

# IHP news 449 : Half the world

( 15 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,

*This was probably the last ‘crazy’ week in global health before the Christmas holiday season, with among others the 2<sup>nd</sup> **global NCD Alliance Forum** (in the UAE), **UHC Day** (12 December) and the **UHC Forum in Tokyo** (starring among others, Stefan Peterson, from now on better known as ‘UHC’s karaoke man’). Also on Tuesday, the ‘One Ego, **One Planet**’ summit took place in Paris (starring Jupiter of course, but also some of the usual suspects like Bill Gates, Michael Bloomberg, Arnold Schwarzenegger and Richard “stop me before I jot down a four-letter word here” Branson).*

*Obviously, there are also **plenty of reads** to digest while preparing for the Christmas turkey. Correction: with international investors increasingly [getting worried about the future of meat \(and the likelihood of a meat tax sooner rather than later\)](#), you should probably refrain from turkey altogether this year. Unsurprisingly, in the progressive ‘planetary health’ and ‘cosmopolitan’ community, there seems to be a lot more appetite for this future meat tax than for limiting our own ‘happy flying’ [behavior](#). Nevertheless, the future for the planet looks brighter and brighter, now that the “**first planetary health professor**” has been [appointed](#), Tony Capon. In Sydney, of all places. Thought these Aussies liked a good piece of meat.*

*Meanwhile, it turns out that **half the world lacks access to essential health services**. Not really surprising, perhaps, but still, yet another “killer stat”, literally, to be added to Oxfam’s notorious figures on global inequality. At some point you can’t escape the question whether the ‘system is broken’ (Jim Kim) or whether our global system has always been crooked in the first place. My bet goes more and more to the latter. Unfortunately, though, we are “the system”. Or if you want it cheesier, “We are the world, we are the children...” (Michael Jackson). So I tend to agree with historian **Philipp Blom** when he [says](#) that we (urgently) need a system in which people can live realistically, which implies that we should be able to integrate all the selfish, imperfect and emotional aspects common to all human beings, in the system, while keeping it sustainable for future generations. A tall order.*

*Enough said. To make up for the abovementioned turkey, we offer you two editorials this week. **Button Ricarte** ( ITM health policy intern) gives his take on a UHC Day-related event in Brussels, whereas **Mit Philips** (MSF) comments on the Tokyo UHC Forum.*

*Enjoy your reading.*

*The editorial team*

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## Featured Articles

### UHC Forum: Dreams of health for all or slogans detached from reality?

**Dr. Mit Philips** (*MSF and previously at ITM*)

It's Thursday evening in Tokyo and the High Level session of the UHC Forum just closed, with Japanese calligraphy celebrating the 'Health for All' slogan. Over the last days, "Tedros" and "Jim" were at the centre of events, applauded as popstars, framed by a different celebrity 'band' at each session: Secretary General Gutierrez, Japanese prime, health and other ministers, the entire UN family (including WFP), the full spectrum of Development Banks, the Global Fund, Gavi and even Bill Gates himself (video cast)...

The music band reference is triggered by UNICEF starting off with a song on U--H--C. We did not end up dancing (it takes two to tango) but it was overall a very stylish whirling show, with its fair share of slogans and advertising pages for 'disruptive innovation' demonstrations and a 'Business unusual' fair ('phones and drones' someone called it).

Now you might suspect I'm not the singing kind (anymore) and maybe I didn't feel in a festive mood -especially after reading the UHC Monitoring report which said we are seriously off track: half of people worldwide doesn't have access to basic care and every year 100 million are pushed into extreme poverty by health expenses, just for starters. I cannot deny the major efforts to ensure this UHC Forum would be profiled as a new start, one of the grand, historic moments launching the UHC-movement.

Maybe that was exactly the problem: my head was spinning with all the smart slogans, the savvy VIPS and the utopian visions that were eloquently exposed. It left little space to discuss practical, real life problems and to come up with some concrete action points. People kept repeating that UHC was not about health only; it was about governments' political leadership, multisector transformative initiatives and incentivising health investments by linking it to macro-economic ratings. But in fact it was all about health systems strengthening; rarely other contributions to UHC were mentioned- such as lowering costs for drugs, diagnostics and vaccines; the key role of community systems; policies of exclusion for non-citizens or marginalised or criminalised people; special needs for HIV, TB, malaria, severe patients needing hospital care... to name just a few.

Not a shade of doubt was allowed on the mantra that countries' economic growth would now mobilise the necessary domestic resources for health. As such, risks of stalling expansion of service delivery or leaving anybody behind were left out of the equation. Any remaining gap would be tackled by 'Innovative funding' involving loans and banks, entrepreneurs and the private sector. I can't help having second thoughts about this imposed optimism. To see health care as an economic investment implies exclusion of those patients without favourable return on investments. Pandemic preparedness and Global Health Security Agenda choose the threats (to who?) worthy of response, while devastating 'local' epidemics, such as cholera and measles in DRC or diphtheria among the Rohingya are likely to continue to be neglected.

We all need visions and aspirations, but an ideal cannot do without good, concrete, smaller yet essential actions. The human dimension risks to be lost, both making the individual feel insignificant (the bankers will solve it) and blurring the focus: people burdened with ill health and patients excluded from adequate care.

What will UHC mean for those people that are now going without care or forced into poverty? What about the pregnant woman in CAR who is asked to pay 2.7 USD for an HIV test but cannot afford it? What about the Syrian refugee in Jordan that stops treatment for her non-communicable disease because she cannot afford the fees (23 USD per consultation)? Will a mother and her baby in DRC be no longer detained in hospital until she pays the 38 USD bill for the C-section that saved their lives?

I have come to the UHC Forum to raise exactly these very real-life problems MSF-teams see: user fees are currently being (re)introduced in countries that had previously removed them, such as Afghanistan, Mozambique, Malawi and Sierra Leone. Over the past decade, many countries addressed issues of exclusion, delay and impoverishment caused by user fees by moving to free healthcare, either for the entire population or for specific groups, such as pregnant women, children, and people with certain illnesses. In many other places, direct patient payments at the point of delivery continue to be demanded, including from the most vulnerable groups, including refugees, displaced populations, and patients with HIV, TB, NCDs, and malaria. We compiled nine country case studies, showing how user fees were blocking access to care and asking that ending user fees would be a priority under UHC. User fees impact negatively all three UHC dimensions. Failure to transition away from patient fees carries a high human cost and moreover undermines the credibility of UHC commitments. Especially if in some cases the user fee proposals come from international agencies that are self-declared UHC champions. See our [blog](#) and [briefing paper](#).

Moreover, civil society remains largely left out of the UHC dynamic. Several people expressed the feeling that the UHC forum and the UHC2030 initiative were too heavily government dominated. 'Governments change, the people stay!', a participant said, 'Without civil society we will not succeed'.

Some see similarities between the 'UHC movement' and Alma Ata, but yesterday someone reminded us that 40 years later we are still waiting for Health for All. Undoubtedly, the UHC ambitions can give renewed hope and drive, but songs and slogans alone will not change real life suffering. The invisible patients, the most vulnerable people, they will be the ultimate and only valid accountability test for UHC.

Anyhow, failure or success, opportunity grasped or missed, I was there, I have the WHO umbrella to prove it!

## Leaving No Building Block Behind

**Button Ricarte** ( Advocacy Coordinator and Policy Writer, UHC Study Group (UP Manila); Health Policy Intern, ITM )

On the 12<sup>th</sup> of December 2012, the United Nations passed a resolution calling for all nations to provide affordable and quality health care for all their citizens. Since then, December 12 has been designated the [Universal Health Coverage \(UHC\) Day](#). This year, to mark the fifth anniversary of this important resolution, various groups have organised events around the UHC theme, with the biggest gathering being the [High-Level forum](#) in Tokyo, Japan.

In the past half-decade, there has been a lot of progress in terms of "[leaving no one behind](#)" on the road to UHC, although much remains to be done. Still, frameworks such as the Sustainable Development Goals (SDGs), [the UHC cube](#), and the [six building blocks](#) of the health system have allowed the health community to adopt a more organised and strategic approach towards the achievement of this global aspiration, not to mention the more systems & complexity-oriented approaches and frameworks. For sure, no framework has been left behind on the UHC journey. However, we know that applying such frameworks and approaches in fragile contexts, such as countries under conflict, is a very challenging endeavour indeed. Different strategies must be adopted to address gaps in these fragile settings.

In line with this, and to commemorate UHC Day, the Belgian Development Cooperation (through the [Be-cause health](#) platform) organised a round-table discussion on "Universal Health Care in Fragile Contexts" in Brussels - also a 'fragile setting' of sorts, some would argue. For the first presentation, my colleagues Sara Van Belle & Willem van de Put from ITM shared findings from a recent research project on "Multi-Disciplinary Evidence on Coordination and Health Systems Strengthening (HSS) in Countries Under Stress" commissioned by the [International Health Partnership for UHC 2030 \(UHC2030\)](#). The second presentation came from Jessica Martini, on behalf of [ACROPOLIS](#) (ACademic Research Organisation for POLicy Support), a Belgian network focusing on governance for development, amongst others. She introduced practical guidance on how to work in fragile environments.

Typically, when UHC is discussed at events like this, I have noticed that of the building blocks, health financing or human resources are usually the stars of the show. Increasingly, governance is also being highlighted, as was the case here (and in Tokyo, I hear). In the Brussels meeting, however, my interest was drawn more to the importance of health information systems. I was reminded of [some articles](#) I've read about countries with unstable financial systems, which opt increasingly for Bitcoin as a more secure and reliable alternate to their failing currencies. In these volatile situations, technology (like blockchain) allows for transparent checks and balances during transactions without the need for too much red tape. Applying this technology to fragile health systems (where there is, almost by definition, "instability" in governance, health service delivery, etc.), should help to reinforce the health information system, and provide different stakeholders with the data that is essential to the design of effective health system strengthening initiatives.

Both presentations emphasised the value of local perspectives and context when dealing with fragile settings, yet we know that there are still large disparities between the evidence being used (and generated) by external actors and reality on the ground. Big data, action research, and data management strategies may be the shots in the arm needed to change the game in countries under stress. In the same way that global UHC efforts have been designed to address the various health inequities, focusing on initiatives to improve health information systems will help reduce information asymmetry and strengthen the relationships between the different stakeholders. With UHC Day in its 5<sup>th</sup> year, now would be the perfect time to adopt new interventions on this - still somewhat 'left behind' - building block.

## Highlights of the week

### 2<sup>nd</sup> Global NCD Alliance Forum 2017 (9-11 December, Sharjah, UAE)

In a short article (Plos Global Health blog), **Alessandro Demaio** set the scene for this meeting, [NCDs: refocusing our efforts just in time](#) *"On December 9-11, the second NCDA forum [will] take place in Sharjah, UAE. The **theme of the conference** is aptly **Stepping up the pace on NCDs: making 2018 count**, providing a unique **opportunity to unite and mobilise NCD civil society ahead of the 2018 UN High-level Meeting on NCDs**. For the wider health and non-health audience, this blog post provides an insight into the current state of NCDs, and the exciting road ahead."*

On the NCD Alliance website, you find **overviews of Day 1** - [Consensus building around 2018 HLM on NCDs advocacy priorities](#) (with an opening ceremony with video messages from Bloomberg & Tedros, among others, and a keynote from Sania Nishtar) ; **Day 2** - [Putting a voice to NCDs while breaking out of silos](#) (with Katie Dain, Kent Buse, ...) & **Day 3** - [NCD Community: be informed, inspired, incentivised, indignant, & incensed](#) (with among others, Jeremy Shiffman & Tom Frieden as keynote speakers).

Read also **Kent Buse et al's** excellent op-ed (on **Project Syndicate**) - [AIDS, NCDs, and the ABCs of Organizing](#) *"The battle against AIDS is not over, but, thanks to the community of activists who raised the alarm decades ago, we know that it can be won. Elements of the AIDS movement's success could be applied to help bring non-communicable diseases under control."* Going from 'A' (activism) all the way to 'H' (human rights).

## NCD civil society Atlas

<https://ncdalliance.org/resources/ncd-atlas>

“The Atlas documents 38 case studies and programmes on a broad range of issues relating to access, awareness, accountability and advocacy, collected from national and regional NCD alliances around the world. “

## Advocacy Agenda of People Living with NCDs

<https://ncdalliance.org/resources/advocacy-agenda-of-people-living-with-ncds-0>

Recommended. *“The Advocacy Agenda of People Living with NCDs was built with the generous input of 1,893 people living with NCDs who took part in the Our Views, Our Voices consultation efforts. It provides a compass for NCD advocacy efforts and functions as a living document that captures the priorities of people living with NCDs. It is intended to guide and support efforts of key stakeholders to improve NCD prevention and control.”*

The Advocacy Agenda of People Living with NCDs **calls for action in four key areas:** • Human Rights and Social Justice • Prevention • Treatment, Care, and Support • Meaningful Involvement.

For some of the action & tweets of the conference, see [#NCDAF2017](#)

***“@kentbuse shares lessons learned from #HIV/AIDS to build movement for #NCDs: A - advocacy #PLWNCDs B - budget \$ C - coalitions: usual & unusual D - determinants - tackle them E engagement F - framing - not individual blame G - #gender H - #humanrights #NCDAF2017 #beatNCDs***

***Sir Trevor Hassell calls for a "Grand March of Indignation & Hope for Non Communicable Diseases" to really attract the attention #NCDs need - the time has come to get louder.***

***We have 6 Challenges:*** 1- Slow & Uneven Progress 2- Overwhelmed & Paralysed Countries 3- Political Inertia 4- Inadequate Resources 5- Interference of Powerful Multinationals 6- Absence of People's Movement

***We have 6 opportunities:*** 1- Global Awareness 2- Political Leaders 3- Plans, Commitments, Targets 4- #SDGs 5- Consensus on Solutions 6- Civil Society Movement

***Jeff Collin says we need to move beyond the low hanging fruit of @WHO #NCDs Best Buys to address to commercial determinants #NCDAF2017 @ncdalliance @NCDFREE***

*The first silo we need to break down in is the barriers between the #nutrition community & those interested in #NCDs.*

***.@NordstrmAnders proposes a new #globalhealth agenda: systems for health, not health systems. Local multisectoral action key #NCDAF2017***

*Anders Nordstrom sees #NCDs as excellent entry point to shift conversation from survival to staying healthy & avoiding premature mortality #NCDAF2017*

*When thinking about multisector approaches for #NCDs—start with question of what we can do to advance other #Agenda2030 targets as basis of 'double duty' (win-win) action says @CorinnaHawkes #NCDAF2017*

*We need to **ban the term "lifestyle diseases" from the #NCDs movement**, says @katiedain1 - it has to do w/the environment in which you live. #NCDAF2017 #HumanRightsDay*

*Special messages from @WHO DG @DrTedros and Global Ambassador @MichaelBloomberg at #NCDAF2017 to hold harmful industries accountable for #NCDs*

*Lack of political attention to prevention of #NCDs is unacceptable says @SaniaNishtar at opening of #NCDAF2017 - we will be held to account to current & future generations @ncdalliance*

*Great to see news coming out of #NCDAF2017 but hope next Forum can be combined or (better) coordinated time-wise with #UHCForum. Conflicted timing is a telling reflection of continued #globalhealth contestation."*

## **UHC Day (12 Dec) & UHC Forum Tokyo (12-15 Dec)**

As you can imagine, there was a **flurry of news and reports** related to UHC Day & the UHC Forum (12-15 December) in Tokyo.

Below we list the most important ones. It's clear that **UHC has never been higher on the global agenda**, but it's also clear that **'business as usual' is no longer an option**. It's time to translate all this nice rhetoric into reality on the ground, in countries around the world. Or cfr. a tweet: *"The battle for UHC in the global agenda has been won. The next frontier is the transformation of health systems at country level."*

PS: In the **UHC section** (see further in the newsletter), we also give an overview of some of the more remarkable blogs.

### **UN News – UN Assembly calls on Member States to 'accelerate progress' on goal of universal health coverage**

<http://www.un.org/apps/news/story.asp?NewsID=58274#.WjDKPIxibIV>

*"The United Nations on Tuesday called for greater efforts on the part of its Member States to ensure universal health coverage, and designated 12 December as International Universal Health Coverage Day. In one of the two resolutions adopted today, the UN General Assembly – composed of all 193 UN Member States – called for efforts ensure that all people have equal access, without discrimination of any kind, to quality promotive, preventive, curative, rehabilitative and palliative basic health services.*

*... Further, the Assembly also announced that it would hold a high-level meeting in 2019 on universal health coverage.... Acting on a related text, the Assembly proclaimed 12 December as International Universal Health Coverage Day ... “*

For **the resolution** ( annual Global Health & Foreign Policy resolution calling for a **HLM on UHC in 2019**, see [here](#).

Cfr. a tweet:

*“5 years ago today, all @UN countries endorsed a resolution calling for universal health coverage. UNGA just passed a resolution that finally makes 12.12 as #UHCday! Let's keep making history together. #HealthForAll #Health4AllNaija #WalkTogether #UHC2017”*

### **Tokyo Declaration on Universal Health Coverage: All Together to Accelerate Progress towards UHC”**

<http://www.worldbank.org/en/news/statement/2017/12/14/uhc-forum-tokyo-declaration>

Declaration (and commitment to action), at the closing ceremony of the High-Level event in Tokyo (on Thursday). A **must-read**, obviously. With among others, **“By 2023, the midpoint towards 2030, the world needs to extend essential health coverage to 1 billion additional people and halve to 50 million the number of people being pushed into extreme poverty by health expenses. “**

The figures make sense in the light of the new WHO/WB monitoring report (see below), and of course there’s also a link with the 13<sup>th</sup> GPW.

### **CSO statement for the UHC Forum**

<http://www.ghadvocates.eu/wp-content/uploads/2016/07/UHC-forum-CSO-statement-VF1.pdf>

3-pager and also more than worth a read. They are **calling for a change to the business as usual approach** to achieving UHC. They **emphasize 3 principles**, and elaborate how these need to be implemented (ideally).

### **On the Japanese host (& its leadership on UHC)**

Tweet:

*“First **Japan’s PM Abe** took to @TheLancet to champion #globalhealth & #UHC – now **Finance Minister Taro Aso** does same: demonstrating how moral authority, technical leadership & financing can deliver #SDG3 <http://bit.ly/2Ay2sZz> #UHCday”*

See also the **Japan Times** - [Aiming for truly universal health coverage](#).

Excerpt: **“...In recognition, the Japanese government also invested in the UNDP’s Access & Delivery Partnership (ADP), which strengthens the capacity of health systems in low- and middle-income**



countries so that the innovations that emerge from GHIT's and others' pipelines can effectively reach the populations in need. ... Through the **strategy of catalyzing R&D for new health technologies through GHIT, while at the same time facilitating their sustainable access and equitable delivery through the ADP**, the government of Japan connected what were previously two parallel elements of the global health response. ... It is no coincidence that **Japan has at the same time been a vocal global leader in the UHC movement....**" Etc.

Japan Times - [Japan pledges \\$2.9 billion to support countries pursuing universal health coverage](#)

*"Japan will contribute about \$2.9 billion to programs combating infectious disease and treating young children in developing countries that are pursuing universal health coverage, Prime Minister Shinzo Abe said Thursday at an international forum on the topic in Tokyo. ... Abe also proposed a new interim universal health coverage target — that 1 billion more people will be able to receive basic health services by 2023. At present the WHO aims to ensure by 2030 that 80 percent of the population of developing countries have access to basic health services, and that no one falls into poverty due to out-of-pocket expenses on health care...."*

## New reports

First, THE most important report of the week:

## World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses

<http://www.who.int/mediacentre/news/releases/2017/half-lacks-access/en/>

*"At least half of the world's population cannot obtain essential health services, according to a new [report](#) from the World Bank and WHO. And each year, large numbers of households are being pushed into poverty because they must pay for health care out of their own pockets. **Currently, 800 million people spend at least 10 percent of their household budgets on health expenses for themselves, a sick child or other family member. For almost 100 million people these expenses are high enough to push them into extreme poverty**, forcing them to survive on just \$1.90 or less a day. The findings, released today in **Tracking Universal Health Coverage: 2017 Global Monitoring Report**, have been simultaneously published in Lancet Global Health...."*

*"The report is a key point of discussion at the global Universal Health Coverage Forum 2017, [currently taking place] in Tokyo, Japan. Convened by the Government of Japan, a leading supporter of UHC domestically and globally, the Forum is cosponsored by the Japan International Cooperation Agency (JICA), UHC2030, the leading global movement advocating for UHC, UNICEF, the World Bank, and WHO. Japanese Prime Minister Shinzo Abe, UN Secretary-General Antonio Guterres, World Bank President Kim, WHO Director-General Tedros and UNICEF Executive Director Anthony Lake [will all be] in attendance, in addition to heads of state and ministers from over 30 countries...."*

For a reaction, see for example Oxfam - [Global Health Report damning indictment of government action on health, says Oxfam](#)

Read also **Tim Evans'** take (in a blog on the WB's 'Investing in Health' blog ) - [Without Health for All, We Will Not End Poverty by 2030](#)

In the blog, he also refers to **another (WB) report:** [Business Unusual: Accelerating Progress Towards Universal Health Coverage](#)

*"At present rates, the global 2030 UHC targets under the UN SDGs will not be met. Urgent action is needed to speed progress in the two dimensions of UHC, health service coverage and financial protection, and to ensure that no one is left behind. What can be done? First, countries can learn from past experience. **This report identifies a set of factors common among countries that made outstanding progress on selected service coverage and financial protection indicators between 2000 and 2015.** By adapting proven approaches to their own settings, and by addressing stubborn implementation bottlenecks, countries can accelerate progress towards UHC. Second, even as they benefit from models of success, countries must prepare to manage deeper health system transformation now on the horizon. Spurred by economic, technological, demographic, and epidemiologic forces, these transformations will reshape the landscape in which countries pursue their 2030 UHC goals, creating new risks but also opportunities."*

## FT Health - World Bank plans to name and shame countries on health spending

<https://www.ft.com/content/6bde30d4-e01e-11e7-a8a4-0a1e63a52f9c>

*"... **The World Bank plans to name and shame countries that are failing to invest in health and education for their citizens**, following a new analysis showing that less than half of the world's population has access to essential health services. **The institution will oversee a ranking next year of investments by every nation in the "human capital" of its own people**, which it argues is linked to higher economic growth and prosperity. ... The **initiative is likely to trigger resistance by countries**, after a previous ranking of health systems by the World Health Organisation at the start of the millennium sparked anger from some of those that performed relatively poorly, including Brazil and the US."*

A tweet on this news:

*"Yes! @JimYongKim @WorldBank: **Game changer to achieve #uhc2030 - rank countries by their human capital investments. If you want to get attention of finance ministers, affect their bond spreads and FDI. #UHCForum2017 #HealthforAll**"*

## Lancet Global Health reads related to this Monitoring report

[Lancet Global Health - Monitoring universal health coverage within the Sustainable Development Goals: development and baseline data for an index of essential health services](#) (by **D Hogan** et al)

*"Achieving universal health coverage, including quality essential service coverage and financial protection for all, is target 3.8 of the Sustainable Development Goals (SDG). As a result, an index of essential health service coverage indicators was selected by the UN as SDG indicator 3.8.1. **We have developed an index for measuring SDG 3.8.1, describe methods for compiling the index, and report baseline results for 2015.** 16 tracer indicators were selected for the index, which included four from*

*within each of the categories of reproductive, maternal, newborn, and child health; infectious disease; non-communicable diseases; and service capacity and access....”*

[Lancet Global Health - Progress on catastrophic health spending in 133 countries: a retrospective observational study](#) (by Adam Wagstaff et al)

Lancet Global Health - [Progress on impoverishing health spending in 122 countries: a retrospective observational study](#) (by Adam Wagstaff et al)

[Lancet Global Health \(Comment\) – Towards a meaningful measure of universal health coverage for the next billion](#)

(**must-read**) There are still some (methodological & other) **issues with the current index of UHC services** (as constructed by D Hogan & colleagues), on which article this is a Comment.

Excerpt:

*“Effectively monitoring universal health coverage (UHC) has become increasingly important, especially given the centrality of UHC in the Sustainable Development Goal (SDG) era and its ascent in policy dialogues. **Further, a pillar of WHO's Global Programme of Work for 2019–2031 is the provision of universal health coverage (UHC) to 1 billion more people.** Yet without greater consensus on what set of health services should comprise an ideal measure of UHC, we lack a roadmap for achieving and monitoring these aims. **Now is the time to unite and establish a cohesive, meaningful metric of UHC**—a way to understand whether people throughout the world are truly receiving the services they need to live long, healthy lives....”*

*“Today's obstacles in UHC measurement do not originate from insufficient knowledge or methods; rather, they mainly stem from a lack of consensus on how to best track UHC progress. Establishing a single, interpretable UHC metric for coverage of essential health services is far from an easy task, and any resulting measure will inevitably be imperfect, especially given the vast array of candidate indicators. But until we collectively tackle this challenge, what it means to achieve UHC—and what it takes to get there—will remain unclear. ... .. Going forwards, a vital step is recalibrating the focus towards an ideal measure of UHC—a defined set of essential health services—rather than what is easiest to track. An overall UHC measure that encompasses both health service delivery and financial risk protection must also be developed; otherwise, it will be increasingly difficult to arrive at realistic costing estimates for achieving UHC. “*

**PS: some more comments on the Global Monitoring Report:**

[UHC2030 has compiled commentaries on the findings of the Global Monitoring Report from \*\*civil society, The Elders, the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent, the Inter-Parliamentary Union, and youth.\*\*](#)

Another must-read report from this week:

## New WHO report - New perspectives on global health spending for universal health coverage

[http://www.who.int/health\\_financing/topics/resource-tracking/new-perspectives/en/](http://www.who.int/health_financing/topics/resource-tracking/new-perspectives/en/)

*“This WHO global health financing report summarizes the latest internationally comparable data on health spending in all WHO Member States between 2000 and 2015. But it does more than publish the most recent data. **For the first time the report uses the new international classification for health expenditures in the revised System of Health Accounts.** This new framework enables the presentation of detailed information on the role of governments, households and donors in funding health services, and the financing arrangements through which these funds are channelled and spent. The report summarizes key global health expenditure patterns and trends, and illustrates the potential of the new database to inform thinking about financing reforms to progress towards UHC, and also raises issues for further research. It analyses the following areas: How much the world spends on health; Levels of public spending on health; The role of official development assistance;*

*Global spending on health through out-of-pocket payment; the mix of revenue sources for spending through social health insurance. ... As annex to this global report, **regional health expenditures dashboards** have been prepared to **present the main findings in each region** around the world.”*

## Series of WHO regional financing reports

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

*“As part of UHC Day events, **WHO is releasing a series of regional health financing reports**, based on the latest evidence, and highlighting key policy issues facing countries as they make progress towards UHC. **Each report focuses on a specific theme relevant to the countries in their region**, for example the current situation in terms of financial protection in South-East Asia, and the transition to greater domestic financing for public health services in the Western Pacific region. **A number of common challenges and policy issues are evident across the reports**, including: The need for a greater reliance on public spending from domestic sources to make progress towards UHC; The transition to greater domestic financing and integration of service delivery is a key challenge facing a growing number of countries; The need to address fragmentation in health financing arrangements (both across health coverage schemes and across types of health services) to drive efficiency and value for money; Coverage policies: the way in which benefits are designed can explain significant differences in financial hardship across countries. Monitoring financial protection is vital to ensure continued progress towards UHC. The way financial protection is defined and measured has important policy consequences. “*

Check out for example the **WHO AFRO report** - [Domestic resource mobilization for sustainable financing for health in Africa](#).

*“In 2015, Member States made a commitment to UHC and the SDGs. This commitment was accompanied by the Addis Ababa Agenda for Action developed at the Third International Conference on Financing for Development. This Agenda for Action calls for increased domestic resource mobilization to ensure the attainment of the SDGs. The weight of evidence shows that whilst health financing reforms in support of UHC are necessarily path dependent and dynamic, **a common feature is that countries which have reached significant population and service coverage, whilst also reducing out of pocket spending, did so by increasing government expenditure on health.** The*

report on “Domestic Resource Mobilization for Sustainable Financing for Health in Africa” **examines the status of domestic spending for health in the region** with regard to current spending levels in relation to expected targets, how these funds are managed, as well as the impact of current public spending. It proposes, based on the evidence provided, policy options for action which are geared towards increasing public spending for health in the African region.”

## Other reports released for (or around) UHC Day

- [MSF Access report – Taxing the ill](#)

For an excellent summary, see a [blog in Medium by Mit Philips](#)

Excerpt:

“... Over the past decade, many countries addressed these issues by transitioning to free healthcare, either for the entire population or for specific groups, such as pregnant women, children, and people with certain illnesses. **Yet, in Guinea, CAR, Jordan, DRC, and other countries, direct patient payments at the point of delivery continue to be demanded from the most vulnerable groups, including refugees, displaced populations, and patients with HIV, TB, NCDs, and malaria. Troublingly, user fees are currently being expanded or (re)introduced in countries that had previously removed financial barriers for patients, such as Afghanistan, Mozambique, and Malawi.** Funding cuts now also threaten Sierra Leone’s Free Health Care Initiative for women and children. ... **Cutbacks in international health grants are putting countries under increasing pressure to rely on domestic resources to maintain and expand health coverage. This has resulted in the (re)introduction of user fees as a method of domestic resource mobilization (DRM),** despite overwhelming evidence that out-of-pocket payments are not only unable to generate sufficient revenue but also have detrimental effects for the population, such as limiting access to care, exacerbating poverty, and “punishing the poor”. **Consultants and advisors are conveniently ignoring this evidence, including the inefficiency of individual ‘poverty’ exemptions** (i.e. whether a person qualifies as indigent). Moreover, **international agencies such as the World Bank, WHO, donors, and national governments are failing to uphold their previous commitments to support elimination of user fees, with negative consequences for all three Universal Health Coverage (UHC) dimensions.**[ii] Failure to transition away from patient fees carries a high human cost and undermines the credibility of commitments to achieve UHC by 2030....”

- [JLN progress report](#)

A summary of this Joint-Learning Network progress report in a **Devex article** : [5 ways to make progress towards universal health coverage](#)

- **Save the Children:** [Primary Health Care first: strengthening the foundation for UHC.](#)

## Other UHC Day related articles & blogs

### Lancet Global Health (January issue)

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

The **editorial** is a must: [Adding clarity to the universal health coverage picture](#)

*“The notion of UHC, its role in improving health, reducing poverty, and driving development, and its interconnectedness with a more just and equitable world, are now firmly implanted at the highest level. **From this global consensus must now arise more concrete explorations of what UHC looks like at the national level, and what the path will be for the many countries committed to it. That starts with measurement....** ... Two articles to be published in our pages on December 13 **aim to put numbers on these indicators at the global level:** the first one explores how indicator 3.8.1 can be summarized in an easy-to-use index to track progress in UHC service coverage, taking into account the fact that the range of services offered varies by country and that the availability and quality of data is also far from uniform. The second article aims to estimate the global incidence of catastrophic spending in health using different thresholds of household consumption percentage, and looks at trends between 2000 and 2010. These studies are important because they contribute to defining the shape of UHC globally, and also provide input for a range of policies that pave the way towards better and more equitable health systems....” (for the studies – see above)*

But do check out the whole January issue.

### The Conversation - There's more to evidence-based policies than data: why it matters for healthcare

Aku Kwamie; [The conversation](#)

Aku Kwamie was one of the EV alumni in Tokyo, together with Seye Abimbola and Walaiporn, among others. Here she makes a plea for **embedded research**, among others. HSG & the Alliance also had a Joint side session on this very topic, on Friday, in line with the **“Evidence for UHC campaign”**.

Session: "Embedding health systems research within #healthsystems to achieve #UHC".

### ODI working paper – Shocks, stresses and universal health coverage: pathways to address resilience and health

L Clarke et al; <https://www.odi.org/publications/10993-shocks-stresses-and-universal-health-coverage-pathways-address-resilience-and-health>

*“Achieving universal health coverage (UHC) is critical to ensuring sustainable and resilient lives for all, and therefore to meeting the goals set out under the Sustainable Development Agenda. **But health and wellbeing are also subject to other risk drivers, such as climate change and disasters,***

*which disrupt the health and financial benefits that UHC can offer. This report explores: why UHC is important for health and wellbeing, sustainable development and resilience; how disasters and drivers of risk, such as climate change, negatively impact health and wellbeing and disrupt the desired health and financial benefits of UHC; the potential of UHC to offer a platform to more actively address shocks and stresses to health and wellbeing through governance, financing and the implementation of services.”*

And this:

[For UHC Day, an international consortium of NGOs launched a new tracking tool aiming at unpacking Development Assistance for Health \(DAH\)](#)

Focusing on **4 donors**: France, UK, Germany and the EU.

## Some other news & key sessions from the UHC Forum in Tokyo

### HS Governance Collaborative: new website & session ‘Bold Moves’

Check out the [Bold Moves side event and the mini-manifesto – the launch of the “Bold Moves Campaign”](#).

The **mini-manifesto** is a must-read!! (and then do act).

See [Bold Moves: New Ways of Governance and Partnering for UHC](#)

Check out also the **brand-new website** of HS Governance Collaborative: <https://hsgovcollab.org/>

### Women in Global Health calls for a High-Level Working Group on Gender Equality and UHC

See: [All Roads Lead to Universal Health Coverage –and Women Will Deliver It](#)

*“Given the importance of gender equality for UHC implementation and the impact of UHC for gender equality, Women in Global Health note with concern that gender equality is not a central and high-profile topic at the 2017 UHC Forum in Tokyo. Women health workers currently deliver health care to over 5 billion people worldwide. It is clear that as the global work force expands, women will deliver UHC. We urge UN Member States, WHO, and international agencies supporting implementation of UHC to change the narrative and view women as drivers of change in global health, not only as beneficiaries. As an important first step, we recommend that the Tokyo UHC Forum support: **“Formation of a High Level Working Group on Gender Equality and UHC, led by WHO with membership from UN Member States, UN and multilateral agencies and civil society to provide practical guidance on UHC implementation and particularly, gender equality and the health workforce”***



They were more than proven right when the closing ceremony of the High-Level meeting on Thursday led to a picture with many men (leading key UN and other international organisations) and only one woman, Marijke Wijnroks.

## **The second UHC2030 Steering Committee meeting took place on 11 December 2017 in Tokyo, Japan.**

<https://www.uhc2030.org/news-events/meetings-events/article/second-uhc2030-steering-committee-meeting-tokyo-japan-436830/>

Not yet with a report, but with a number of important background documents. Including one on the proposed workplan for 2018-2019.

## **UN News – In Japan, UN chief spotlights power of universal health coverage to unlock economic growth**

<http://www.un.org/apps/news/story.asp?NewsID=58288#.WjKkmlXiYdV>

*“Health is everyone's right and a driver of economic development, United Nations Secretary-General António Guterres stressed Thursday, expressing the UN's readiness to help countries move towards health coverage for all....”*

## **Simon Wright's take on the UHC Forum – Progress at the UHC Forum but 5% of GDP would be real progress**

<https://medium.com/health-for-all/progress-at-the-uhc-forum-but-5-of-gdp-would-be-real-progress-2ec8950f4828>

Recommended analysis from **Simon Wright (Save the Children)**. He starts off like this: “ Here in Tokyo, the Universal Health Coverage (UHC) 2017 Forum saw speeches from the great men. Only men. Even the line-up of leaders of international agencies had only one woman and she is an interim who will soon hand over the permanent appointment who is, you guessed it, a man. Is this truly Health for All?” Nevertheless, he spotted some progress, and clearly delineates what civil society asked for: “Civil society organisations here decided on two priorities for this Forum. We are pushing for an approach to UHC which leaves no-one behind and does not cause poverty or discrimination. We have also driven a strong focus on national resources and called for 5% of GDP to be a minimum for public health spending in all countries.” Plus the rationale for that.

## **Some tweets from the UHC Forum**



**“The @UHC2030 Steering Committee discussing advocacy, accountability, knowledge management and HSS strategies. All the right notes, but not necessarily in the right order. #UHCForum”**

**“WHO is marking a new stage in its relationship with the @WorldBank by signing a Memorandum of Understanding on working together to make #HealthForAll a reality.”**

Simon Wright: **“Civil society has clear messages for #UHCForum. 5% GDP as public spending for health is a minimum. Health is a right and must leave no-one behind. Civil society must hold govts to account. #healthforall “**

**Stefan Peterson @unicef inspires the crowd at #UHCForum2017 - “UHC is a song we all sing, but now we need the words.” #UHCForum #CSO4UHC #healthforall #UHC2030**

.@stefanswartpet @UNICEF sings our song of #UHC #UHCForum2017 U is for universal, H is for Health, C is for Coverage, and that is UHC Equity, empower, survive and thrive UHC is built from Community and up!

#UHC song on Itsy Bitsy Spider: U is for Universal, H is for Health, C is for Coverage, and that is UHC. EQUITY, EMPOWER, SURVIVE and THRIVE. UHC is built from Community and up! @unicef #HealthForAll #equity

#UHC is built from the community up argues @stefanswartpet in most creative opening remarks, karaoke-style at the #UHCForum in #Tokyo

**“At present, no government in the world is systematically applying a gender lens to its UHC system.” - Judith Rodin @RockefellerFdn @UHC\_Day #HealthForAll #UHCDay #womeningh**

**Investments in UHC grossly insufficient in LMICs says @WBG\_Health Tim Evans @UHC\_Day #UHC2017 Health Forum in Tokyo**

**Tim Evans @WBG\_Health: “Too many health care systems are a poverty trap. It doesn’t have to be this way.” #UHCForum2017 #UHCForum #CSO4UHC #HealthForAll**

**My #CSO4UHC colleague @KhuatOanh challenges the #UHC2030 world to properly involve people and civil society to break the deadlock. #healthforall**

**“At #UHCForum, @BillGates says by video that the @gatesfoundation supports Universal Health Coverage #healthforall. Very good to hear this.”**

## **Lancet Editorial – Achieving sustainable solidarity development goals**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33303-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33303-2/fulltext)

*“...International Human Solidarity Day is Dec 20, an observance that encourages governments to respect their commitments, promote poverty eradication, and celebrate unity in diversity....” The Lancet comes back on the ILO report from late November, the “World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals”. Also in that report, as you might recall, half the world lacks some of the most basic protection. “...By the most basic standards, only 45% of the world's population are covered by at least one social benefit, leaving at least 4 billion people outside of the scope of protection, with Africa, Asia, and Arab States the farthest behind....”*

## Global Humanitarian crisis

As usual, it's not exactly clear where to start: Yemen, Syria, DRC, the Rohingya crisis,... Check out [UN News](#) to learn about all the current crises & hotspots, and the horrific suffering in too many places in the world.

Here, we just flag a few things:

### UN News - UN emergency response fund secures \$383 million in donor pledges for 2018

<http://www.un.org/apps/news/story.asp?NewsID=58252#.Wi5Cu1XibIU>

At a pledging conference for 2018, “UN Secretary-General António Guterres [on Friday] called for **\$1 billion in donor contributions to the Organization's Central Emergency Response Fund (CERF)** – a pool of funding that supports critical relief operations in crises around the world – as humanitarian needs have increased from \$5.2 billion in 2005 to over \$24 billion today. “Over the past twelve years, CERF has been at the forefront of humanitarian response,” UN Secretary-General said at a **pledging conference in New York**, thanking the 126 Member States and Observers, and the other donors who have generously contributed to the fund since its creation in 2005....” “...Thirty-six donors promised to **contribute \$383 million** to the United Nations Central Emergency Response Fund (CERF).

**Amnesty International** - [Libya: European governments complicit in horrific abuse of refugees and migrants](#) But we saw a lot of cheerful European leaders at the ‘One Planet’ Summit in Paris.

**Guardian** - [6,700 Rohingya Muslims killed in attacks in Myanmar, MSF says](#) “More than 6,700 Rohingya Muslims, including at least 730 children under the age of five, were killed between August and September after violence broke out in Myanmar’s northern Rakhine state, according to Médecins Sans Frontières. The figures released on Thursday by the humanitarian agency are believed to be a conservative estimate and far exceed Myanmar’s official death toll of 400....”

### Lancet World Report – The cost of mass-casualty attacks

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33306-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33306-8/fulltext)

*“Mass-casualty attacks incur heavy human costs and impact on weakened health systems. **Experts urge countries to prioritise scale-up of emergency care.** John Zarocostas reports. The recent spate of mass-casualty attacks perpetrated by violent extremists—such as the attack carried out on Nov 24 on the Sufi al-Rawdah mosque in North Sinai, Egypt, that killed at least 305 people, including 27 children, and injured a further 128 people, or the terror attacks that have been taking place in Somalia, Nigeria, Iraq, Syria, Afghanistan, Pakistan, Yemen, and other nations with weak and fragile health systems—is **fuelling calls by global humanitarians and health leaders for emergency care services to be drastically strengthened at all levels....**”*

## Migration

### ODI (blog) - With or without the US, global migration needs collective action

M Foresti; <https://www.odi.org/comment/10585-or-without-us-global-migration-needs-collective-action>

Foresti’s take on the Global Compact for Migration (GCM) preparatory meeting in Mexico, last week.

### IOM - World Migration report 2018

<https://www.iom.int/wmr/world-migration-report-2018>

**IOM** is now the **United Nations’ migration agency**. “...The World Migration Report 2018 seeks to use the body of available data and research on migration to contribute to more evidence-based analysis and policy debates about some of the most important and pressing global migration issues of our time. By their very nature, the complex dynamics of global migration can never be fully measured, understood and regulated. However, as this report shows, we do have a continuously growing and improving body of data and evidence that can **help us “make better sense” of the basic features of migration in an increasingly interconnected and interdependent world.**”

## Human Rights Day – 10 December

### Human Rights Day: UN launches campaign for 70th anniversary of Universal Declaration

<http://www.un.org/apps/news/story.asp?NewsID=58253#.Wi5C81XibIU>

*“The United Nations on Sunday kicked off in Paris, France, a year-long campaign to honor the foundational human rights document, which next year marks its 70th anniversary.”*

And a **tweet by Larry Gostin**: “On #HumanRightsDay fight for the R2H. Watch for a momentous announcement in the coming days on a global health treaty based on the right to health: The Framework Convention on Global Health. #FCGH. @WHO has a duty to advance the R2H, with @DrTedros fighting for health for all.”

Speaking of **Dr Tedros**, this was his (powerful) **statement for the occasion**: [Health is a fundamental human right](#) Was good to see (and read).

## Lancet Women Twitter chat - Storify (5 December)

[Storify](#):

On Tuesday Dec 5, **The Lancet** hosted a **1 hour twitter chat** to share ideas on how to “make an **upcoming themed Lancet issue on Women in science, medicine, and global health** most relevant, impactful, and action-oriented”. This Twitter chat was very lively, as you’ll notice when going through the Storify.

## Sanofi & Dengvaxia

Some reads from this week on this rather murky story, with tentacles in France, the Philippines and Geneva:

**Reuters (13 Dec)**- [Did Sanofi, WHO ignore warning signals on dengue vaccine?](#)

**Recommended** in-depth analysis. “...*The case raises questions whether Sanofi and the WHO, in their pursuit of a new weapon to fight a deadly disease, should have foreseen the risk. Their decisions on how the vaccine was rolled out could set back efforts to combat dengue by a generation, some disease experts say...*” But as is often the case, there are 2 camps among the scientists.

**Reuters (14 Dec)** - [Former Philippine president defends controversial dengue programme](#) “**Former Philippine president Benigno Aquino** defended on Thursday his decision to implement a controversial immunisation programme using a new dengue vaccine in 2016, saying it was justified with millions of people at risk of being infected by the virus.”

“...**Duterte** said on Wednesday the previous government acted in good faith and that he was “not prepared to pass judgment”.”

A few other links (from earlier this week) in Reuters you might want to check out:

(10 Dec) [Exclusive: Philippines defied experts' advice in pursuing dengue immunization program.](#)

(8 Dec) [Philippines to seek refund of \\$59 million from Sanofi amid vaccine risk.](#)

**WHO statement** (13 Dec) - [WHO advises Dengvaxia be used only in people previously infected with dengue](#)

***“Following a consultation of the Global Advisory Committee on Vaccine Safety, the World Health Organization (WHO) finds that the dengue vaccine CYD-TDV, sold under the brand name Dengvaxia, prevents disease in the majority of vaccine recipients but it should not be administered to people who have not previously been infected with dengue virus. This recommendation is based on new evidence communicated by the vaccine’s manufacturer (Sanofi Pasteur), indicating an increase in incidence of hospitalization and severe illness in vaccinated children never infected with dengue....”***

***... To minimize illness for seronegative vaccinated people, WHO recommends enhancing measures that reduce exposure to dengue infection among populations where the vaccine has already been administered. For vaccine recipients who present with clinical symptoms compatible with dengue virus infection, access to medical care should be expedited to allow for proper evaluation, identification, and management of severe forms of the disease....”***

And yes, of course:

## **Stat News - Sanofi scandal in the Philippines could spread dangerous mistrust of vaccines**

[Stat;](#)

***“In an era when too many people remain suspicious of vaccines, one of the world’s largest manufacturers may have made matters worse while trying to control dengue fever. For the past two weeks, Sanofi has been engulfed by scandal in the Philippines after disclosing that its Dengvaxia vaccine could worsen — rather than prevent — future cases of the mosquito-borne virus in people who had not previously been infected. About 830,000 children in the Philippines were vaccinated; now the government is demanding a \$59 million refund and probing whether the vaccine was approved improperly. Unfortunately, there are indications that the company, which could use a blockbuster product, should have taken its corporate foot off the gas pedal....”***

## **Global Fund Observer – new issue**

[http://www.aidspace.org/node/4455?pk\\_campaign=email-attrib-Word-PDF-download&pk\\_kwd=gfo-issue-327](http://www.aidspace.org/node/4455?pk_campaign=email-attrib-Word-PDF-download&pk_kwd=gfo-issue-327)

The latest issue has a number of interesting articles. Among others:

- [Board approves third batch of Global Fund grants valued at \\$2.83 billion](#)
- Must-read analysis!!! [Update on Global Fund resource mobilization: lessons learned from Fifth Replenishment, early outlook for Sixth](#)

An excerpt, reflecting on the 5<sup>th</sup> Replenishment & looking ahead:

*“... The biggest risk to future replenishments is the over-dependence of the Fund on G7 countries for raising revenue. These economies accounted for more than three-quarters of total pledges, which is similar to past replenishment cycles. The Fund describes the nature of the risk as “being vulnerable to political and economic shocks and shifts in G7 funding priorities.” The G7 includes Canada, France, Germany, Italy, Japan, the U.K., the U.S., and the European Union. In many of these countries, recent elections have laid bare major domestic differences in how foreign aid is viewed, which is probably what the Fund’s concern stems from. ...*

*... according to the update, non-OECD-DAC pledges for the current period were well below previous levels, at only \$68 million, excluding the African pledges mentioned above. China, India, Saudi Arabia and the Gulf States made only modest pledges. Russia was completely absent. Its absence was particularly notable because in the past Russia has pledged more than \$300 million to the Fund. The update surmised that “a major reform in the role these countries play in the Global Fund’s governance will likely be necessary to incentivize them to make increased pledges in the future.” The Fund has recently addressed this with an interim measure involving establishing a non-voting seat on the board for new public donors (see GFO article)....”*

The analysis also looks ahead to the 6<sup>th</sup> replenishment, and sees **two broader trends/variables** to contend with. (we don’t entirely agree with the first one, and fail to see why the Global Fund’s funding strategy doesn’t target more the ‘Big Money’ – the guys & funds with the billions & even trillions. Aka the “cero cero cero cero cinco” crowd in Silicon Valley, the City, Wall Street, etc. )

- [“Business as usual” approach to achieving Universal Health Coverage must change, CSOs state](#)

*“... While some countries are making progress in achieving Universal Health Coverage (UHC), very few countries appear to dedicate a sufficient share of government funding for health from domestic resources. They continue to depend on unacceptable levels of out-of-pocket spending, in addition to fragmented and volatile donor funding. This is the view of several civil society organizations (CSOs) who have signed a statement developed through the Civil Society Engagement Mechanism (CSEM) [that will be presented] at the UHC Forum to be held in Japan on 13-14 December....”*

## **Devex – R&D for neglected diseases reliant on just two donors, G-FINDER report warns**

<https://www.devex.com/news/r-d-for-neglected-diseases-reliant-on-just-two-donors-g-finder-report-warns-91754>

*“Funding for research and development into neglected diseases has increased for the first time in recent years, driven by investments from the United States, a new report has found. But other governments should be encouraged to “set the bar even higher” and make sure major diseases including tuberculosis are not left behind, health advocates warned. The [G-FINDER report](#), released on Wednesday, tracks investments in drugs, vaccines, diagnostics, microbicides, and vector control products and also basic research across 33 neglected diseases — a group of diseases that lead to approximately 6.4 million deaths per year and disproportionately affect people in developing countries. A smaller commercial market means the diseases typically struggle to attract sufficient*

research and development. The 10th edition of the report, funded by the Bill & Melinda Gates Foundation, revealed that **between 2015 and 2016, \$3.2 billion was invested in neglected disease R&D — an increase of 3.4 percent on the previous year, and the first annual increase since 2012.**

... **The report's authors, Australia-based non-profit research group Policy Cures Research, also warned the sector was in danger of becoming overly reliant on United States government funding, which could be at risk in today's increasingly inward-looking political climate; as well as on funding from the Gates Foundation...."**

See also [IP-Watch \(gated\)](#) **"A report released today on global funding of research and development for neglected diseases found that global funding has increased but warns that overreliance on funding from the United States, which the report says is "unparalleled," and leads to a heavy concentration of global funding on HIV/AIDS, malaria and tuberculosis. This overreliance could also lead to change in total global funding, the report found".**

But see also a **tweet from the boss: "Do note that G-finder is only about product-oriented research, and does not include epidemiological, operational and implementation research. Explaining why e.g. Belgium seems to be a weak donor for NTD's whereas the opposite is true."**

## Planetary Health

**Lancet (Perspective) - Tony Capon: the world's first professor of planetary health**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33251-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33251-8/fulltext)

Merry news, see also this week's intro. **"... In global terms, Capon thinks that "the central challenge of planetary health is to greatly reduce per capita resource consumption in high-income countries (HICs) to make room for further sustainable development in other countries. If everyone in the world lived as the average Australian does, we would need four or five planets." He argues that "we urgently need to contract per capita consumption in HICs to about 20% of what it is now so that all people can have a fair share of the Earth. And with less focus on materialism, we may indeed lead more fulfilling, and healthier, lives in tune with nature."**

**Guardian - Meat tax 'inevitable' to beat climate and health crises, says report**

<https://www.theguardian.com/environment/2017/dec/11/meat-tax-inevitable-to-beat-climate-and-health-crises-says-report>

**"Sin taxes" on meat to reduce its huge impact on climate change and human health look inevitable, according to analysts for investors managing more than \$4tn of assets. The global livestock industry causes 15% of all global greenhouse gas emissions and meat consumption is rising around the world, but dangerous climate change cannot be avoided unless this is radically curbed. Furthermore, many people already eat far too much meat, seriously damaging their health and incurring huge costs. Livestock also drive other problems, such as water pollution and antibiotic resistance. A new analysis from the investor network Farm Animal Investment Risk and Return (Fairr) Initiative argues that meat is therefore now following the same path as tobacco,**

*carbon emissions and sugar towards a sin tax, a levy on harmful products to cut consumption. Meat taxes have already been discussed in parliaments in Germany, Denmark and Sweden, the analysis points out, and China's government has cut its recommended maximum meat consumption by 45% in 2016...."*

*"If policymakers are to cover the true cost of human epidemics like obesity, diabetes and cancer, and livestock epidemics like avian flu, while also tackling the twin challenges of climate change and antibiotic resistance, then a shift from subsidisation to taxation of the meat industry looks inevitable," said Jeremy Collier, the founder of Fairr and the chief investment officer at the private equity firm Collier Capital. "Far-sighted investors should plan ahead for this day."..."*

Cfr. a tweet: *"Investors are starting to consider this in a similar way to how they have considered climate risk" #MeatTax @FAIRRinitiative"*

## **"One Planet" summit in Paris**

<https://www.oneplanetsummit.fr/en/>

Cfr the pitch of the summit: "3 goals, 1 commitment: taking action together. **Adaptation, mitigation, mobilization. The Summit's three key words [will be] discussed in the afternoon and each promoted by one of the three co-organizers: Antonio Guterres, Emmanuel Macron and Jim Yong Kim.** The One Planet Summit is an alliance of hundreds of global leaders from all sectors, determined to demonstrate the power of collective action in addressing such a global issue as the fight against climate change. **The aim is to find new means of financing the adaptation of our ways of life to inevitable transformations, of further speeding up the reduction of greenhouse gas emissions, and of ensuring climate issues are central to the finance sector.** "

In other words, 2 years after the Paris agreement, the spotlight was (apart from on Macron), on **finance and climate change**. Time for investors & financial markets to scale up investment in low carbon development pathways.

## **Guardian - Calls for greater fossil fuel divestment at anniversary of Paris climate deal**

<https://www.theguardian.com/environment/2017/dec/12/calls-for-greater-fossil-fuel-divestment-at-anniversary-of-paris-climate-deal>

Must-read overview of the summit, highlights etc.

We also recommend this **Devex** analysis - [What you need to know about the One Planet climate summit](#) (with a nice **overview of the major announcements** at the summit)

Excerpt:

**"... The Institutional Investors Group on Climate Change said its members and related groups, with more than \$26tn under management in total, would work with companies to help them reduce emissions over the next five years, in accordance with the Paris goals. This would not include**



divesting from companies with large fossil fuel holdings, however. **Companies also made pledges: for instance, the French insurer Axa, the world's third-largest insurance company, said it would divest €2.4bn in coal assets and €700m in tar sands assets**, and put in place a new policy of not investing in companies with more than 30% of their power or revenues from coal, or planning to build more than 3,000MW of coal-fired electricity generation. **Local governments signed the One Planet charter**, which requires cities and their mayors to use their public procurement and policy decisions to promote green technology, including renewable energy and zero-emissions buildings, as well as better arrangements for waste and recycling... “

Other links with some more detail on some of these news snippets:

**Guardian - [Insurance giant Axa dumps investments in tar sands pipelines](#)**

True leadership: (CEO) “...Buberl said his company was disposing of coal and tar sands investments for both business and ethical reasons. Without big cuts in global carbon emissions, the world is set for 4C of warming, which governments accept would bring “severe, widespread, and irreversible impacts”. “An increase of 4C is not sustainable and therefore also not insurable,” said Buberl. “And as the father of two children, I really want to do the most I can with the company I am leading to not get into a 4C world.” He said the company did not expect any change in the returns it makes on its remaining investments....”

**Guardian - [EU announces €9bn in funding for climate action](#)**

“EU funds will be focused on clean energy, and sustainable cities and agriculture, with Bill and Melinda Gates Foundation also pledging \$300m towards climate adaptation...”

“... **Adaptation to the effects of climate change**, also termed **resilience**, has become a greater focus for environmentalists as scientists have warned that some changes to the climate are becoming inevitable, even if the world succeeds in limiting global temperature rises to 2C....”

Speaking of **Gates**, [at the One Planet Summit in Paris, Breakthrough Energy founder Bill Gates announced the expansion of the Breakthrough Energy Coalition \(BEC\) and the initial focus areas for Breakthrough Energy Ventures' investments.](#)

There are **five initial focus areas**: Grid-scale storage; Liquid fuels; Micro-/mini-grids for Africa & India; Alternative building materials ; Geothermal.

## **Devex - World Bank to quit upstream oil and gas projects after 2019**

<https://www.devex.com/news/world-bank-to-quit-upstream-oil-and-gas-projects-after-2019-91736>

Was big news, obviously. And “... Shelagh Whitley, head of the climate and energy program at the **Overseas Development Institute**, a London-based think tank, **called on all multilateral and bilateral public finance institutions to follow the World Bank's example.** ... The bank's announcement runs counter to efforts by the Trump administration to overturn what some U.S. officials describe as an “**anti-fossil fuel bias**” **within the international financial institutions.** ...” For more on the WB at the One Planet Summit, see [World Bank Group Announcements at One Planet Summit.](#)

FT - [Investors to push highest-emitting companies to do more on climate](#) “Funds managing \$26tn join forces to urge 100 groups to cut greenhouse gas emissions.”

And finally, [France and Sweden step up their collaboration on green finance to boost the transition towards low-carbon and climate-resilient economies](#)

## WHO update

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

You find **provisional agenda & documents in preparation of the next EB meeting** here.

Check out in particular: [Better value, better health. Strategy & implementation plan for value for money in WHO](#) Interesting (extended) view on value for money, also bringing in **equity & ethics** dimensions.

Meanwhile, Tedros has to deal with a letter he received, “[Open letter regarding need for transparent, thoughtful process to determine the next WHO Global TB Program Director...](#)” (to replace M Raviglione, who retired end of November). ... Never a dull day in Geneva.

## G20 & Argentina

<https://www.theguardian.com/world/2017/dec/11/argentina-social-media-ban-world-trade-organisation-conference>

Global health “champion” Argentina is already in great shape, “banning representatives of 26 international NGOs from attending a World Trade Organisation (WTO) ministerial conference in Buenos Aires because of their postings on social media....”

I bet Macri et al will take very good care of the ‘right to health’ in the coming months.

Meanwhile, the Huffington Post reported that “...[The G20 Health and Development Partnership met in \(the UK\) Parliament for the first time this week to agree its strategy to push global health up on the G20 agenda, and convince governments and treasuries around the world to make global health a core economic issue.](#)”

## G7 & Canada

**The Road to Charlevoix: What to expect from Canada’s G7 presidency**

<https://www.opencanada.org/features/road-charlevoix-what-expect-canadas-g7-presidency/>

*“Ahead of next year’s summit in Quebec, Trudeau’s G7 sherpa, Peter Boehm, lays out Canada’s progressive agenda, which will include a focus on **gender equality and climate change**.” And also **mental health**, apparently.*

## Guardian - World's richest 0.1% have boosted their wealth by as much as poorest half

<https://www.theguardian.com/inequality/2017/dec/14/world-richest-increased-wealth-same-amount-as-poorest-half>

*“The richest 0.1% of the world’s population have increased their combined wealth by as much as the poorest 50% – or 3.8 billion people – since 1980, according to a report detailing the widening gap between the very rich and poor. The **World Inequality Report**, published on Thursday by French economist **Thomas Piketty**, warned that inequality had ballooned to “extreme levels” in some countries and said the problem would only get worse unless governments took coordinated action to increase taxes and prevent tax avoidance....”*

## Lancet – Offline: The unspoken dangers facing UK medical science

Richard Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33299-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33299-3/fulltext)

Among others, Horton worries ( a lot) about the sustainability of British leadership in global health, now that Brexit is looming. And reckons the leaders of British science are complicit, via their silence (versus politicians).

## Zika

Stat News - [Zika virus, not vaccine or insecticide, linked to birth defects in Brazil](#)

*“In the fall and early winter of 2015, a startling number of infants in northeastern Brazil were born with abnormally small heads. Mounting global concern gave rise to theories about what was responsible. And while public health authorities fairly quickly fingered the Zika virus as the culprit, a couple of other theories established deep roots on social media platforms. But **the just-published final report of a study conducted in Brazil discounts those two theories**. The work, by Brazilian scientists, suggested **there is no link between the cases of microcephaly and exposure to the insecticide pyriproxyfen, nor to maternal vaccination during pregnancy....”** See the [Lancet study](#).*

In other Zika news, [Zika-affected babies show severe health, developmental issues two years later](#) (Stat News). Based on a new study in “Morbidity and Mortality Weekly Report”. Very sad.

## Key papers of the week

### HP&P – How do external donors influence national health policy processes? Experiences of domestic policy actors in Cambodia and Pakistan

M Khan, J Parkhurst et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czx145/4718134>

*“Although concerns have historically been raised about the influence of external donors on health policy process in recipient countries, remarkably few studies have investigated perspectives and experiences of domestic policymakers and advisers. **This study examines donor influence at different stages of the health policy process (priority setting, policy formulation, policy implementation and monitoring and evaluation) in two aid-dependent LMICs, Cambodia and Pakistan.** It identifies mechanisms through which asymmetries in influence between donors and domestic policy actors emerge. We conducted 24 key informant interviews—14 in Pakistan and 10 in Cambodia—with high-level decision-makers who inform or authorize health priority setting, allocate resources and/or are responsible for policy implementation, **identifying three routes of influence:** financial resources, technical expertise and indirect financial and political incentives. We used both inductive and deductive approaches to analyse the data. **Our findings indicate that different routes of influence emerged depending on the stage of the policy process.** Control of financial resources was the most commonly identified route by which donors influenced priority setting and policy implementation. Greater (perceived) technical expertise played an important role in donor influence at the policy formulation stage. Donors’ power in influencing decisions, particularly during the final (monitoring and evaluation) stage of the policy process, was mediated by their ability to control indirect financial and political incentives as well as direct control of financial resources. **This study thus helps unpack the nuances of donor influence over health policymaking in these settings, and can potentially indicate areas that require attention to increase the ownership of domestic actors of their countries’ health policy processes.**”*

### HP&P Supplement - Leaving no one behind: the role of gender analyses in strengthening health systems

[https://academic.oup.com/heapol/issue/32/suppl\\_5](https://academic.oup.com/heapol/issue/32/suppl_5)

Kate Hawkins gives the background on the **new supplement** in this blog:

<http://blogs.lshtm.ac.uk/hppdebated/2017/12/13/new-supplement-leaving-no-one-behind-the-role-of-gender-analyses-in-strengthening-health-systems/>

The supplement “**brings a gender lens to bear on the health system, uncovering new learning which can help us to build more equitable and people-centred research, policy, and practice globally and in different low- and middle-income countries.** ... The supplement was spearheaded by **Research in Gender and Ethics: Building Stronger Health Systems (RinGs).** ...”

Do start with the **Editorial**, by Sally Theobald et al [The importance of gender analysis in research for health systems strengthening](#):

“...This editorial discusses a collection of papers examining gender across a range of health policy and systems contexts, from access to services, governance, health financing, and human resources

for health. The papers interrogate differing health issues and core health systems functions using a gender lens. Together they produce new knowledge on the multiple impacts of gender on health experiences and demonstrate the importance of gender analyses and gender sensitive interventions for promoting well-being and health systems strengthening. **The findings from these papers collectively show how gender intersects with other axes of inequity within specific contexts to shape experiences of health and health seeking within households, communities and health systems; illustrate how gender power relations affect access to important resources; and demonstrate that gender norms, poverty and patriarchy interplay to limit women's choices and chances both within household interactions and within the health sector.** Health systems researchers have a responsibility to promote the incorporation of gender analyses into their studies in order to inform more strategic, effective and equitable health systems interventions, programmes, and policies. Responding to gender inequitable systems, institutions, and services in this sector requires an 'all hands-on deck' approach. **We cannot claim to take a 'people-centred approach' to health systems if the status quo continues...."**

## Earth's Future - A Systematic Study of Sustainable Development Goal (SDG) Interactions

P Pradhan et al ;

<http://onlinelibrary.wiley.com/doi/10.1002/2017EF000632/abstract;jsessionid=D66CE02BBA538B9A9A4AD4AACA31DDF.f02t02>

A new study by the **Potsdam Institute for Climate Impact Research** on synergies & trade-offs between and within SDGs.

For a great summary of the paper, see [Consumption is the bottleneck for sustainable development](#).

*"From ending poverty to improving wellbeing, gender equality, cities' resilience or climate action -- while synergies among most of the United Nations Sustainable Development Goals (SDGs) foster progress in sustainable development, there are **some key conflicts or bottlenecks** that could hamper achieving the SDG objectives for 2030. **Responsible consumption and production seems to be such a bottleneck**, as data from the past shows."*

See also [IISD](#) :

*"The findings stem from PIK's analysis of synergies and trade-offs across the SDG framework "at both country level and on a global scale," using official SDG indicator data for over 200 countries. The research article highlights that **SDG 12 has "negative correlations" with ten other Goals, meaning that progress on the Goal 12 will slow progress on others, in part due to the current development paradigm whereby human well-being improves at the cost of environmental degradation.** ... " Also with **SDG 3**, in other words...*

A must-read paper for the UHC community, and beyond, in other words.

## Speaking of Medicine – High-Quality Health Systems in the Sustainable Development Goal Era: A Special Collection

<http://blogs.plos.org/speakingofmedicine/2017/12/13/high-quality-health-systems-in-the-sustainable-development-goal-era-a-special-collection/>

“Margaret Kruk, Hannah Leslie, and Muhammad Ali Pate introduce the PLOS Collection on High-Quality Health Systems in the Sustainable Development Goal Era.”

For the Collection, see [here](#).

“...To promote systematic and rigorous research in the area, PLOS Medicine and PLOS ONE will host a collection on High Quality Health Systems in the Sustainable Development Goal Era (HQSS Collection). The papers will feature research related to the Lancet Global Health Commission on High Quality Health Systems, a global effort to 1) define health system quality, 2) describe the quality of care for sentinel SDG conditions in low- and middle-income countries and its equity, 3) propose tractable measures of quality, and 4) identify structural approaches to improve quality. The focus of this collection will be on innovative tools and interventions for quality measurement and improvement at scale. Quality healthcare is emerging as a global concern, relevant to countries at all stages of development and burden of disease. Rigorous research is more important than ever to illuminate the way. We launch the collection with a paper by [Leslie and colleagues that challenges a commonly used measure of quality: facility infrastructure](#) and [a linked Perspective from Lars Åke Persson](#). ...”

## Global Public Health – The myth of a naturalised male circumcision: Heuristic context and the production of scientific objects

C Brives; <http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1414284>

*“In March, 2007, the WHO and UNAIDS established a joint recommendation at the Montreux technical consultation, making male circumcision the first surgery to be used as a preventative tool against an infectious disease. This recommendation was immediately followed by the publication of numerous articles denouncing its content, leading to two distinct controversies, one between epidemiologists, and a second between epidemiologists and social scientists. Interestingly, however, none of these works took **male circumcision** as an issue in itself, exploring neither that both epidemiologists and social scientists had taken the object ‘circumcision’ as a given, nor what each party was referring to when talking about circumcision. **In this paper, taking a step back, and building on the notion of heuristic context, I show how the RCTs constructed this object in a very specific way, and how this construction was often lost in translation, leading not only to an illusion of universality, but also to misunderstandings between disciplines regarding what is at stake in global health issues.**”*

## Global health events

### ‘Africa Health care and medical tourism’ summit in Casablanca (13-14 December)

<http://www.leseco.ma/videos/62093-le-maroc-futur-hopital-de-l-afrique.html>

Theme of this edition: “Morocco: health destination”. The event aims to boost intra-African medical tourism & create a Morocco as a health (tourism) destination.

As one of my colleagues mentioned, truly shocking to see this, if at the same time so many people lack access to health care. Including in Morocco.

## Global governance of health

### GFF - Government of Japan to Invest US\$50 million in Global Financing Facility to Accelerate Progress on Universal Health Coverage

<https://www.globalfinancingfacility.org/government-japan-invest-us50-million-global-financing-facility-accelerate-progress-universal-health?CID=GFF TT theGFF EN EXT>

*“The Government of Japan announced [today] that it was contributing US\$50 million to the Global Financing Facility in support of Every Woman Every Child (GFF), a country-led model of development finance that brings together multiple sources of financing in a synergistic way to support countries’ priorities. This first commitment to the GFF Trust Fund by the Government of Japan was announced today at the Universal Health Coverage (UHC) Forum 2017....”*

### Devex – Problems with PEPFAR supply chain 'should scare all of us,' says US global AIDS chief

<https://www.devex.com/news/problems-with-pepfar-supply-chain-should-scare-all-of-us-says-us-global-aids-chief-91740>

*“Deborah Birx, the United States global AIDS coordinator, said Tuesday that problems with the supply chain that supports the President’s Emergency Plan for AIDS Relief signal a need for greater accountability of the global health initiative’s resources. “It should scare all of us that 15 years into PEPFAR we’re talking about problems with the supply chain, because I can tell you, we’ve invested about \$3 billion to \$4 billion in the supply chain,” Birx said at the Bipartisan Policy Center in Washington, D.C...”*

## Chatham House (expert comment) - In Wake of Ebola, West Africa Must Seize Opportunity to Build Better Public Health Systems

A M Kimball et al; <https://www.chathamhouse.org/expert/comment/wake-ebola-west-africa-must-seize-opportunity-build-better-public-health-systems>

*"Money and international attention have flowed to the region since the outbreak. Now it must build on extensive planning to protect both this very vulnerable region and the rest of the world."*

## The Milbank Quarterly - Better Measurement for Performance Improvement in Low- and Middle-Income Countries: The Primary Health Care Performance Initiative (PHCPI) Experience of Conceptual Framework Development and Indicator Selection

J Veillard et al; <http://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12301/full>

*"The **Primary Health Care Performance Initiative (PHCPI)**, a collaboration between the Bill and Melinda Gates Foundation, The World Bank, and the World Health Organization, in partnership with Ariadne Labs and Results for Development, was launched in 2015 with the **aim of catalyzing improvements in primary health care (PHC) systems in 135 low- and middle-income countries (LMICs), in order to accelerate progress toward universal health coverage**. Through more comprehensive and actionable measurement of quality PHC, the PHCPI stimulates peer learning among LMICs and informs decision makers to guide PHC investments and reforms. Instruments for performance assessment and improvement are in development; **to date, a conceptual framework and 2 sets of performance indicators have been released**. ..."*

Findings & conclusion: *"...The PHCPI conceptual framework builds on the current understanding of PHC system performance through an expanded emphasis on the role of service delivery. The first set of performance indicators, **36 Vital Signs**, facilitates comparisons across countries and over time. The second set, **56 Diagnostic Indicators**, elucidates underlying drivers of performance. Key challenges include a lack of available data for several indicators and a lack of validated indicators for important dimensions of quality PHC. The availability of data is critical to assessing PHC performance, particularly patient experience and quality of care. The PHCPI will continue to develop and test additional performance assessment instruments, including composite indices and national performance dashboards. Through country engagement, the PHCPI will further refine its instruments and engage with governments to better design and finance primary health care reforms."*



## Global Public Health – What do human rights bring to discussions of power and politics in health policy and systems?

Lisa Forman; <http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1405457>

*“Scholarly interrogations of power and politics are not endemic to the disciplines primarily tasked with exploring health policy and planning in the domestic or global domains. Scholars in these domains have come late to investigating power, prompted in part by the growing focus in domestic and global health research on the intersections between governance, globalization and health inequities. Recent prominent reports in this area increasingly point to human rights as important norms capable of responding in part to power differentials that sustain and exacerbate health inequities. Yet human rights law is not traditionally incorporated into health policy scholarship or education, despite offering important normative and strategic frameworks for public and global health, with distinctive contributions in relation to identifying and challenging certain forms of power disparity. **This paper overviews two of these reports and how they see power functioning to sustain health inequities.** It then turns to **investigate what human rights and the right to health in particular may offer in addressing and challenging power in the health policy context.**”*

## Lancet (Letter) – Time for WHO to renew its commitment to health research

Tikki Pang et al ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33111-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33111-2/fulltext)

**“WHO's global Advisory Committee on Health Research (ACHR)—established in 1959 in Geneva, Switzerland, as the Advisory Committee on Medical Research (ACMR) and renamed ACHR in 1986—is one of the oldest institutions in the organisation. After establishment of the global committee, ACHRs were established in all of WHO's regional offices. As it approaches its 60th anniversary, the global ACHR can be proud of its many achievements. However, the committee has not convened in the past 7 years, with the last full meeting held in 2010. Here we highlight some of ACHR's achievements and give some suggestions for the future of the committee....”**

## CGD - Sizing Up Health Commodity Markets in Low- and Middle-Income Countries: Take One

D Rosen et al; <https://www.cgdev.org/blog/sizing-health-commodity-markets-low-and-middle-income-countries-take-one>

Blog related to a new **CGD Note** [An Initial Estimation of the Size of Health Commodity Markets in Low- and Middle-Income Countries](#)

*“Earlier this year, **CGD launched a new working group on the Future of Global Health Procurement** to consider how the global health community can ensure the medium- to long-term relevance, efficiency, quality, affordability, and security of global health procurement. As countries grow richer and lose aid eligibility, and disease burdens and population profiles shift, the landscape of global health is set to change dramatically over the next 10-20 years. CGD, along with partners, is conducting a series of background research projects to inform the working group’s deliberations. These analyses will generate novel datasets, new hypotheses, and action-oriented policy recommendations. And we will post results as they become available over the coming months, calling on you—our readers—for feedback and new ideas. **This first post in the series previews preliminary answers to one initial question: What can we say about the size and nature of health commodity markets in low- and middle-income countries?** We share early insights; list the data sources we used, while also signalling others we hope to draw on going forward; and highlight our assumptions and caveats....”*

## Globalization & Health – The Global Fund’s paradigm of oversight, monitoring, and results in Mozambique

A Warren, D De Savigny, I Kickbusch et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0308-7>

*“The Global Fund is one of the largest actors in global health. In 2015 the Global Fund was credited with disbursing close to 10 % of all development assistance for health. In 2011 it began a reform process in response to internal reviews following allegations of recipients’ misuse of funds. Reforms have focused on grant application processes thus far while the core structures and paradigm have remained intact. We report results of discussions with key stakeholders on the Global Fund, its paradigm of oversight, monitoring, and results in Mozambique.... ... Analysis revealed that despite the changes associated with the New Funding Model, respondents in both Maputo and Geneva firmly believe challenges remain in Global Fund’s structure and paradigm....”*

## Washington Post – New CDC head faces questions about financial conflicts of interest

[Washington Post;](#)

*“After five months in office, President Trump’s new director of the Centers for Disease Control and Prevention has been unable to divest financial holdings that pose potential conflicts of interest, hindering her ability to fully perform her job. **Brenda Fitzgerald**, 71, who served as the Georgia public health commissioner until her appointment to the CDC post in July, said she has divested from many stock holdings. But she and her husband are legally obligated to maintain other investments in cancer detection and health information technology, according to her ethics agreement, requiring Fitzgerald to pledge to avoid government business that might affect those interests....”*

But basically a good article to have an idea of what the new CDC boss has been up to, over the past months. She keeps more low-profile than former boss Tom Frieden.

## WHO Bulletin – Lessons learnt from implementation of the International Health Regulations: a systematic review

A Suthar et al; [http://www.who.int/bulletin/online\\_first/BLT.16.189100.pdf?ua=1](http://www.who.int/bulletin/online_first/BLT.16.189100.pdf?ua=1)

Some of the findings of this systematic review : « *We analysed 51 articles from 77 countries representing all WHO Regions. The meta-syntheses identified a total of 44 lessons learnt across the eight core capacities of IHR (2005). Major themes included the need to mobilize and sustain political commitment; to adapt global requirements based on local sociocultural, epidemiological, health system and economic contexts; and to conduct baseline and follow-up assessments to monitor the status of IHR (2005) implementation. ...*” And the conclusion: “*Although experiences of IHR (2005) implementation covered a wide global range, more documentation from Africa and Eastern Europe is needed. We did not find specific areas of weakness in monitoring IHR (2005); sustained monitoring of all core capacities is required to ensure effective systems. These lessons learnt could be adapted by countries in the process of meeting IHR (2005) requirements.*”

## Devex - Gayle Smith's blueprint for an activist humanitarian community

<https://www.devex.com/news/gayle-smith-s-blueprint-for-an-activist-humanitarian-community-91699>

“...Former head of the United States Agency for International Development, Gayle Smith, said that she has never been more worried about the scale of crisis in the world and **called on aid workers to launch an “activist humanitarian movement”** to convince politicians the humanitarian sector needs their support more so than ever.” I’m afraid she has it upside down.

## Women in Global Health is now an officially recognized non-profit organization & celebrated its 2 years of existence

<http://womeninglobalhealth.cmail20.com/t/ViewEmail/d/BAD11FD726824247/12DA5DBEF3C2C4064D402EFBD42943A3>

Started 2 years ago, and in spite of much progress, the journey is still long (see the picture from the UHC forum this week, with all but one leader(s) of UN and other big organizations on stage men, and the only woman, M Wijnroks, there as the interim boss of the GF till Sands will replace her).

## Global Health, Epidemiology and Genomics - Reasons behind current gender imbalances in senior global health roles and the practice and policy changes that can catalyze organizational change

C Newman et al ; [Cambridge journal](#) ;

« The paper distils results from a review of relevant literature and two gender analyses to highlight reasons for gender imbalances in senior roles in global health and ways to address them. Organizations, leadership, violence and discrimination, research and human resource management are all gendered. Supplementary materials from gender analyses in two African health organizations demonstrate how processes such as hiring, deployment and promotion, and interpersonal relations, are not 'gender-neutral' and that gendering processes shape privilege, status and opportunity in these health organizations. Organizational gender analysis, naming stereotypes, substantive equality principles, special measures and enabling conditions to dismantle gendered disadvantage can catalyze changes to improve women's ability to play senior global health roles in gendered organizations. Political strategies and synergies with autonomous feminist movements can increase women's full and effective participation and equal opportunities. The paper also presents organizational development actions to bring about more gender egalitarian global health organizations. » (based on Ugandan & Zambian health organizations)

## Washington Post – There's a deadly new threat from North Korea

[https://www.washingtonpost.com/opinions/theres-a-deadly-new-threat-from-north-korea/2017/12/12/c5a75656-dea5-11e7-8679-a9728984779c\\_story.html?utm\\_term=.5f654aa4ba63](https://www.washingtonpost.com/opinions/theres-a-deadly-new-threat-from-north-korea/2017/12/12/c5a75656-dea5-11e7-8679-a9728984779c_story.html?utm_term=.5f654aa4ba63)

A biological weapon programme, or at least the infrastructure needed to create quickly bioweapons. The WP has the detail, although of course much remains speculation.

Don't know whether sanctions or diplomatic pressure will change Kim's mind...

What is clear is that the situation is getting more and more worrying by the day, with China now also taking some "preparatory measures" (including setting up camps for refugees from North-Korea near the border, anti-missile tests, ...) You can't blame them, in this nasty game between two mad men.

## Stat - As foreign powers approve Ebola vaccines, U.S. drug makers lag in development pipeline

[Stat News](#)

*“In the face of the West Africa Ebola crisis, U.S and Canadian government laboratories and a number of companies in Europe raced to test experimental vaccines. A year and a half after that outbreak was declared over, the world has two licensed Ebola vaccines: One was made by scientists in Russia, the other by scientists in China. And what of the vaccines devised in the U.S., Canada, and Europe? They are still meandering through the developmental pipeline....”*

## Yale to announce global health institute

<https://yaledailynews.com/blog/2017/12/08/yale-to-announce-global-health-institute/>

News from late last week. *“The University plans to formally announce the new Yale Institute of Global Health on Monday, according to Rosalind D’Eugenio, a spokeswoman for the new institute. The Yale Corporation first must vote to approve the initiative, but Yale administrators, including D’Eugenio and Vice President for Global Strategy and Deputy Provost for International Affairs Pericles Lewis, are confident the institute will pass the vote as they prepare to announce the initiative early next week. ... .. A joint effort coordinated by the School of Public Health, the School of Medicine and the School of Nursing, the new institute will unite global health work across academic units under one roof....”*

## Devex - Q&A: Mark Green on why he'll champion innovative finance at USAID

<https://www.devex.com/news/q-a-mark-green-on-why-he-ll-champion-innovative-finance-at-usaid-91725>

The opposite would have surprised.

## UNAIDS Board meeting (12-14 December)

[http://www.unaids.org/en/resources/presscentre/featurestories/2017/december/20171212\\_pcb41\\_opens](http://www.unaids.org/en/resources/presscentre/featurestories/2017/december/20171212_pcb41_opens)

The **41st meeting of the UNAIDS Programme Coordinating Board (PCB)** took place in Geneva, Switzerland, from 12 to 14 December.

“At the opening, **UNAIDS Executive Director Michel Sidibé** gave an update on the progress made in the AIDS response and outlined the challenges and opportunities that lie ahead. He stressed that despite the progress made AIDS is not yet over and outlined the **five key challenges that remain** unaddressed—reaching the unreached, protecting young women and girls, ensuring that men have access to services, focusing on the regions that are lagging behind and addressing stigma, discrimination and criminalization....”

See also [Board decisions](#).

And a few **tweets**:

*"At @UNAIDS Board, #Portugal welcomes **new partnership agreement between @UNAIDS& @UNmigration** to promote access to #HIV treatment care & support for #migrants, key pops & people affected in #humanitarian settings #PCB41*

*"**Proud to chair the the #H6**," says @MichelSidibe @UNAIDS Board. "Opportunity to advance an integrated agenda to better support health of women, children and adolescents."*

Finally, a **tweet from dr Tedros** from last weekend:

*"**Productive discussion with @VeroWirtz, Prof. Hans Hogerzeil, @RichardHorton1** and colleagues on how to leverage the @EMPCCommission. Access to safe, effective, quality and affordable essential medicines and vaccines is crucial for #HealthForAll." (i.e: Essential Medicines Commission of the Lancet)*

So it appears Tedros & Horton have made up : )

## UHC

### India – Budget 2018: Universal health scheme may finally see light of the day

<http://www.moneycontrol.com/news/business/budget-2018-universal-health-scheme-may-finally-see-light-of-the-day-2460563.html>

Hopeful news on India, spotted by Rob Yates: *"The **much-touted universal health insurance scheme** that was to subsume the Rashtriya Swasthya Bima Yojana (RSBY) **is likely to be announced in the Union Budget of 2018**. This cover could be India's answer to The Patient Protection and Affordable Care Act, also called the Obamacare. Sources said that the government is very serious about the launch of the product and has unofficially met with the insurance officials and sought suggestions on the modelling of the cover..."* "... However, the contours of how the policy will be framed including who will be eligible, premiums and how will the process of allocating the states for each insurer, is not known. It is likely that both private and public sector insurers will be covered...."

### UHC Day blogs on HSG & Medium

As mentioned in the Highlights section, there were many (really good) blogs published on UHC Day and the days before.

We want to flag here, among others:

## HSG blogs

[Why is HSR key for fragile and conflict-affected states to achieve UHC?](#) (by **William Newbrander** )

[UHC in crisis-affected contexts: the rhetoric and the reality](#) (recommended!!) (by **Rachel Thompson**, Chatham House)

## Medium: a series of 10 'Health 4 All' blogs

<https://medium.com/health-for-all>

Amongst others, we'd like to draw your attention to:

[UHC financing and the structural causes of poverty](#) (by **Health Poverty Action**, Tax Justice ...)

[Leave No One Behind: Five Key Components to Make Universal Health Coverage a Reality for All](#) (by Management Sciences for Health)

[No cash, no care: The alarming step backwards on patient user fees](#) (by **Mit Philips**, MSF)

(read also (MSF) - [8 ways user fees for health are harmful to people](#) )

[Sustaining progress on global health — why does \*\*transition\*\* matter?](#) (Action Global Health)

*"... we urge the UHC community to prioritize **simultaneous transition** within the UHC and Health Emergency targets as developed by the WHO."*

[Country Progress and Leadership Shine in Seoul Ahead of UHC Forum](#) (Joint Learning Network)

As a reminder: *"...JLN represents a new paradigm in learning. **Its country-led and South-South framework acknowledges the experiential knowledge that countries have and can share with each other,**" noted Darren Dorkin, World Bank's Program Coordinator in South Korea."*

## Some more UHC day related reads

Resyst - [Ten arguments for why \*\*gender\*\* should be a central focus for universal health coverage advocates](#)

## Planetary health

### Global Urban Air Pollution Observatory (GUAPO) – was launched at the Clean Air Forum in Paris (16-17 November)

<https://www.paris.fr/actualites/naissance-du-guapo-observatoire-mondial-de-la-qualite-de-l-air-5280>

Cfr WHO: *“GUAPO aims to reduce the impact of air pollution in cities by sharing good practices around the world.... GUAPO is a non-profit association with its Secretariat based in Paris, France.”*

And some links:

Guardian - [Arctic permafrost thawing faster than ever, US climate study finds.](#)

Vox - [Greenland's ice sheet is driving global sea level rise. One section is melting 80% faster.](#)

Guardian - [‘Tsunami of data’ could consume one fifth of global electricity by 2025.](#)

Project Syndicate - [The Myth of a Fossil Fuel Phase-Out](#) Op-ed from a Belgian professor. *“How we use energy is a hot topic for a warming world, and fears of pollution and resource strain have produced an arms race of energy efficiency solutions. But despite fears of shortages or threats from pollution, **the planet has actually entered an era of fossil fuel abundance that shows no sign of abating....**”*

## Infectious diseases & NTDs

### HIV/AIDS

NYT - [Brazil Fights H.I.V. Spike in Youths With Free Preventive Drug](#)

*“Seeking to stem a sharp rise in H.I.V. cases among young people, Brazil began offering a drug this month that can prevent infection to those deemed at high risk. Brazil is the first country in Latin America, and among the first in the developing world, to adopt the pill Truvada, under a program known as PrEP, short for pre-exposure prophylaxis, as an integral part of its preventive health care policy....”*

UNAIDS - [UNAIDS and IOM renew partnership agreement to promote access to HIV services for migrants and crisis-affected populations](#)



“UNAIDS and the International Organization for Migration (IOM) [today] signed a new cooperation agreement to promote access to HIV prevention, treatment, care and support services for migrants, mobile populations and people affected by humanitarian emergencies....”

Plos Med - [Research on HIV cure: Mapping the ethics landscape](#)

“In an essay for the Collection on HIV Prevention, Treatment and Cure, Karine Dubé and coauthors discuss the ethics of preclinical and clinical studies relevant to achieving an HIV cure.”

Global Fund - [Global Fund, ADB Sign MOU to Help Countries in Asia Strengthen Health Systems to Fight HIV, Tuberculosis and Malaria](#)

*“The Global Fund and the Asian Development Bank (ADB) have signed a memorandum of understanding to support the financing, design and implementation of country-led programs to fight HIV, tuberculosis and malaria, and build resilient health systems in ADB member countries eligible for Global Fund financing. Through a framework of mutual cooperation, ADB and the Global Fund can complement each other’s contributions to health programs in the Asia and Pacific region....”*

## Flu

NYT - [The Next Flu Pandemic Will Appear When You Least Expect It](#)

*“If a new flu pandemic emerges, it may be easy to spot. **The epidemic is most likely to appear in spring or summer, researchers have found** — not in the midwinter depths of the flu season. ... .. A half-dozen flu pandemics — including those of 1889, 1918 (the Spanish flu), 1957, 1968 and 2009 (the swine flu) — were all first detected between late March and late July, according to **a study published recently in PLOS Computational Biology** by researchers at the University of Texas at Austin and the Institute for Disease Modeling in Bellevue, Wash....”*

In (seasonal) flu related news from this week, see WHO - [Up to 650 000 people die of respiratory diseases linked to seasonal flu each year](#) *“Up to 650 000 deaths annually are associated with respiratory diseases from seasonal influenza, according to new estimates by the United States Centers for Disease Control and Prevention (US-CDC), the World Health Organization and global health partners. This marks an increase on the previous global estimate of 250 000 – 500 000, which dates from over ten years ago and covered all influenza-related deaths, including cardiovascular disease or diabetes. The new figures of 290 000 – 650 000 deaths are based on more recent data from a larger, more diverse group of countries, including lower middle income countries, and exclude deaths from non-respiratory diseases....”* (based on a new **study in the Lancet**).

*“...According to US-CDC, most deaths occur among people aged over 75 years, and in the world’s poorest regions. Sub-Saharan Africa accounts for the world’s greatest flu mortality risk, followed closely by the Eastern Mediterranean and Southeast Asia.”*

## Guinea Worm

CDC – [Progress Toward Global Eradication of Dracunculiasis, January 2016–June 2017](#)

Overview of the fight against Guinea worm since the 1980s. As for the most recent picture: *“The number of countries reporting endemic dracunculiasis decreased from four in 2015 to three in 2016, to only one country (Chad), which reported eight cases during January–June 2017. This compares with 10 cases reported by Chad, Ethiopia, and South Sudan during January–June 2016 and indicates that the goal of complete eradication of the disease is closer. The decrease in the number of infected dogs in Chad for the first time during January–June 2017 is another favorable milestone. ...”*

## Ebola

Nature News - [Ebola survivors still immune to virus after 40 years](#)

*“Survivors of the world’s first known Ebola outbreak have immunity to the virus 40 years after they were infected, scientists have found.”*

And some quick links:

NPR - [Why A Pill That's 4 Cents In Tanzania Costs Up To \\$400 In The U.S.](#) “Prices for generic drugs that treat neglected tropical diseases are skyrocketing in the U.S....”

WHO - [Uganda ends Marburg virus disease outbreak](#) Good news from late last week. *“Uganda has successfully controlled an outbreak of Marburg virus disease and prevented its spread only weeks after it was first detected, the World Health Organization said on Friday (December 8). “Uganda has led an exemplary response. Health authorities and partners, with the support of WHO, were able to detect and control the spread of Marburg virus disease within a matter of weeks,” said Dr Matshidiso Moeti, WHO Regional Director for Africa....”*

[15th report of the Independent Monitoring Board of the Global Polio Eradication initiative](#) This report follows a meeting from late October/early November 2017.

## AMR

### The National Academies of Sciences, Engineering and Medicine - Combating Antimicrobial Resistance: A One Health Approach to a Global Threat: Proceedings of a Workshop

[National Academies;](#)

*“... ... Major drivers of antimicrobial resistance in humans have been accelerated by inappropriate antimicrobial prescribing in health care practices; the inappropriate use of antimicrobials in livestock; and the promulgation of antibiotic resistance genes in the environment. To build on previous work, to explore developments since the last workshop was convened, and to help parlay knowledge into immediate action, an ad hoc planning committee, under the auspices of the Forum of Microbial Threats at the National Academies, planned a **2-day public workshop Combating Antimicrobial Resistance: A One Health Approach to a Global Threat**. The workshop explored **issues of antimicrobial resistance through the lens of One Health**, which is a collaborative approach of multiple disciplines—working locally, nationally, and globally—for strengthening systems to counter infectious diseases and related issues that threaten human, animal, and environmental health, with an end point of improving global health and achieving gains in development. **This proceedings of a workshop is a summary of the discussions that occurred at the workshop.**”*

## Politico - Inside the government's war on microbes

<https://www.politico.com/agenda/story/2017/12/13/inside-the-war-on-bacteria-000597>

For the biomedical scientists among you. What are **US** scientists up to in the war against AMR, having been supported by the Obama administration's National Action Plan for Combating Antibiotic Resistant Bacteria? There are quite a few out-of-the box approaches, it turns out.

## NCDs

### Lancet (Editorial) – Dementia burden coming into focus

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33304-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33304-4/fulltext)

*“WHO announced the **launch of the Global Dementia Observatory (GDO) on Dec 7**. This new internet-focused platform aims to provide a constant monitoring service for data relating to dementia planning around the world. ... ... With any effective medication a long way off (especially with the deficit of scientific research on dementia compared with cancer or diabetes), the **onus is on governments to encourage activities that slow progression.** ...”*

### WHO - Ninth meeting of the United Nations Inter-Agency Task Force on the prevention and control of noncommunicable diseases ( 9-10 November 2017 )

<http://www.who.int/ncds/un-task-force/publications/ninth-meeting-report/en/>

The report is available now. ***“The Ninth Meeting of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (the Task Force) was held at WHO, Geneva from 9-10 November 2017. The following agencies joined: GFATM, IAEA, IARC, ICRC, IDLO, ILO, OECD, UNAIDS, OHCHR, UNDP, UNESCO, UNICEF, UNFPA, UNODC, UNHCR, UNSCN, UNU, WFP, WIPO, WHO and the WHO FCTC Secretariat. ... The main objective of the Meeting was to review progress of the Task Force to date and discuss the future strategic directions and financing...”***

## Launch of the GHP Project on Access to Care for Cardiometabolic Diseases (HPACC)

<https://www.hsph.harvard.edu/global-health-and-population/event/ghp-launch-harvard-project-on-access-to-care-for-cardiometabolic-diseases-hpacc-faculty-lead-lindsay-jaacks/>

News from this week. *“Noncommunicable diseases (NCDs) such as diabetes and cardiovascular disease are now the leading cause of death and disability in most low-and middle-income countries. To address this global health challenge, researchers from the Department of Global Health and Population in the Harvard T.H. Chan School of Public Health, in collaboration with the University of Göttingen and the Heidelberg Institute of Public Health, [launched]: The GHP Project on Access to Care for Cardiometabolic Diseases (HPACC). ”* (no more info yet)

## Guardian - 'Heat not burn' cigarettes still harmful to health, say government advisers

<https://www.theguardian.com/society/2017/dec/12/heat-not-burn-cigarettes-still-harmful-to-health-say-government-advisors>

*“‘Heat not burn’ cigarettes, marketed as a safer option by tobacco companies, still contain chemicals that are harmful to health, a (UK) government advisory body has found.”*

## Dr Siegel - First Major Action of Foundation for a "Smoke-Free World" Shows that It is Largely a Scam

<http://tobaccoanalysis.blogspot.be/2017/12/first-major-action-of-foundation-for.html>

*“... The Foundation for a Smoke-Free World recently released a call for research proposals for preliminary projects that entail research to help the Foundation obtain the background information necessary for it to proceed effectively in its supposed mission to create a smoke-free world. By reviewing the call for proposals, we are now able to understand just how the Foundation is essentially a scam operation....”*

I reckon you don't want to mess with Dr Siegel.

## NYT – A Nasty, Nafta-Related Surprise: Mexico’s Soaring Obesity

[NYT](#);

*“Few predicted when Mexico joined the free-trade deal that it would transform the country in a way that would saddle millions with diet-related illnesses.” This article caused quite a stir on Twitter. Not sure why, this is how our wonderful system (global capitalism) works, so why be surprised? “...But few critics predicted it would transform the Mexican diet and food ecosystem to increasingly mirror those of the United States. In 1980, 7 percent of Mexicans were obese, a figure that tripled to 20.3 percent by 2016, according to the Institute for Health Metrics and Evaluation at the University of Washington. Diabetes is now Mexico’s top killer, claiming 80,000 lives a year, the World Health Organization has reported.”*

The conclusion: it’s Mexico that should’ve put up a wall, to keep out American soda & other multinationals.

## Journal of Public Health Policy - Complexity and conflicts of interest statements: a case-study of emails exchanged between Coca-Cola and the principal investigators of the International Study of Childhood Obesity, Lifestyle and the Environment (ISCOLE)

David Stuckler, Martin McKee et al; <https://link.springer.com/article/10.1057%2Fs41271-017-0095-7>

*“Statements on conflicts of interest provide important information for readers of scientific papers. There is now compelling evidence from several fields that papers reporting funding from organizations that have an interest in the results often generate different findings from those that do not report such funding. **We describe the findings of an analysis of correspondence between representatives of a major soft drinks company and scientists researching childhood obesity.** Although the studies report no influence by the funder, the **correspondence describes detailed exchanges on the study design, presentation of results and acknowledgement of funding.** This raises important questions about the meaning of standard statements on conflicts of interest.”*

## Lancet Public Health - Associations between fast food and physical activity environments and adiposity in mid-life: cross-sectional, observational evidence from UK Biobank

[http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30212-8/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30212-8/fulltext)

*“Living near physical activity facilities is linked to a smaller waistline, lower BMI and a lower body fat percentage.” “... This study shows **strong associations between high densities of physical***

*activity facilities and lower adiposity for adults in mid-life. We observed weaker associations for access to fast food, but these are likely to be underestimated owing to limitations of the food environment measure. Policy makers should consider interventions aimed at tackling the obesogenic built environment.”*

## Journal of Public Health - An effectiveness hierarchy of preventive interventions: neglected paradigm or self-evident truth?

S Capewell et al; <https://www.ncbi.nlm.nih.gov/m/pubmed/28525612/>

*“Non-communicable disease prevention strategies usually target the four major risk factors of poor diet, tobacco, alcohol and physical inactivity. Yet, the most effective approaches remain disputed. However, increasing evidence supports the concept of an effectiveness hierarchy. **Thus, 'downstream' preventive activities targeting individuals** (such as 1:1 personal advice, health education, 'nudge' or primary prevention medications) **consistently achieve a smaller population health impact than interventions aimed further 'upstream'** (for instance, smoke-free legislation, alcohol minimum pricing or regulations eliminating dietary trans fats). These comprehensive, policy-based interventions reach all parts of the population and do not depend on a sustained 'agentic' individual response. They thus tend to be more effective, more rapid, more equitable and also cost-saving. **This effectiveness hierarchy is self-evident to many professionals working in public health. Previously neglected in the wider world, this effectiveness hierarchy now needs to be acknowledged by policy makers.**”*

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

### WHO – PMNCH holds its Board Meeting in Malawi (13-14 December)

<http://www.who.int/pmnoch/media/news/2017/board-meeting/en/>

*“PMNCH [will hold] its Board Meeting in Lilongwe, on 13 and 14 December. At the meeting, PMNCH will announce **it now counts over 1000 member-organizations from around the world**, all working for the progress of women’s, children’s and adolescents’ health to support the SDGs. Within the Board meeting will be a special “Presidential Dialogue” hosted by the Government of Malawi on adolescent health and wellbeing. His Excellency Professor Arthur Peter Mutharika, President of the Republic of Malawi, will make an official address at this event emphasizing the importance of political leadership to ensure that women, children and adolescents can survive and thrive....”*

## Unicef - New funding will allow countries to secure sustainable vaccine supplies and reach children more quickly

[https://www.unicef.org/media/media\\_102311.html?utm\\_content=buffer62657&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](https://www.unicef.org/media/media_102311.html?utm_content=buffer62657&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

*“UNICEF announced [today] that funding for its Vaccine Independence Initiative (VII), a mechanism to help countries secure a sustainable supply of life-saving vaccines, has more than doubled in the past year, increasing from \$15 million to \$35 million. The increase was made possible especially by a \$15 million financial guarantee from the Bill & Melinda Gates Foundation, adding to a VII capital base that also includes recent contributions from Gavi, the Vaccine Alliance, and the United States Fund for UNICEF....”*

## FT - Six ways to increase uptake of family planning

[https://www.ft.com/content/12d24648-c565-11e7-b30e-a7c1c7c13aab?FTCamp=engage/CAP1/webapp/Channel\\_Moreover//B2B](https://www.ft.com/content/12d24648-c565-11e7-b30e-a7c1c7c13aab?FTCamp=engage/CAP1/webapp/Channel_Moreover//B2B)

*“New, long-acting contraceptives, mobile services and incentives make programmes more effective.”*

## Resyst (blog) - Gender trends at the 2017 Global Forum on Human Resources for Health

Kate Hawkins, Sally Theobald et al; <http://resyst.lshtm.ac.uk/news-and-blogs/gender-trends-2017-global-forum-human-resources-health>

*Well worth a read. “A few weeks have passed since the 2017 Global Forum on Human Resources for Health which has given some space to reflect on what we heard about gender at the event.”*

*Among others, “... Undoubtedly discussions about gender and health workers were given tremendous energy and vibrancy by the **launch of the WHO Gender and Equity Hub** on the first day of the Forum....”*

## NEJM (Editorial) - Improving Birth Outcomes in Low- and Middle-Income Countries

Robert Goldenberg et al; <http://www.nejm.org/doi/full/10.1056/NEJMe1713831>

“... In this issue of the Journal, Semrau et al. report the results of a cluster-randomized trial undertaken in facilities in India. On the basis of suggestions from previous small studies that the use of checklists was associated with improved outcomes, the authors evaluated whether introducing the World Health Organization Safe Childbirth Checklist of 28 essential birth practices together with staff coaching would result in a lower rate of the composite outcome of perinatal death, maternal death, or maternal severe complications than would standard care....” This Editorial interprets the (disappointing) results.

## Access to medicines

### IP-Watch – Greg Perry Resigns As Director Of Medicines Patent Pool

<https://www.ip-watch.org/2017/12/14/greg-perry-resigns-director-medicines-patent-pool/>

*“After nearly five years as the executive director of the Medicines Patent Pool, Greg Perry has stepped down with little notice. The announcement came just a day after the Medicines Patent Pool announced an expansion of its signature patent database and presented its work to the patent law committee of the World Intellectual Property Organization. ... **In the interim on behalf of the MPP Governance Board, Marie-Paule Kieny will assume responsibility** for the Medicines Patent Pool with the support of MPP’s senior management team.”*

### KEI - SCP27: South Africa urges WIPO to invite UNHLP Co-Chairs to present their findings

<https://www.keionline.org/23706/>

*“On Tuesday, 12 December 2017, the South African delegation to the WIPO Standing Committee on the Law of Patents (SCP) delivered the following statement on patents and health. South Africa reiterated its strong support for the Report of the UN High-Level Panel on Access to Medicines and exhorted the Committee to invite the Co-Chairs of the HLP to present the findings of the report at the next session of the SCP.... ”*

For some more background, see also **IP-Watch** (gated) - [Patents And Health Under Discussion At WIPO This Week: What Role For The UN IP Agency?](#)

*“Patents are often involved in public health policy discussions, and are considered by some as playing a major role in the escalating prices of new medicines, creating access issues. **The World Intellectual Property Organization committee on patent law this week is discussing the issue and is holding information sessions by the Medicines Patent Pool, World Health Organization, and the World Trade Organization.**”*

FT Health - [Pharma industry’s return on R&D investment falls sharply](#). (Hurray!)



## Social determinants of health

### IISD - Member States Discuss Decade on Water for Sustainable Development

<http://sdg.iisd.org/news/member-states-discuss-decade-on-water-for-sustainable-development/>

“UN Member States recently discussed the plan of action for an International Decade focused on water for sustainable development. ... In Resolution 71/222, the UN General Assembly (UNGA) proclaimed the **period from 2018-2028 the International Decade for Action ‘Water for Sustainable Development’** to further improve cooperation, partnership and capacity development towards the 2030 Agenda for Sustainable Development. The Decade will commence on World Water Day, 22 March 2018, and conclude on World Water Day 2028....”

### Global Health Action (Editorial) - Intersections between gender and other relevant social determinants of health inequalities

I Goicolea et al; <http://www.tandfonline.com/doi/full/10.1080/16549716.2017.1397909>

**Editorial of a Special issue:** “Gender and Health Inequalities: Intersections with other relevant axes of oppression”.

## Miscellaneous

### Duncan Green (blog) - How to stop men asking all the questions in seminars – it’s really easy!

<http://oxfamblogs.org/fp2p/how-to-stop-men-asking-all-the-questions-in-seminars-its-really-easy/>

*“In academic seminars, ‘Men are > 2.5 times more likely to pose questions to the speakers. This male skew was observable only in those seminars in which a man asked first question. When a woman did so, gender split disappeared’. CHAIRS PLEASE NOTE – FIRST Q TO A WOMAN – EVERY TIME.’...”*

Based on a [research paper](#).

## Blog (Duncan Green) - How are INGOs Doing Development Differently? 5 of them have just taken a look.

Duncan Green; <http://oxfamblogs.org/fp2p/how-are-ingos-doing-development-differently-5-of-them-have-just-taken-a-look/>

What can INGOs bring to the DDD movement? *“Hats off to World Vision for pulling together some analysis on where large international NGOs (INGOs) have got to on ‘Doing Development Differently’ (see the 2014 manifesto if you’re not up to speed on DDD). Up to now, NGOs have been rather quiet in a discussion dominated by government aid agencies, academics and thinktanks. World Vision asked **Dave Algoto** to look at **examples from 5 INGOs** (CARE, IRC, Mercy Corps and Oxfam, as well as WV), and he’s produced a pleasingly brief **10 page summary** of what he found. Here are some highlights:...”*

## Devex - As Cambodian repression worsens, donors fret over their responses

<https://www.devex.com/news/as-cambodian-repression-worsens-donors-fret-over-their-responses-91711>

In-depth analysis. “... Amid such brazen rights violations, a familiar pattern has emerged. Rights groups have urged Cambodia’s donors “to act,” a flurry of strongly worded statements has appeared, and senior diplomats have stressed the need for Cambodia to return to democratic norms. But at the end of the day, **the latest situation highlights how relatively small a sway donors can have**. “We are **in the middle of a balancing act**, where on the one hand, we have to show our concern and review programs that are linked to negative development,” explained Göran Holmqvist, director of the department for Asia, Middle East and humanitarian assistance at the Swedish International Development Cooperation Agency. “On the other hand, we want to stay engaged, we want to keep channels for dialogue open.”...”

In other Cambodia related news, the **German Health Practice Collection** has just published a [new case study](#). It looks at the design and evolution (and particular at challenges encountered on the way, and corresponding adaptations) of the **Cambodian poverty identification system** called IDPoor.

## Brookings - Figures of the week: Inequality in health and education outcomes in sub-Saharan Africa

<https://www.brookings.edu/blog/africa-in-focus/2017/12/06/figures-of-the-week-inequality-in-health-and-education-outcomes-in-sub-saharan-africa/>

Article from last week. “The **2017 IMF Fiscal Monitor report** addresses trends in income inequality, its impact on health and educational outcomes, and policy options to addresses those gaps. Unfortunately, sub-Saharan Africa faces tall obstacles when it comes to inequality of many kinds....

“...The report shows that countries with greater inequities see worse health outcomes. For example, [as seen in Figure 3], **countries with the most health coverage inequality suffer from a lower average life expectancy**. Notably, as also shown in Figure 3, **sub-Saharan Africa in particular would accrue the largest gains by reducing disparities in health coverage**. In addition, as the report highlights, there are several potential benefits from eliminating health coverage gaps, such as improvements in productivity, employment, and earnings. The report’s recommendations for decreasing health inequality include universal coverage of basic services and targeted subsidies for certain illnesses....”

## WHO - Global Observatory on Health R&D: some nice (as well as shocking) stats

Check them out. For example:

[Health researchers \(in full-time equivalent\) per million inhabitants, by WHO Region \(first set of charts\)](#)

[Number of grants for health research by funder, type of grant, duration and recipients \(World RePORT\)](#)

## Stat News - The best and worst analogies for CRISPR, ranked

<https://www.statnews.com/2017/12/08/crispr-analogies-ranked/>

And the winner is, “a Swiss army knife” !

## Nature (News) - African scientists get their own open-access publishing platform

<https://www.nature.com/news/african-scientists-get-their-own-open-access-publishing-platform-1.23018>

As already reported, but worth mentioning again as we’ll be soon 2018: “Africa’s academy of science has announced that it will launch an open-access publishing platform early next year — the first of its kind aimed exclusively at scientists on the continent. The platform, called **AAS Open Research** and announced by the African Academy of Sciences (AAS) in Nairobi on 15 November, is being created

with the London-based open-access publisher **F1000**, adopting the model of its F1000Research publishing platform....”

## Research

### BMJ Global Health - What we have learnt (so far) about deliberative dialogue for evidence-based policymaking in West Africa

Valéry Ridde et al ; <http://gh.bmj.com/content/2/4/e000432>

*“Policy decisions do not always take into account research results, and there is still little research being conducted on interventions that promote their use, particularly in Africa. To promote the use of research evidence in Africa, **deliberative dialogue workshops are increasingly recommended** as a means to establish evidence-informed dialogue among multiple stakeholders engaged in policy decision-making. **In this paper, we reflect on our experiences of conducting national workshops in six African countries, and we propose operational recommendations for those wishing to organise deliberative dialogue.** Our reflective and cross-sectional analysis of six national deliberative dialogue workshops in which we participated shows there are many specific challenges that should be taken into account when organising such encounters. In conclusion, we offer operational recommendations, drawn from our experience, to guide the preparation and conduct of deliberative workshops.”*

### Health and Human Rights Journal - Issue 19.2 features two special sections: Romani People and the Right to Health, and HIV and Human Rights

<https://www.hhrjournal.org/volume-19-issue-2-december-2017/>

In the section on HIV & HR among others a foreword by Sidibé and a Comment co-authored by Peter Piot.

### IJHPM - Connections, Communication and Collaboration in Healthcare’s Complex Adaptive Systems; Comment on “Using Complexity and Network Concepts to Inform Healthcare Knowledge Translation”

T Bucknall et al;

[http://www.ijhpm.com/article\\_3443\\_0.html?utm\\_source=dlvr.it&utm\\_medium=twitter](http://www.ijhpm.com/article_3443_0.html?utm_source=dlvr.it&utm_medium=twitter)

*“A more sophisticated understanding of the unpredictable, disorderly and unstable aspects of healthcare organisations is developing in the knowledge translation (KT) literature. In an article published in this journal, Kitson et al introduced a new model for KT in healthcare based on complexity theory. The **Knowledge Translation Complexity Network Model (KTCNM)** provides a fresh perspective by making the complexity inherent in complex systems overt. The model encourages a whole system view and focuses on the interdependent relationships between actions, interactions and actors. Taking a systems approach assists our understanding of the connections, communication and collaboration necessary to promote knowledge mobilisation and facilitate the adoption of change. With further development, this could enable the targeting of more effective strategies across the various stakeholders and levels of service, fostering redesign and innovation.”*

## **HP&P - Social costs of illicit financial flows in low- and middle-income countries: the case of infant vaccination coverage**

B Ortega et al; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czx170/4728983?redirectedFrom=fulltext>

*“The liberalization of capital flows is generally associated with prospects of higher growth. However, in developing countries, opening the capital account may also facilitate the flow of capital out of the country through illicit financial flows (IFFs). Given that IFFs drain the scarce public resources available to finance the provision of public goods and services, the extent of illicit capital flows from developing countries is serious cause for concern. **In this context, as a first step in analysing the social costs of IFFs in developing countries, this article studied the relationship between IFFs and infant immunization coverage rates.** Data for 56 low- and middle-income countries for the period 2002–13 were used in the empirical analysis. The main result was that the relative level of IFFs to total trade negatively impacted vaccination coverage but only in the case of countries with very high levels of perceived corruption. In this case, the total effect of an annual 1 p.p. increase in the ratio of IFFs to total trade was to reduce the level of vaccination coverage rates over the coming years by 0.19 p.p. Given that there was an annual average of 18 million infants in this cluster of 25 countries, this result suggests that at least 34 000 children may not receive this basic health care intervention in the future as a consequence of this increase in IFFs in any particular year.”*

## **BMC Health Services - Refugees’ experiences of healthcare in the host country: a scoping review**

E Mangrio et al; <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2731-0>

*“During the last years, Europe experienced an increase in immigration due to a variety of worldwide wars and conflicts, which in turn resulted in a greater number of physical and mental health issues present among the refugees. These factors place high demands not only on the refugees, but also on healthcare professionals who meet the refugees in different situations. Information about the refugees’ experiences of the healthcare systems in their host countries is urgently needed to improve the quality of healthcare delivered, as well as to provide opportunities for better access. **The aim of this scoping review is to compile research about the experiences that the refugees have with the healthcare systems in their host countries....**” Results: “...The results show that communication*

*between healthcare professionals and refugees is important, however, insufficient language knowledge acts as an effective communication barrier. There is a need for more information to be given to the refugees about the reception country's healthcare system in both oral and written formats, as well as the right to healthcare. Support from healthcare professionals is also important for refugees to have a positive experience with healthcare. In some of the studies included, refugees experienced discrimination due to low proficiency in the language of the host country, and/or because of their race or accent, which shows that culturally appropriate healthcare is needed for them."*

## **Conflict and Health – Health needs of older populations affected by humanitarian crises in low- and middle-income countries: a systematic review**

E Massey et al; <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-017-0133-x>

"...The aim of this review was to systematically examine evidence on the health needs of older populations in humanitarian crises, including both armed conflicts and natural disasters, in low- and middle-income countries (LMICs).;.."

## **SS&M – Advancing methods for health priority setting practice through the contribution of systems theory: Lessons from a case study in Ethiopia**

K Petricca et al; <https://www.sciencedirect.com/science/article/pii/S0277953617307396>

"Setting priorities for health services is a complex and value laden process. Over the past twenty years, there has been considerable scholarly attention paid to strengthening fairness and legitimacy using the prominent ethical framework, **Accountability for Reasonableness (A4R)**. A variety of case studies applying A4R have advanced our conceptual understanding of procedural fairness, and have highlighted the significance of context through its application. There is a paucity of research, however, that rigorously examines how and to what extent context influences health priority setting processes and the establishment of procedural fairness. We argue here that to study context rigorously requires taking a holistic view of the system by examining the dynamics and interrelationships within it. Using **the Transformative Systems Change Framework (TSCF)**, this **investigation sought to examine the influence of system factors on priority setting practice and procedural fairness**. A qualitative case study of Ethiopian district health planning was undertaken in 2010 and 2011...."

## **International Journal of Health Services - Can Neoliberal Capitalism Affect Human Evolution?**

R Chernomas et al ; <http://journals.sagepub.com/doi/full/10.1177/0020731417742258>

For the die-hards among you who got to the end of this newsletter. *“The connection between genes and health outcomes is significantly moderated by social factors. Health inequalities result from the differential accumulation of exposures and resource access rooted in class-based circumstances. In the neoliberal era in the United States, changed physical and socioeconomic conditions facing the poorer members of society have been characterized as traumatogenic (capable of producing a wound or injury). This paper will argue that research that points to the transgenerational influence of environmental impacts on health suggests 2 important reconsiderations of the link between the economy and health. First, an understanding of the health of any society requires an understanding not only of current but also past environmental conditions and the economy that produces those conditions. Second, it suggests that the way in which economic policy is analyzed needs to be reconsidered to incorporate the transgenerational impacts of environmental conditions produced by those policies.”*