghana, Kenya and Malawi—will only be a pilot scheme intended to test the vaccine’s effectiveness in the rough and tumble of African clinical life, it will be a big one. The Malaria Vaccine Implementation Programme, as it is known, will recruit 360,000 children, aged between five months and 17 months, to receive a series of four doses of RTS,S. A similar number of other children, matched for age and circumstances, will be observed without vaccination, in order that comparisons can be made. The programme will be run by the World Health Organisation and the bills paid by three transnational health initiatives, Gavi, the Global Fund and Unitaid. ...”

Speaking of Medicine - malERA Refresh collection: an updated research agenda for malaria elimination and eradication

“... PLOS Medicine is delighted to announce the publication of the Malaria Eradication Research Agenda (malERA) Refresh collection, 7 articles that outline a broad new interdisciplinary research agenda with the goal of accelerating malaria elimination and, in the longer term, transforming the malaria community’s ability to eradicate it globally. The introductory article provides an overview, and six review articles cover the main research agenda themes of: 1) basic science and enabling technologies; 2) combination interventions and modelling; 3) diagnostics, drugs, vaccines and vector control; 4) insecticide and drug resistance; 5) characterizing the reservoir and measuring transmission; and 6) health systems and policy research....”

University of California San Francisco – Financing (malaria) Elimination in the Asia Pacific

Shrinking the Malariamap:
What would be the economic benefits of a malaria-free Asia Pacific Region? Check out Table 1 for a quick overview.

“Leaders in the Asia Pacific have committed to ending malaria in the region by 2030. To achieve this goal, countries will need to mobilize additional resources while maximizing the impact of current financing. Robust economic evidence to understand and articulate the costs and benefits of elimination, and measures to improve the efficient utilization of existing resources, are key to mobilizing additional financing. With support from the Asia Pacific Leaders Malaria Alliance (APLMA), the Asian Development Bank, and the Bill and Melinda Gates Foundation, the UCSF Global Health Group’s Malaria Elimination Initiative (MEI) has developed a new body of evidence and tools that
support efforts to increase the amount of sustainable financing in support of the APLMA Leaders Roadmap (link is external) goal of a malaria-free Asia Pacific by 2030.

“... To assess the economic rationale for malaria elimination, the MEI developed three national investment cases in Bangladesh, Indonesia, and Papua New Guinea (PNG), as well as two regional investment cases in Asia Pacific and the Greater Mekong Subregion (GMS). Each case estimates the costs and economic and financial returns of malaria elimination through 2030. National and regional policymakers can use this evidence to inform program budgeting, strategic planning, and advocacy for domestic resource mobilization. The economic and social benefits of elimination were estimated using the Malaria Elimination Transmission and Costing in the Asia Pacific (METCAP), a transmission model created by the MEI in collaboration with Mahidol Oxford Tropical Diseases Research Unit (MORU) and the University of Cape Town, that predicts the rates of decline to elimination by 2030 and determines the associated costs...”

New (malaria) funding partnership forged between the Global Fund to fight AIDS, TB and Malaria and the Asian Development Bank (ADB)

Cfr a tweet: “@APLMA_Malaria @GlobalFund and @ADBHealth are forging a new partnership to find novel sustainable sources of funding to progress towards #malaria elimination in the Asia-Pacific”.

CIDRAP – Studies spotlight heavy burden of severe flu in developing nations
CIDRAP;

“Three new studies shed more light on the burden of flu hospitalizations and deaths in developing countries, one a meta-analysis that compared levels of serious illnesses in high- and lower-income countries, and others that looked at severe infections in Rwanda and deaths in Bangladesh....”

Pre-existing conditions largely explain why flu exacts a greater toll in LMICs.

Reuters – Trial results of Zika vaccine Sanofi dropped show promise
Reuters;

“A Zika vaccine Sanofi SA dropped in September under political pressure over pricing produced strong responses in more than 90 percent of those taking part in an early-stage clinical trial, U.S. researchers reported on Monday. The results, published in the journal Lancet, offer a first glimpse at the vaccine’s performance in people, and suggest it might have had a promising future....”
(after pressure from Bernie Sanders) “...In August, the Biomedical Advanced Research and Development Authority (BARDA), the development arm of the Department of Health and Human Services, pulled funding for clinical development of the ZPIV vaccine. At the time, Sanofi cited BARDA’s decision, along with the difficulty in staging human clinical trials during the waning days of the Zika epidemic, as reasons for its decision to drop development of the vaccine....”

See a tweet by Seth Berkley: “Dropped #Zika vaccine showed promise - a glimpse of the protective potential we lose when the market fails.”

You might also want to read a somewhat related Lancet Comment - Tradition and innovation in development of a Zika vaccine.

Zika, chikungunya and dengue: the causes and threats of new and re-emerging arboviral diseases

Enny S Paixao et al; http://gh.bmj.com/content/2/4/e000530

“The recent emergence and re-emergence of viral infections transmitted by vectors—Zika, chikungunya, dengue, Japanese encephalitis, West Nile, yellow fever and others—is a cause for international concern. Using as examples Zika, chikungunya and dengue, we summarise current knowledge on characteristics of the viruses and their transmission, clinical features, laboratory diagnosis, burden, history, possible causes of the spread and the expectation for future epidemics. Arboviruses are transmitted by mosquitoes, are of difficult diagnosis, can have surprising clinical complications and cause severe burden. The current situation is complex, because there is no vaccine for Zika and chikungunya and no specific treatment for the three arboviruses. Vector control is the only comprehensive solution available now and this remains a challenge because up to now this has not been very effective. Until we develop new technologies of control mosquito populations, the globalised and urbanised world we live in will remain vulnerable to the threat of successive arbovirus epidemics.”

Quick links:

New Dengue Testing Kit to Give out Results in 15 Minutes. “The International Centre for Genetic Engineering and Biotechnology (ICGEB) situated in New Delhi is in the news for all the right reasons. A team of scientists led by Dr. Navin Khanna has developed a kit, which will help in detecting dengue in a matter of minutes. This low-cost, real-time dengue detection kit called ’Dengue Day 1’ can detect dengue within 15 minutes after an individual is bitten by Aedes Aegypti, which is the dengue-causing mosquito.”
**AMR**

**WHO Bulletin – Medicines quality assurance to fight antimicrobial resistance**

J Nwokike et al; [http://www.who.int/bulletin/online_first/BLT.17.199562.pdf?ua=1](http://www.who.int/bulletin/online_first/BLT.17.199562.pdf?ua=1)

“...Antimicrobial resistance is increasingly the focus of global attention. The adoption of resolution 68.7 at the 68th World Health Assembly1 was pivotal in the ongoing fight against antimicrobial resistance, as the resolution urges Member States to develop national action plans to fight antimicrobial resistance by 2017. To date, 67 Member States, out of 194, have already developed such plans, while 62 others are in the process of doing so. These national plans describe national efforts to combat resistance through strategies and interventions that often include strengthening surveillance of priority pathogens, increasing research efforts and optimizing the use of antimicrobials, among others. This paper suggests that product quality surveillance and other quality assurance measures should be thoroughly addressed in efforts to contain antimicrobial resistance. Including such measures in national action plans and key normative guidance documents for antimicrobial resistance is critical to containment, especially for low- and middle-income countries, where weak regulatory controls may increase the potential for poor-quality antimicrobials to be widely available....”

**Stat – A new vaccine against typhoid fever will also help fight antimicrobial resistance**

STAT

In this piece, Seth Berkley (GAVI) claims that the new vaccine against typhoid fever will also help fight antimicrobial resistance.

**UNEP - Frontiers Report**

UN News - Careless disposal of antibiotics could produce ‘ferocious superbugs,’ UN environment experts warn


“Discharge from municipal, agricultural, and industrial waste can contribute to AMR.”

“Growing antimicrobial resistance linked to the discharge of drugs and some chemicals into the environment is one of the most worrying health threats today, according to new research from the United Nations that highlights emerging challenges and solutions in environment. “The warning here is truly frightening: we could be spurring the development of ferocious superbugs through ignorance...”
and carelessness,” said Erik Solheim, chief of the UN Environment Programme (UNEP), on Tuesday. He added that studies have already linked the misuse of antibiotics in humans and agriculture over the last several decades to increasing resistance, but the role of the environment and pollution has received little attention. As such, the Frontiers Report, launched on the second day of the UN Environment Assembly (UNEA), which is running through 6 December at UNEP headquarters in Nairobi, Kenya, looks at the environmental dimension of antimicrobial resistance in nanomaterials; marine protected areas; sand and dust storms; off-grid solar solutions; and environmental displacement – finding the role of the environment in the emergence and spread of resistance to antimicrobials particularly concerning.”

Last but not least, a BMJ blog by G H Brundtland - New WHO guidelines are crucial step to fighting antimicrobial resistance.

**NCDs**

World Bank ‘Investing in Health’ blog – Regulating and taxing e-cigarettes is the right thing to do


By Patricio Marquez. “...While the e-cigarette, a battery-powder device that heats a liquid containing nicotine into a vapor that is inhaled like a cigarette, is being touted as a harm reduction technological innovation to protect smokers from the ill effects of cigarettes, which continue to be marketed globally, we must ask: Is there strong scientific evidence that justifies this claim and exempts e-cigarettes from being regulated as another tobacco product?..” The answer according to Marquez: no.

And a quick link:

Stat News - The ‘smart pill’ for schizophrenia and bipolar disorder raises tricky ethical questions

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

WB (‘Investing in Health’ blog) - How blockchain technology delivers vaccines, saves lives

The title of this blog is fairly clear. On the possible use of blockchain technology in vaccine supply chains.

Guardian - Fears for women’s health as parents reject HPV vaccine

https://www.theguardian.com/society/2017/dec/03/hpv-vaccine-fears-women-health-take-up-falls

“Health officials have become increasingly alarmed at campaigns aimed at blocking the take-up of the human papilloma virus (HPV) vaccine, which protects women against cervical cancer. Three leading nations have now seen major reductions in the take-up of the vaccine and a growing number of doctors fear its use could be blocked elsewhere, despite its capacity to provide protection against a condition that kills hundreds of thousands of women a year. Last week, doctors and health officials gathered in Dublin – centre of one of the most vociferous anti-vaccine campaigns – to discuss future tactics. Many believe the use of social media has added new impetus to anti-vaccine campaigners’ protests, and that this factor has been closely involved in the success of the attacks that have been made on immunisation programmes. “Whenever a new vaccine is introduced, there is always a group of people who say it is unsafe,” said Professor Margaret Stanley of Cambridge University. “But the HPV vaccine seems to raise extraordinary levels of hostility.” Japan, Ireland and Denmark have already witnessed sustained campaigns that have seen take-up rates plummet. (UK take-up rates are high.) In each case, the vaccine – which scientists insist is safe – has been linked to alleged cases of seizures, walking problems, and neurological issues. Photographs have been exchanged and video clips uploaded to YouTube....”

Access to medicines

WHO – Overall programme review of the global strategy and plan of action on public health, innovation and intellectual property: Report of the review panel

http://www.who.int/medicines/areas/policy/overall-programme-review-global-strategy-phi/en/#.Wif69xTrYw8.twitter

“The global strategy and plan of action on public health, innovation and intellectual property (GSPA-PHI) was the culmination of several years of work in WHO and a prolonged negotiation between Member States, to promote new thinking on innovation and access to medicines. It sets out an important vision and a policy framework which has the aim of transforming health research and development (R&D) priorities to reflect developing country needs and of facilitating access to medicines and other health products in those countries.”
NYT – ‘Opiophobia’ Has Left Africa in Agony


“Uganda has a strategy for giving scarce morphine to patients in pain. But many poor nations won’t emulate it, over fear of an opioid epidemic.”

… exemplifies a problem that deeply worries palliative care experts: how they can help the 25 million people who die in agony each year in poor and middle-income countries without risking an American-style overdose epidemic abroad or triggering opposition from Western legislators and philanthropists for whom “opioid” has become a dirty word. The American delegation to the International Narcotics Control Board, a United Nations agency, “uses frightening war-on-drugs rhetoric,” said Meg O’Brien, the founder of Treat the Pain, an advocacy group devoted to bringing palliative care to poor countries. “That has a chilling effect on developing countries,” … … “Some pharmaceutical companies do try to market patented time-release oxycodone and other highly profitable opioids in middle-income countries — but governments are often wary because of the epidemic of drug abuse that has swept the United States. “You only have to see one Time magazine cover, and countries say, ‘This isn’t something we want,’”’ Dr. Cleary said.”

Reuters - Poor regulation, dodgy pills spur plan for African drugs agency

Reuters;

… Bad drugs flourish when regulation is weak and there is a lack of access to quality treatments. At the moment, Africa has a patchwork of national agencies, many short of funds and expertise to clamp down on fakes or approve genuine drugs efficiently. Healthcare experts, who met in Ghana last week to push the case for coordinated drug oversight in Africa, have a lofty ambition to create an African Medicines Agency (AMA) by 2018. It would be modeled on the 22-year-old European Medicines Agency (EMA) but cover twice as many countries and 1.2 billion people. Sceptics, however, doubt the practicality of a pan-African agency, given the lack of a common legal system or an equivalent of the European Court of Justice to arbitrate in disputes....”

IP-Watch - EU-MERCOSUR FTA Puts At Risk Access To Medicines In Brazil, New Impact Assessment Study Finds


“The European Union (EU) is currently negotiating a free trade agreement (FTA) with the four founding members of Mercosur (Argentina, Brazil, Paraguay and Uruguay), which comprises a chapter on intellectual property rights (IPR). A new round of negotiations is taking place from November 29th to December 8th in Brussels. Word is that they aim to announce the closure of the agreement at the next World Trade Organization (WTO) Ministerial Conference that will be held from
10-13 of December in Buenos Aires and the clock is ticking to close all the chapters before that. As usual, the negotiations are taking place in secrecy, but the EU released a draft proposal of the IPR chapter in September last year, which has provided the general public some knowledge about what is been negotiated...”

As for the implications on planetary health of this FTA (via extra meat production in Mercosur countries (especially Brazil), at the expense of parts of the Amazon (and human rights & lives of activists), there’s some heavy lobbying from the Brazilian cattle lobby going on, apparently ...). (As a Belgian song goes, “It’s a Sad Sad Planet”... )

**Stat (News) - Are we making progress in the fight against fake medicines?**

Tim MacKey; [Stat News](#);

(interesting) Op-Ed related to the WHO report on fake medicines from last week: “*The World Health Organization report released this week showing that that 1 in 10 medications in low- and middle-income countries are either substandard or falsified is alarming. The international trade in fake medicines, which rakes in billions of dollars a year, is estimated to harm hundreds of thousands of people every year. Yet this report belies a far more complex and large-scale global health challenge, one that the WHO is not equipped to tackle on its own.*”

“... It has no enforcement powers and has been reticent to partner more broadly with other stakeholders on the issue. As a case in point, the WHO’s Member State Mechanism for combating substandard and falsified medical products is not inclusive and fails to adequate involve industry, academia, law enforcement, and civil society stakeholders, all of whom have an important role to play in the fight against fakes. ... ... What we need is sustained and coordinated action, strengthening law enforcement, legal and judicial capacity, and long-term investment in anti-counterfeiting measures, pharmacovigilance, and leveraging advances in digital technology such as blockchain and machine learning for supply chain data provenance and analysis. These efforts to enhance the resilience of the global drug supply chain must be carried out by inclusive and genuine partnerships, with the WHO leading from a public health standpoint and openly partnering with other international organizations, such as the United Nations Office of Drugs and Crime, the World Customs Organization, and Interpol, to engage all sectors that can help in the fight against fake medical products.”

**FT - Sanofi leads charge against counterfeit drugs**

[https://www.ft.com/content/7027df4e-d67a-11e7-8c9a-d9c0a5c8d5c9](https://www.ft.com/content/7027df4e-d67a-11e7-8c9a-d9c0a5c8d5c9)

Given the current dengue vaccination uproar, the timing was perhaps a bit off for Sanofi for this claim, also linked to the WHO report on fake medicines from last week:

“Falsifying medicines — making and selling products that have not been approved by regulators, fail to meet quality standards or deliberately misrepresent an ingredient — has become big business.”
The World Health Organization estimates that revenues from counterfeiting of medicines are around $200bn, 10-15 per cent of the pharmaceutical market worldwide. … Improvements in technology and the way the internet has eased the development of fake pharmacies online have exacerbated the problem. While counterfeiting used to focus largely on solid forms, it is now affecting more injectable products that are used to treat cancers or diabetes. “Drug counterfeiting is a public health emergency for the twenty-first century,” says Geoffroy Bessaud, director for anti-counterfeiting co-ordination at Sanofi. “Fortunately, Sanofi is there to do something about it.

Finally, a tweet by Tedros:

“Health should not be a luxury only for those who can afford it. Everyone must get access to the medicines & diagnostics they need. We will work with @IFPMA – following our WHO private sector engagement rules – to make more treatments available & affordable #HealthForAll”

Social determinants of health

Fran Baum’s Manifesto for Well-being

https://croakey.org/beyond-the-social-determinants-a-manifesto-for-wellbeing/

To be used by political parties in Australia (but no doubt also useful in many other countries).

“… consideration of the determinants of disparity, including the social, economic and political, and — more importantly — what can be done to address these drivers. Rather than bandaid biomedical panaceas, Baum argues that reform is needed across the board, encompassing all those things that make us sick and, conversely, have the power to heal. … … She’s currently “finalising a new book – Governing for Health (to be published by Oxford University Press, New York) — and for this I have drafted a Wellness Manifesto for use by any political party who is really committed to health and to reducing health inequities.”

BMJ Global Health - Global action on the social determinants of health

A Donkin, M Marmot et al; http://gh.bmj.com/content/2/4/e000603

“Action on the social determinants of health (SDH) is required to reduce inequities in health. This article summarises global progress, largely in terms of commitments and strategies. It is clear that there is widespread support for a SDH approach across the world, from global political commitment to within country action. Inequities in the conditions in which people are born, live, work and age, are however driven by inequities in power, money and resources. Political, economic and resource distribution decisions made outside the health sector need to consider health as an outcome across the social distribution as opposed to a focus solely on increasing productivity. A health in all policies approach can go some way to ensure this consideration, and we present evidence that some
countries are taking this approach, however given entrenched inequalities, there is some way to go. Measuring progress on the SDH globally will be key to future development of successful policies and implementation plans, enabling the identification and sharing of best practice. WHO work to align measures with the sustainable development goals will help to forward progress measurement.”

Lancet Public Health – December issue

http://www.thelancet.com/journals/lanpub/issue/current

The December issue of the Lancet Public Health has, among others, an Editorial on homeless people and a Letter on Social and implementation research for ending AIDS in Africa (also timely with a view on the ICASA conference in Abidjan, this week (see above)). See this excerpt:

“…These issues were raised at the Social Science and HIV/AIDS in Sub-Saharan Africa conference, hosted in Abidjan in December, 2016. To fully play their part, social and implementation sciences must embrace the key questions raised by contemporary epidemics and that cannot be solved by biomedical science alone, including stigma, therapeutic failure, people-centred approaches, ageing of people living with HIV, integration of HIV services, governance and funding, and implementation of universal health coverage. Dedicated funding for coordination, research networks, and both operational and fundamental social science research is essential. We, scientists in social and implementation science, on behalf of the Abidjan 2016 conference scientific committee, would like to reaffirm the importance of multifaceted and plural social sciences and to keep such research on the international scientific agenda, in particular for western and central Africa. We hope that the 2017 ICASA conference held in Abidjan this week will provide a forum to discuss such matters.”

International Journal for Equity in Health (Commentary) - Equity implications for sanitation from recent health and nutrition evidence


“Recent evidence points to the possible underestimation of the health and nutrition impact of sanitation. Community sanitation coverage may first need to reach thresholds in the order of 60% or higher, to optimize health and nutrition gains. Increasing coverage of sanitation to levels below 60% of community coverage may not result in substantial gains. For example, moving Indonesia from 60% to 100% improved sanitation coverage could significantly reduce diarrhoea in children under 5 years old (by an estimated 24% reduction in odds ratio for child diarrhoea morbidity) with gains split equally by reaching underserved communities and the unserved within communities. We review the implications of these results across three levels of program implementation – from micro level approaches (that support communities to achieve open defecation-free status), to meso level (sub-national implementation) to macro level approaches for the national enabling environment and the global push to the SDGs. We found significant equity implications and recommend that future studies focus more extensively on community coverage levels and verified community open defecation free status rather than household access alone. Sanitation practitioners may consider
developing phased approaches to improving water, sanitation and hygiene in communities while prioritizing the unserved or underserved.” Focus in this article on Indonesia.

Human resources for health

One-year progress report on the UN High-Level Commission on Health Employment & Economic Growth

http://undocs.org/A/72/378

Dated early September 2017. From the summary: “…The International Labour Organization (ILO), the Organization for Economic Cooperation and Development (OECD) and the World Health Organization (WHO) have rapidly advanced the implementation of the Commission’s 10 recommendations and five immediate actions through broad dissemination, the galvanizing of political commitment and intersectoral support at high-level forums, and consultations with Member States and stakeholders to develop and establish the joint ILO, OECD and WHO Working for Health programme and multi-partner trust fund. The programme, with its five-year action plan for health employment and inclusive economic growth (2017-2021), serves as a catalyst in supporting Member States to expand and transform the health and social workforce to accelerate progress with regard to the 2030 Agenda for Sustainable Development. Funding for the programme must be secured to facilitate the subsequent release of sustainable financing for the implementation of national workforce strategies in all countries. The action plan, which was adopted by the seventieth World Health Assembly, in May 2017, by its decision WHA 70.6, is supported by the OECD Health Committee and will be considered by the ILO Governing Body at its 331st session. Through the Working for Health programme, ILO, OECD and WHO look forward to working with Member States and all stakeholders to amplify health and social workforce action and investments that unleash socioeconomic dividends across the 2030 Agenda.”

PS: A webinar ‘Working 4 health’ (on this 1-year anniversary of the HL-Commission) was held for the occasion. You can listen to it again here.

Health Economics – Well-paid nurses are good nurses

A Fedele;
http://onlinelibrary.wiley.com/doi/10.1002/hec.3623/abstract;jsessionid=4E9F45ECB9C94077E15A9202357C9C82.f04t02

Ah, finally an article we can relate to in ‘Health Economics’, who would’ve thought? “Some recent articles suggest that increasing wage in the nursing market with the aim of reducing shortage can negatively impact on the average ability and motivation of applicants attracted and, in turn, on the average quality of care. This finding is at odds with empirical evidence and has been criticized on the grounds that nurses’ motivation is modeled in an overly simplistic way. This paper provides a novel theoretical framework where the orientation of nurses’ motivation— intrinsic versus extrinsic—is taken into account, and the precise distinction between intrinsic and extrinsic motivation is
delineated on the basis of self-determination and person–environment fit theories. Conditions are derived under which high wages attract able and motivated individuals, thus maximizing the average quality of care.”

We’re already looking forward to the article’s counterpart, “Grotesquely overpaid doctors are lousy doctors”.

**Miscellaneous**

**Nature (News) - Hundreds of German universities set to lose access to Elsevier journals**

[https://www.nature.com/articles/d41586-017-07817-1](https://www.nature.com/articles/d41586-017-07817-1)

“Around 200 German universities will lose their subscriptions to Elsevier journals within weeks, because negotiations have failed to end a long-term contract dispute. The conflict between Elsevier, the world’s biggest publisher of scientific journals, and Germany’s entire university system has dragged on since 2015. ... Advocates of open-access publishing worldwide say that **victory for the German universities would be a major blow to conventional models of scientific publishing based on subscription fees**. Germany’s firm stand in the battle to reduce subscription prices and promote immediate open access could herald profound changes to the global landscape of scholarly publishing, they say....”

**Richard Smith (blog) : Strong evidence of bias against research from low income countries**


This blog caused quite a stir on Twitter. For obvious reasons (even if the bias is perhaps unsurprising).

**Guardian – Global homicide rate rises for first time in more than a decade**

An estimated 385,000 people were killed in homicides in 2016, with a marked increase in non-conflict areas such as Venezuela. The Small Arms Survey report, published on Thursday, estimated that 385,000 people were killed in homicides across the world in 2016, an increase of 8,000 on the previous year. Despite that, the report estimated that the overall number of violent deaths had decreased, primarily as a result of fewer people being killed in wars in 2016 than in 2015. Of the five countries with the highest violent death rates in 2016 – Syria, El Salvador, Venezuela, Honduras, and Afghanistan – only two had armed conflicts last year. The researchers noted that while the increase in the homicide rate “does not necessarily indicate a new trend ... it signals growing insecurity in non-conflict areas”....

Book – The Globalization of Foreign Aid: Developing Consensus


“Why do aid agencies from wealthy donor countries with diverse domestic political and economic contexts arrive at very similar positions on a wide array of aid policies and priorities? This book suggests that this homogenization of policy represents the effects of common processes of globalization manifest in the aid sector. Drawing on both quantitative and qualitative analysis of policy adoption, the book argues that we need to examine macro-level globalizing influences at the same time as understanding the micro-level social processes at work within aid agencies, in order to adequately explain the so-called ‘emerging global consensus’ that constitutes the globalization of aid. The book explores how global influences on aid agencies in Canada, Sweden, and the United States are mediated through micro-level processes. Using a mixed-methods approach, the book combines cross-national statistical analysis at the global level with two comparative case studies which look at the adoption of common policy priorities in the fields of gender and security. The Globalization of Foreign Aid will be useful to researchers of foreign aid, development, international relations and globalization, as well as to the aid policy community.”

Cochrane – Announcing the full launch of Cochrane Interactive Learning

http://community.cochrane.org/news/announcing-full-launch-cochrane-interactive-learning

“Cochrane is delighted to announce the full launch of all nine modules of its new online introductory training course on how to conduct a systematic review of interventions, available at interactivelearning.cochrane.org .”
ODI – Six recommendations for reforming multilateral development banks: an essay series


“...This essay series presents perspectives on how the MDB system should be reformed to meet the challenges of the 21st century. They focus on elements of strategic direction and policy coherence, operational and financial reforms, and how to respond to an evolving client base. The notes also offer insights into how MDBs can help address the under-provision of global public goods, the financial challenges of countries affected by fragility and the needs of middle-income countries.”

Emerging Voices

Taufique Joarder (EV 2010) – see also this week’s Featured article - recently published two papers, respectively in Health Policy and Planning and BMC Health Services research, in which he goes a bit deeper into the issue of responsiveness of health staff. Check them out!

HP&P - Who are more responsive? Mixed-methods comparison of public and private sector physicians in rural Bangladesh

BMC Health Services Research - Development and validation of a structured observation scale to measure responsiveness of physicians in rural Bangladesh

Research

International Journal for Equity in Health - Setting priorities for knowledge translation of Cochrane reviews for health equity: Evidence for Equity


“A focus on equity in health can be seen in many global development goals and reports, research and international declarations. With the development of a relevant framework and methods, the Campbell and Cochrane Equity Methods Group has encouraged the application of an ‘equity lens’ to systematic reviews, and many organizations publish reviews intended to address health equity. The purpose of the Evidence for Equity (E4E) project was to conduct a priority-setting exercise and apply an equity lens by developing a knowledge translation product comprising summaries of systematic reviews from the Cochrane Library. E4E translates evidence from systematic reviews into ‘friendly front end’ summaries for policy makers....” The authors conclude that “...This method provides an explicit approach to setting priorities by systematic review groups and funders for providing decision makers with evidence for the most important equity-relevant interventions.”
Conflict and health - A comprehensive review of HIV/STI prevention and sexual and reproductive health services among sex Workers in Conflict-Affected Settings: call for an evidence- and rights-based approach in the humanitarian response

A Ferguson et al; https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-017-0124-y

“While the conditions in emergency humanitarian and conflict-affected settings often result in significant sex work economies, there is limited information on the social and structural conditions of sex work in these settings, and the impacts on HIV/STI prevention and access to sexual and reproductive health (SRH) services for sex workers. Our objective was to comprehensively review existing evidence on HIV/STI prevention and access to SRH services for sex workers in conflict-affected settings globally....” The authors conclude: “...This review identified significant gaps in HIV/STI and SRH research, policy, and programming for conflict-affected sex workers, highlighting a critical gap in the humanitarian response. Sex worker-informed policies and interventions to promote HIV/STI prevention and access to HIV and SRH services using a rights-based approach are recommended, and further research on the degree to which conflict-affected sex workers are accessing HIV/STI and SRH services is recommended. A paradigm shift from the behavioural and biomedical approach to a human rights-based approach to HIV/STI prevention and SRH is strongly recommended.”

Book – New Health Systems: Integrated Care and Health Inequalities Reduction


“New health systems exist today thanks to the changing nature of diseases as a result of the integration of new technologies and new approaches in care giving and the management of healthcare systems. This book studies the health inequalities in these new health systems, structured according to the integrated health services approach. The authors investigate a wide range of debates and issues, including the consequences of a collaborative economy on healthcare and the possible “uberization” of a wide range of its services. The first part of the book offers an overview of the problem of inequalities in the field of health. The second part discusses the possibility of a sustainable and equitable architecture for health systems. (1) Explains the dynamics that animate Health Systems; (2) Explores tracks to build sustainable and equal architectures of Health Systems; (3) Presents the advantages and inconveniences of the different ways of care integration and the management of Health information systems.
Globalization & Health – Donor-funded project's sustainability assessment: a qualitative case study of a results-based financing pilot in Koulikoro region, Mali

M Seppey, V Ridde et al;
https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0307-8

“Results-based financing (RBF) is emerging as a new alternative to finance health systems in many African countries. In Mali, a pilot project was conducted to improve demand and supply of health services through financing performance in targeted services. No study has explored the sustainability process of such a project in Africa. This study’s objectives were to understand the project’s sustainability process and to assess its level of sustainability....”  “The results of this project show a weak level of sustainability due to many factors....”