IHP news 450 : Merry Christmas, and - especially for The Donald - Happy Holidays!

*(**22 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,

As you know, this newsletter follows global health (related) policies, politics, governance, crises and humanitarian suffering (among others), on a weekly basis. With a focus on politics, policies and power (PPP), It will come as no surprise that sometimes, towards the end of the week usually, the sheer compilation of all this information can induce a rather dark mood. So yes, on Friday morning, when the newsletter is being sent out (and I crave for Sleeping Beauty's quality of sleep), my world view and view on human beings can be a bit grim, having again come across so much dirt and nastiness in the world, often inflicted by human beings themselves, either directly or indirectly (read: "tax optimization", "budget priorities", …). If that wasn't the case, I guess we wouldn't so often come across revolting [headlines](#) like "Half the world lacks access to essential health services", in a world as rich as ours. Still, if the intro is sometimes a bit too wry to your taste, sorry.

Against that backdrop, it was heartwarming to read a story last week (in a Belgian newspaper) about ordinary people who do make a difference in their personal lives: last year, some of my Belgian compatriots just did what needed to be done, without much ado, and (temporarily) adopted refugee children, while their families were still somewhere stuck in camps in Greece (or worse). When some of these children were then reunited with their mom, these mothers were very very grateful to the stand-in parents who had taken care of their children while they were still trying to get through the cold gates of Europe. These Belgian citizens knew it was just the right thing to do, nobody had to tell them. There are many stories like that as well, even if we don't often (enough) select them for this newsletter.

At the end of the year, when it's cold and dark outside (it's winter here in Europe), somehow you have to believe that the good will eventually prevail, like in Star Wars. Yes, as soon as you don't believe in Santa anymore, you know that's often not the case in the real world, but it's still the best "working hypothesis" we have to keep going in this world, trying to make it a better place for people around the globe and the generations that come after us.

Merry Christmas & see you all in 2018!

The editorial team

Featured Article

Rethinking health governance: Towards an inclusive and political *health citizenship*

Sara Van Belle (ITM) & *Sana Contractor* (Center for Health and Social Justice, New Delhi, India; currently EV resident at ITM)

Last week at the UHC Forum 2017 in Tokyo, the Health Systems Governance Collaborative and the UHC Partnership launched the Bold Moves Campaign and issued a manifesto calling for a "radical rethink" of governance and collaboration strategies. Emboldened and inspired by the manifesto, we decided right away to answer the call, and spin some ideas around how citizenship is conceived of within health governance.

In current health systems governance thinking (frameworks, interventions and action plans), attention has (rightly) gone to the multiplicity of governing actors and the distributive nature of power between those actors. However, governance does not only concern relationships between institutions, governing actors or power centres, but also relationships between citizens, the state and/or other actors. Health systems governance grounds much of its thinking on principal-agent theory (PAT), which rightly focuses on relationships between actors, institutions and their roles. However, the "principal" (the citizens in the relationship) remains a bit of an anaemic creature. While the onus (locus for change) is on institutions, the principal (i.e. citizens or communities) seems underdeveloped and somewhat instrumental. PAT does not appear to do sufficient justice to the creativity of collective action and the political agency of citizens and communities.

We argue here that a complexity-driven governance *practice* provides space for more creative, political collective action. Complexity science has been infecting governance research for quite some time and even the neo-institutional economist **Elinor Ostrom,** in her later work, adopted complexity in her study of adaptive environmental governance in social-ecological systems. More recently, the recent popular book "Doughnut Economics" from Kate Raworth throws old-school economic growth thinking out the window, to propose a complexity-driven economics, cognizant of climate change.

In the practice of governance at the national and sub-national health system levels, if we are to apply complexity thinking we will need to begin by acknowledging context and develop interventions accordingly instead of vice-versa (which is usually the case). This means that we must first begin with an appraisal of *actual* governance practices (what is actually happening right now) in health systems and communities instead of relying on starter assumptions on what governance should look like from other settings.

None of our health systems is a blank sheet in terms of governance. In fragile settings, people create their own practical governance solutions if there is a legal or a policy void, and in non-fragile settings rules are continuously adapted (or adjusted). Rules are grounded in social norms. Rightly the World Development Report 2017 on Governance and the Rule of Law points out that it really are the social norms, which give rise to power asymmetries and persistent inequity. Both are at the heart of accountability deficits/gaps. Therefore the effort should be primarily to influence these norms, which are the really the mechanisms generating the "everyday" governance practices. If this is not done, actors will (find a way to) work around the rules.

Starting your intervention with what is actually happening on the ground also means that we will need to be "strategic rather than tactical": *when* to use *which* governance instruments and how to combine them. We will need innovative ways to appraise the effects of our interventions, and to understand how they affect actor positions, which will transform the initial intervention. Much like chess play, strategies will need to be *iterative* and we will need to *foresee* and seize windows of opportunity by scanning the broader political and social context.

It does not stop there. If we want to tackle *power and politics* in the true sense of the word it is also time for a bit of "Global Health community reflexivity", examining the political economy of our own work and the distribution of power therein. We need to question our own assumptions. Who are we as global health citizens, what are our values? Who do we want to be as (global) health citizens? What are our own incentives and how do we recognize and check those? What are our relative positions of power and how do we engage with differences? We could take our inspiration from radical democratic practice thinker Chantal Mouffe, that "talking truth to power" should also transform *our* practices as global health citizens - our ways of seeing, framing and working as researchers and practitioners.

Finally, (and central to the SDG endeavor and UHC 2030) is that health systems governance practice must be assessed based on its impact on equity, on "**leaving no one behind**". Leaving no one behind in the context of health systems governance means that we will have to: (1) critically question legitimate representation, (2) explore how networked governance & self-organisation would lead to stronger democratic practice and public accountability in health, (3) explore how to enforce accountability towards those groups, (4) promote a more open view of what knowledge consists of in global health, (5) spur more **"collaborative intelligence"** and(6) a fine-grained representation of diversity**.**

In our role as researchers, it is also our responsibility to document existing practice – both successes and failures. Rooted governance practice does not necessarily appear in the form of experimentally tested interventions and often involves the work of grassroots activists and social movements over decades. Efforts at documenting these are required. New research and documentation on partnerships is required – what, for instance, do we know about cross-scale networks and responsibility sharing partnerships? Barriers of context and language need to be overcome in order to make those stories heard – and further open up space for learning. We can only be successful political agents in the global health community if (1) we manage to create new models that open up space for constructive dialogue; (2) if we manage to persuade others and link up networks and (3) if we legitimately represent and are accountable to those who are not being heard.

Highlights of the week

Reflections on the (global health) year 2017

It's that time of the year again. No need to list here all the (global health) overviews of this year, but some we want to flag nevertheless:

Devex – Biggest global health moments of 2017

https://www.devex.com/news/biggest-global-health-moments-of-2017-91772

Brilliant overview by **Jenny Ravelo** – absolute must-read. From the WHO election, over the reinstatement of the global gag rule, the contentious GF process, the cholera outbreak in Yemen, US policy shifts and budget cuts, a momentum for gender equality, the death of global health leaders, good and bad news on vaccines (incl the launch of CEPI), to the fight against old and emerging public health threats, philantrocapitalists who turn to ending NCDs, …

WHO - 2017 year in review: key health issues

Pretty flashy overview, and detailed as well.

Kent Buse started a hashtag #myglobalhealth2017

Kent started the hashtag with his **own top ten**. See below:

#myglobalhealth2017 1/1: #SheDecides is this year's story of agency, resilience, resources, solidarity & partnerships for #SRHR

#myglobalhealth2017 2/10 - #Gender matters. New resolve to: 1) address women's leadership incl via @womeninGH; 2) ensure gender accountability via @GlobalHlth5050; & 3) focus on men eg @UNAIDS Blindspot report

#myglobalhealth2017 3/10 - Incomplete transition from MDGs to #Agenda2030: @IHME_UW & @TheLancet confirm key SDG3 targets neglected & off track: #NCDs, mental health, road traffic, #obesity, air & H2O pollution http://bit.ly/2woTzL9

#myglobalhealth2017 4/10: @DrTedros assumed helm of @WHO as 'People's DG' - engages 300K followers on twitter, consults widely & practices diversity and gender equality. Will people's DG deliver a WHO for the people in 2018?

Commitment builds for #NCDs: 1) new agenda from civil society; 2) new philanthropic funding incl. @ResolveTSL @BloombergDotOrg @wellcometrust; 3) political commitments in Montivideo Roadmap & new @WHO Commission led by @SaniaNishtar

#myglobalhealth2017 6/10: Unprecedented progress on #AIDS - 21 million people on ARVs & 10 countries eliminate mother-to-child transmission thanks to cross-sector partnerships w/ communities & #humanrights at the center

#myglobalhealth2017 7/10: #TB back on political agenda: leading infectious disease killer, leading cause of death among #PLHIV & major links to #AMR – need renewed push for 2018

*#myglobalhealth2017 8/10: **#G20 puts on health on its agenda**; joins #G7 & #BRICS driving the political determinants of health*

*#myglobalhealth2017 9/10 #Agenda2030 & the SG's #UNreform agenda **call for a major #pivot2prevention**; which has yet to be fully appreciated and seized by global health community*

*#myglobalhealth2017 10/10: **#Humanrights** is increasingly not only about zero discrimination & access but **also about changing paradigm** from discretionary charity approach to one of duty/obligation of states to empowered #globalhealthcitizens http://bit.ly/2ir2CKM*

Others then also weighed in – see **#MyGlobalHealth2017**. Do add your voice!

Gates Foundation – The year in review With among others, **CEPI** & the fight against **polio.**

On the latter issue, Bill Gates mentioned this week that he considers his work helping to eradicate polio as one of his biggest (life) accomplishments.

CDC & "forbidden words"/self-censorship

Stat - CDC director tells staff 'there are no banned words,' while not refuting report

Helen Branswell; https://www.statnews.com/2017/12/17/cdc-chief-science-forbidden-words/

(must-read) Great overview (and analysis) by Helen Branswell of the (CDC budget-related) story that started with this worrying piece in the **Washington Post**, late last week - CDC gets list of forbidden words: Fetus, transgender, diversity.

For more analysis (and reactions) , we also recommend articles in the **NYT** - Uproar over purported ban at CDC over words like 'Fetus' and **the Guardian**.

As for **HHS**, the (US) Health and Human Services Department, see also After report on CDC's forbidden words policy draws outrage, HHS pushes back

We tend to agree with the gist of this argument (**Julia Belluz** in **Vox**), The CDC's "word ban" may be politics as usual. But it's still concerning.   "The skittishness over language at the public health agency is part of a broader trend."

An excerpt: "…*The ex-official felt the Post had overstated the significance of what are common political maneuvers during budget negotiations — and that the report confused those financial*

*conversations with the science that's happening at the agency. **But given that the report is seen as part of broader language restrictions at other government agencies under Trump, it's still pretty worrying.** "The CDC is facing real budget restriction in FY 2019," the ex-official said. "There's going to be no budget line for global health security at this point, among many other likely cuts that are coming. And the budget office is in the position of having to get more funding. They're going to do that by saying things that will resonate with their audience" — an audience of conservative Republicans. **The language used in budget talks is a separate issue from the science being done and communicated through the agency,** the former CDC official said. "I am confident you'll see 'fetus' in an MMWR [the CDC's epidemiological digest Morbidity and Mortality Weekly Report] about Zika. And 'transgender' in a report about HIV. Just because the budget office is trying to use more favorable language to acquire funds, doesn't mean in any way this will affect the integrity of the agency." … … **Even if it's not banning words, CDC's rhetorical tiptoeing can also be seen as part of a broader push by the Trump administration to control how science is discussed and embrace the language of the religious right**…."*

For more on this broader (language) trend in Trumpland, see (**Vox**) - [**4 troubling changes to the government's health and science vocabulary under Trump**](#) : besides the CDC language tiptoeing, and removing 'climate change' from federal agencies' websites, also 'HHS is now in the business of **protecting "family values,"** starting from conception', and **'Abstinence-only" is now called "sexual risk avoidance"** in some government documents'.

Or this hard-hitting piece from public health professionals (in **Rewire**) - [The CDC's Language Ban Is More Than an Attack on Words—It's an Attack on Basic Public Health Values](#).

Meanwhile, so far very few global health donors, philantro-capitalists, … have felt the urgent need to say something (on the record) on this worrying situation in the US. Neither has WHO, by the way…

A tweet from an obsever: "*this could have implications for priorities, funding, etc   …and will start to influence positions in #globalhealth organisations @who @GlobalFund @gavi @UNAIDS and more…*"

Lancet (Editorial) – Dangerous words

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33357-3/fulltext

"*Medicine is underpinned by both art and science. Art that relies upon strong therapeutic relationships with patients and populations. And science that brings statistical rigour to clinical and public health practice. If allegations reported in The Washington Post on Dec 15 are credible, the Trump administration has seriously undermined both foundations by banning the words "vulnerable", "entitlement", "diversity", "transgender", "fetus", "evidence-based", and "science-based" from government documents for the US$7 billion budget discussions about the Centers for Disease Control and Prevention (CDC). Another phrase allegedly forbidden is "health equity". … … … The administration needs to provide a full account and explanation of the circumstances around the "misconstrued guidelines". **Failure to do so—or confirmation of the ban—would demand a forceful response, not only from within the USA, but also from her friends and from health leaders around the globe, particularly from WHO,** whose constitution specifies a government's responsibility for the health of its people, recognises the importance of research, and calls for all necessary action to attain the objective of the organisation.* "

Other Trump & global health/development related news

Trump's "national security" approach

Devex – What the US National Security Strategy says about global development

https://www.devex.com/news/what-the-us-national-security-strategy-says-about-global-development-91778

"*The new United States National Security Strategy, released Monday, **outlines a U.S.-centric development policy** that **prioritizes working with countries aligned with U.S. interests, calls for countering China's influence, views development as a tool for U.S. security and puts private sector activity at the fore**. The strategy puts in writing what U.S. Agency for International Development Administrator Mark Green has been saying in speeches since he took the position: That "the purpose of U.S. foreign assistance should be to end the need for it," that U.S. foreign assistance will not promote dependency, and that it will prioritize working with countries, or "aspiring partners" as it puts it, that are aligned with U.S. interests….*" More detail on many of these (as well as on **global health security, climate change (or the lack of it), development finance**, … in this analysis piece.

See also a **CGD (**blog by **Erin Collinson)** - **How Does Development Fare** in Trump's National Security Strategy? (also recommended). Focusing on 21st century development finance, Deliberately Targeting US Development Assistance, the US multilateral engagement, and ending, on a dark note, with: **Demonizing Immigrants Rather than Leveraging Their Potential; A Stark Disconnect with Proposed Resources**.   The last paragraph in full: "…*Finally, while this national security strategy does not shy away from highlighting threats and challenges, looming large are the deep cuts to international affairs spending included in the president's FY2018 budget request. If the administration's FY2019 request looks anything like last year's, it will be difficult to imagine the United States truly being ready to tackle a global pandemic (a matter of when—not if), remain a leader in humanitarian response, provide meaningful assistance in fragile state contexts, or fulfill many of the strategy's other bold promises*."

For the (still) broader picture, a one-liner also from a **NYT article** : (the new strategy) "… *is animated by a single idea: that **the world has been on a three-decade holiday from superpower rivalry; and it suggests that that holiday is now over**…*".   Good to know for the (far more partnership- & multilateral collaboration-oriented) global health community. The (already huge) global governance gridlock will probably even worsen as a result.

Trump's tax reform: a 'big, beautiful Christmas present' for Americans

Trump is nearly there in Congress with his tax reform for the rich & mean. *"…Donald Trump has said his first major legislative victory would be a 'big, beautiful Christmas present' for Americans … … The Senate approved the $1.5 trillion tax bill, which includes permanent tax breaks for corporations and temporary tax cuts for individuals, by a final vote of 51-48. … … Once enacted, the legislation will represent the most drastic changes to the US tax code since 1986. The bill lowers the top individual tax rate from 39.6% to 37% and slashes the corporate tax rate to 21%, a dramatic fall from its current rate of 35%…."*

The bill will destroy the social fabric in the US even more (than already is the case), and comes at the expense of, among others, (due to social spending cuts) **millions of children who could lose their health insurance**. Quite a Christmas present indeed. For some havoc to come, see NYT - 2 million children risk losing health care in January. Or for more detail, see a **Lancet World Report** - US Children's Health Insurance Program in jeopardy.

UN News – 'American Dream' quickly becoming an 'illusion,' says UN human rights expert

http://www.un.org/apps/news/story.asp?NewsID=58300#.WjaSYFXibIU

Speaking of the American "social fabric", "*The number of Americans living in poverty and the already high income inequality could worsen further in the days to come, making the United States the most unequal society in the world, the* **United Nations expert on extreme poverty and human rights** *warned ([last week on] Friday."*

*… "**The American Dream is rapidly becoming the American Illusion**, as the US now has the lowest rate of social mobility of any of the rich countries," said the UN Special Rapporteur on extreme poverty and human rights, Philip Alston, Friday, **at the end of a fact finding mission to the country…."***

O'Neill institute, Georgetown University - Reorganization and the Future of PEPFAR

Matthew Kavanagh et al; Reorganization and the future of PEPFAR;

Must-read*. "Analysis from the global health community and experts in operations of the President's Emergency Plan for AIDS Relief, examining proposals to reorganize the State Department and USAID.* ***The report examines the history of PEPFAR and analyzes how governance changes, including moving the Office of the Global AIDS Coordinator [i.e. away from the State Department] and changing its reporting structures, could impact the efficacy of the program."*** That wouldn't be a smart idea, to say the least, as it would do more harm than good for global HIV/AIDS efforts . But then again, Trump is not in the 'smart idea' business.

Devex – How Donald Trump changed US development policy in 2017

https://www.devex.com/news/how-donald-trump-changed-us-development-policy-in-2017-91763

Must-read overview piece. Among others on the "**tug of war** between [the White House Office of Management and Budget] and the Congress, with the development community in the middle". Including a paragraph, towards the end, on **PEPFAR:** "… In other areas, the looming specter of budget cuts has driven policy decisions in ways development leaders find troubling. **PEPFAR, despite Congress's unambiguous rejection of the $800 million cuts proposed by the president, adopted a new policy this year that some observers feel was written in anticipation of less funding.** The new policy proposes focusing PEPFAR's activities in fewer countries that are close to epidemic control. Some HIV/AIDS advocates have charged that it represents a step backwards in the fight against a pandemic that threatens to spread without aggressive efforts to stay ahead of it. "It's unclear what the policy will be once they get the funding," Hart said. "The policy has been written to a rather

severe cut. It inserts confusion and uncertainty into the system, which of course, with a deadly disease in faraway places, is really tough."…"

IHP - Heading for a not so Grand Convergence

Kristof Decoster; http://www.internationalhealthpolicies.org/a-not-so-grand-convergence/

Somewhat "inspired" by the CDC '7 banned words' news from above, I wrote down my early Christmas analysis of **the (not so) 'Grand Convergence'** we seem to be heading for, instead of the 'Grand Convergence in Global Health' hoped for by 2035 in a report from a few years ago. With a piece of advice for Larry Summers, among others. (*Larry is at least three times as smart as me. Still, it's sensible advice, I think*)

Global Humanitarian crisis

Some reads from this week:

Congo's hidden "mega-crisis" is most neglected of 2017 - poll (Thomson Reuters)

"*With millions of people on the brink of a humanitarian catastrophe and children facing unspeakable violence, **the Democratic Republic of Congo was the most neglected crisis in 2017, according to a survey of aid agencies.** Overshadowed by the Syrian war and Rohingya refugee exodus from Myanmar, Congo barely made headlines despite horrific violence that has erupted in the centre of the vast country, they said. The **Central African Republic**, with its "off the charts" vulnerability, and **Yemen** - ravaged by war and hunger - ranked behind Congo in the Thomson Reuters Foundation poll of 20 leading aid organisations….*"

Guardian - Saudi Arabia agrees to re-open key Yemen port of Hodeidah

"*Saudi Arabia appears to have succumbed to growing international pressure and agreed to re-open the key Yemeni port of Hodeidah to food aid and commercial fuel for a minimum of 30 days….*"

Lancet (Editorial) - Our responsibility to protect the Rohingya.

World migration day – 18 December

UN News - UN urges international cooperation to make migration safer in a world on the move

http://www.un.org/apps/news/story.asp?NewsID=58303#.WjiviVXibIU

"***On International Migrants Day, the United Nations is appealing for cooperation in managing migration t***o ensure that its benefits are most widely distributed, and that human rights of all

concerned are protected – as recognized by the 2030 Agenda for Sustainable Development. "Evidence overwhelmingly shows that migrants generate economic, social and cultural benefits for societies everywhere," said Secretary-General António Guterres in his message commemorating the International Day, marked annually on 18 December...."

WHO - Proposed health Proposed Health Component in the Global Compact for Safe, Orderly and Regular Migration

http://www.who.int/migrants/about/gcm-health-component/en/

*"To achieve the vision of the 2030 Sustainable Development Goals – to leave no one behind – **it is imperative that the health rights and needs of migrants be adequately addressed in the Global Compact for Safe, Orderly and Regular Migration (GCM)**. Despite health being a prerequisite for sustainable development, health is missing from the six thematic sessions of the modalities for development of the GCM, as well as from the 24 elements contained in Annex II of the New York Declaration for Refugees and Migrants. To address this, in its 140th session in January 2017, the **WHO Executive Board requested that its Secretariat develop a framework of priorities and guiding principles to promote the health of refugees and migrants**. In May 2017, the World Health Assembly endorsed resolution 70.15 on 'Promoting the health of refugees and migrants'. The resolution encourages Member States to use the Framework of priorities and guiding principles to promote the health of refugees and migrants at all levels and to ensure that health is adequately addressed both in the Global Compact for Refugees (GCR) and the GCM. Based on the Framework, to further provide health resources for the development of the draft GCM, **WHO in close cooperation with IOM, ILO, OHCHR, UNAIDS, and other stakeholders**, developed the Proposed Health Component in the Global Compact for Safe, Orderly and Regular Migration. The **document proposes eight actionable commitments and the means of implementation...**."*

Devex - Child treatment, HIV prevention top UNAIDS priorities as it eyes SDG target

https://www.devex.com/news/child-treatment-hiv-prevention-top-unaids-priorities-as-it-eyes-sdg-target-91746

*"In an ambitious effort to end the AIDS epidemic by 2030, as set out by the Sustainable Development Goals, the United Nations has adopted a strategy that focuses on fast-tracking ending the disease among children, adolescents, and young women by 2020 through increased access to HIV prevention, treatment, care, and support services. Under the framework, "**Start Free, Stay Free, AIDS Free**," this three-tier initiative led by the Joint United Nations Programme on HIV and AIDS and the United States President's Emergency Plan for AIDS Relief met during the International Conference on AIDS and STIs in Africa, or ICASA, earlier this month to share global progress updates and hear from those impacted by the programming provided...."*

For more on **UNAIDS** (and its Board meeting from last week), see Board recognizes progress made by UNAIDS as an example of United Nations reform in action (recommended) & UNAIDS PCB discusses discrimination in health-care settings.

Devex – With new WHO director appointments, women outnumber men in senior leadership

https://www.devex.com/news/with-new-who-director-appointments-women-outnumber-men-in-senior-leadership-91800

"*Just before the year ended, World Health Organization Director-General Tedros Adhanom Ghebreyesus announced another set of officials to join his leadership team; nearly all of them women. The list of eight new appointees — which was not made available to the media but was seen by Devex earlier this week — include directors for some of the agency's biggest and newest programs….*"   This article has the names, and it also goes a bit more in detail on (the **process** around) the **new director of the WHO's Global Tuberculosis Program**, which was quite tricky as you might remember from last week (cfr: transparency). Dr. **Tereza Kasaeva** — who is currently the director of the Department of Medical Care in Russia's Ministry of Health — will replace Raviglione (who already retired).

A few tweets from **Pam Das** in this regard:

"*Women should also be appointed on merit, not gender alone. New #TB appointment has no technical credentials-not acceptable for such a position.*"

"*Unfortunately, so. No internal or external call for candidates, no consultation. She has no known international health experience, not a single publication in pubmed, but she did co-organise the ministerial TB meeting in Moscow!*"

Lancet (Comment) – Is WHO ready to improve its country work?

Anders Nordström; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33360-3/fulltext

You know this is a must-read, certainly also with a view on the new version of the 13th GPW of WHO, expected for 5 January. **Nordström lists 5 priorities for how to improve the work of WHO at country level.** The first one being: More senior staff with international expertise in WHO country offices.

G7 & Canada

Reuters – Canada G7 presidency to focus on women, gender equality: Trudeau

[Reuters](#);

"Canadian Prime Minister Justin Trudeau, who has made gender equality a priority, on Thursday said empowering women would be one of the main themes when Canada takes over the presidency of the Group of Seven next year…. … Trudeau said the other main themes for Canada's presidency were investing in growth that worked for everyone, preparing for jobs of the future, climate change and building a more peaceful and secure world."

See also [Canada's 2018 G7 Presidency: an integrated, progressive agenda.](#)

Lancet (Offline) –Are China's global ambitions good for global health?

Richard Horton ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33355-X/fulltext

Horton starts with the increasing lack of trust between Australia & China. And shows why this is also more than relevant for a Silk Road to health, if the latter is to materialize. He also dwells on recent meetings in Hong Kong & Beijing (with key observers, among others Laurie Garrett, Lincoln Chen, … giving their take on the new Belt & Silk Road).   (**must-read**)

On another note, it turns out **David Cameron** will play a role (in an investment initiative) with respect to the Silk & Belt Road. For more detail, see [David Cameron to lead £750m UK-China investment initiative](#).

IP-Watch - London Declaration Report Shows Progress But More Needed Against Neglected Tropical Diseases

https://www.ip-watch.org/2017/12/15/london-declaration-report-shows-progress-needed-neglected-tropical-diseases/

News from late last week. "*A newly released **report** by the wide-ranging joint **London Declaration initiative to fight neglected tropical diseases** shows **progress** in elimination of diseases and the number of people treated. **However, in order to reach universal health coverage, efforts have to be intensified,** according to the World Health Organization director general. The pharmaceutical industry, meanwhile, said it is ready to live up to its pledge made five years ago and expand donations programmes.*" You find the **report** here: [Reaching a Billion: **Ending Neglected Tropical Diseases: A gateway to Universal Health Coverage** - Fifth progress report on the London Declaration on NTDs](#).   (including a message by Tedros himself at the start of the report, making the link with UHC)

More **coverage** of the report, for example in **Thomson Reuters foundation** - [Success as 1 billion treated in battle against painful tropical diseases](#).

As a reminder: "*The **2012 London Declaration on Neglected Tropical Diseases**, set a **goal** of controlling, eliminating or eradicating 10 diseases, including leprosy and river blindness, by 2020.*"

"***More than one billion people were treated** in 2016 for painful infections, such as sleeping sickness and elephantiasis, as increased funding, drug donations and political will helped health workers reach patients in remote areas, it said. "**There are hundreds of millions more people getting treated now than five years ago,**" Ellen Agler, head of the END Fund, a philanthropic initiative to combat Neglected Tropical Diseases (NTD), told the Thomson Reuters Foundation in emailed comments. … … … **The number of people affected by NTDs has fallen to 1.5 billion** from almost 2 billion in 2011, the report by Uniting to Combat NTDs, a partnership backing the 2020 goal, said.*"

Stat – Experts call for use of Sanofi's dengue vaccine to be halted in most cases

https://www.statnews.com/2017/12/19/dengue-sanofi-vaccine/

« ***The use of the world's first dengue vaccine should be temporarily suspended except in limited circumstances** because of concerns that it could put some people at heightened risk of severe disease, **according to prominent public health experts**. That step, they say, is necessary after studies showed that the vaccine, manufactured by Sanofi Pasteur, can have an unfortunate effect: worsening — rather than preventing — future cases of dengue in some people who had not previously been infected with it. **The experts, who include the co-chair of a technical group that advised the World Health Organization on the vaccine, said only people known to have contracted the disease** — that is, those whose medical records confirm previous infection — **should be offered the vaccine at this time. …**"*

AMR

Guardian - Marks & Spencer is first supermarket to publish data on antibiotics in supply chain

https://www.theguardian.com/environment/2017/dec/20/marks-spencer-is-first-supermarket-to-publish-data-on-antibiotics-in-supply-chain?CMP=share_btn_tw

"*Marks & Spencer has become the first supermarket chain in the UK to publish details of the use of antibiotics in its farm supply chain, in a step towards reducing the use of vital human medicines in livestock-rearing….*"

Foreign Policy - U.N. Human Rights Chief To Leave, Citing 'Appalling' Climate for Advocacy

http://foreignpolicy.com/2017/12/20/u-n-human-rights-chief-to-leave-citing-appalling-climate-for-advocacy/

""*The U.N.'s top human rights advocate told his staff that he will not seek a second term, citing concern that his voice would be silenced in an age when the United States and other world powers are retreating from their historical commitment to human rights*. *Zeid Ra'ad Hussein*, *a Jordanian prince and former ambassador who served as a U.N. political officer during the Bosnian war, announced his plan in an end-of-year email to employees of the Geneva-based human rights agency. His term ends in the summer of 2018….*" " … … *Zeid's letter raised questions about the ability of the United Nations to play a role as a champion of human rights. U.N. Secretary General Antonio* **Guterres has displayed a reluctance to speak out on human rights abuses by powerful governments, preferring to work behind the scenes** *with the United States and other key powers to defuse conflicts, such as the nuclear standoff in North Korea, that could lead to conflict and large scale violence. And Guterres has previously urged Zeid to tone down his critics of Trump, fearing it could risk losing U.S. support for the United Nations….*"

Health Systems Governance Collaborative - Reflections on the UHC Forum 2017 in Tokyo

https://hsgovcollab.org/en/news/reflections-uhc-forum-2017-tokyo

The **HS Governance Collaborative's take on the Tokyo UHC forum** from last week. From the latest issue of the HS Governance Collaborative newsletter.

"*The UHC Forum took place in the week on which UHC day fell, on which the sobering World Health Organization and World Bank Tracking Universal Health Coverage monitoring report 2017 appeared*. **This report forced everybody back to planet earth**. *At least half of the world's population lives without proper access to essential health services. … In response, and after the '***Bold Moves: new Governance and Partnerships*** for UHC ' session, HS Governance Collaborative came up with a* Bold Moves mini-manifesto. "…***This Manifesto touched upon a number of deeper transformations which are urgently needed in our global health arena, and which pertain to the Tokyo Forum as well.*** *Any programme of acceleration of UHC efforts would have to address the following:* **power inequities, turning the tables, moving our scope of attention way beyond health, strategies fit for purpose? Governance much more in the forefront**."

If you also want to look back at the Tokyo UHC Forum from last week

We reckon by now you have already gone in detail through the **Tokyo Declaration** but you might also want to **rewatch videos** of the High-Level sessions. See Youtube (*although, frankly, the last thing I would want to do in the final week of the year is watching Tim Evans & co*)

As another reminder, this **IISD** article also gives a good (short) recap of the 2 **UN resolutions from last week** UNGA Adopts Resolutions on **2019 Health Summit** and **Universal Health Coverage Day**.

"The UN General Assembly adopted a resolution calling for all people to have equal access to health services, and agreeing to hold a high-level meeting on universal health coverage in 2019. Another General Assembly resolution establishes 12 December as Universal Health Coverage Day. The Government of Japan is contributing US$2.9 billion towards universal health coverage in developing countries."

As for the **Alliance at the UHC Forum**, see this [short report](#). With focus on 2 panel discussions, **Domestic Financing for HPSR: Key to UHC** & **Embedding Health Systems Research within Health Systems to Achieve UHC**.

Key publications of the week

HP&P - How to assess and prepare health systems in low- and middle-income countries for integration of services—a systematic review

Steph Topp, Seye Abimbola et al; https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czx169/4759471?searchresult=1

"Despite growing support for integration of frontline services, a lack of information about the pre-conditions necessary to integrate such services hampers the ability of policy makers and implementers to assess how feasible or worthwhile integration may be, especially in low- and middle-income countries (LMICs). We adopted a modified systematic review with aspects of realist review, including quantitative and qualitative studies that incorporated assessment of health system preparedness for and capacity to implement integrated services. … … We identified five 'context' related categories and four health system 'capability' themes. The contextual enabling and constraining factors for frontline service integration were: (1) the organizational framework of frontline services, (2) health care worker preparedness, (3) community and client preparedness, (4) upstream logistics and (5) policy and governance issues. The intersecting health system capabilities identified were the need for: (1) sufficiently functional frontline health services, (2) sufficiently trained and motivated health care workers, (3) availability of technical tools and equipment suitable to facilitate integrated frontline services and (4) appropriately devolved authority and decision-making processes to enable frontline managers and staff to adapt integration to local circumstances. Moving beyond claims that integration is defined differently by different programs and thus unsuitable for comparison, this review demonstrates that synthesis is possible. It presents a common set of contextual factors and health system capabilities necessary for successful service integration which may be considered indicators of preparedness and could form the basis for an 'integration preparedness tool'."

WHO – Addressing inequalities on the road to 'health for all' in Indonesia

http://www.who.int/features/2017/addressing-inequalities-indonesia/en/

*"**WHO has published its first ever joint report with a Member State** presenting a **comprehensive assessment of health inequalities within a country**. Age, sex, economic status, education and where a person lives, can all affect peoples' state of health and access to health services. State of health inequality: Indonesia identifies priority areas for action to ensure that, when it comes to essential health, 'no one is left behind'."*   You find the report [here](#).

Global Health Watch 5 (GHW5) available now!

http://www.phmovement.org/en/node/10778

Guess you all know 'Global Health Watch'. As for this fifth edition, "… *While the book covers a very large canvas**, this edition has a particular focus on two areas***: the recently announced SDGs; and the rapid transition on global governance for health from a nation driven process to one that promotes the influence of private foundations, consultancy firms and corporations."*

The Editorial group of Global Health Watch 5 comprises: **Anne-Emanuelle Birn; Chiara Bodini; David Legge; David McCoy; David Sanders; N.B. Sarojini; Pol de Vos; Amit Sengupta**.

If it didn't have a bit of a neoliberal connotation, I'd say, a real "Champions League" team :)

Surrogate endpoints in global health research: searching for silver bullets?

Madhukar Pai; https://naturemicrobiologycommunity.nature.com/users/20892-madhukar-pai/posts/28735-surrogate-endpoints-in-global-health-research-searching-for-silver-bullets

This piece caused quite some Twitter traffic this week. "*In clinical research, there is widespread acceptance that surrogate endpoints might not translate into long-term benefits (e.g. lives saved). But in global health, we are often stunned when improvements in surrogate endpoints do not save lives. We do this, despite knowing that silver bullets don't work in global health*."

Pai thus argues that **we should also worry about "surrogate endpoints" in global health** (like in clinical research). He focuses on two relatively recent cases*: "….The first is the case of a new tuberculosis detection technology called Xpert MTB/RIF, an automated, molecular test for TB and drug-resistance. …. … Another example is the recent large trial in India of the WHO Safe Childbirth Checklist, a quality-improvement tool, that promotes systematic adherence to practices that have been associated with improved childbirth outcomes…."*

LSE impact Blog – Recognizing interdisciplinary expertise: is it time we established the integration and implementation sciences

http://blogs.lse.ac.uk/impactofsocialsciences/2017/12/14/recognising-interdisciplinary-expertise-is-it-time-we-established-the-integration-and-implementation-sciences/

Tweeted by Lucy Gilson, among others. "*Embedding interdisciplinarity into the academic mainstream has proved a constant challenge. **Gabriele Bammer** asks **whether it might help to define the relevant expertise as a new discipline**, one that recognises important skills such as the ability to combine knowledge from different disciplines, determine which disciplines and stakeholders have valuable perspectives, examine how elements of problems are interconnected, assess the likely consequences of critical unknowns, and use research to support evidence-based change**. Integration and implementation sciences (I2S)** would codify such knowledge and skills, proving especially valuable to teams tackling complex societal and environmental problems*."

Food Policy (Viewpoint): Soda taxes – Four questions economists need to address

R Cornelsen et al;
https://www.sciencedirect.com/science/article/pii/S0306919217308837#.Wjqx8paOrBA

"The popularity of soda taxes as a public health policy has grown rapidly in the last few years. While the evidence that the tax works in reducing the purchases of soda is emerging, there are a number of questions that are yet to be answered before the broader effectiveness of this measure can be determined. Beyond health effects, there is more specifically a need to better understand the economic mechanisms of change, redistributive effects, as well as causal and spillover effects in food systems and economy more broadly."

Global governance of health

Brookings (report) - Who funds which multilateral organizations?

https://www.brookings.edu/wp-content/uploads/2017/12/global-views-who-funds-multilaterals.pdf

*"… As a reference point for mapping the multilateral landscape, **this policy brief presents a global snapshot of how countries—plus the Bill & Melinda Gates Foundation (BMGF)—have recently been allocating approximately $63 billion per year in direct, recurrent grant funding across 53 major multilateral entities.** The latter includes 34 U.N. organizations and 19 organizations generally considered separate from the U.N. system. By estimating average annual funding flows during the 2014-2016 period, we consider two basic questions. First, how much does each funder allocate to each organization? Second, what is the relative importance of each funder to each organization? This allows us to assess which funders are the "big fish" in each organization's funding "pond," and how that "fish factor" compares across organizations. To our knowledge, this is the first study to construct a broadly comprehensive recent snapshot of direct annual grant financing across the majority of large multilateral institutions…."*

Amnesty International appoints Kumi Naidoo as next Secretary General

https://www.amnesty.org/en/latest/news/2017/12/kumi-naidoo-next-amnesty-international-secretary-general/

"Amnesty International has appointed Kumi Naidoo as the next Secretary General of the global human rights movement. From August 2018 Kumi will succeed Salil Shetty, who served two terms as Secretary General from 2010."

PMNCH – PMNCH Board signals continued commitment to closer alignment among core partners of *Every Woman Every Child*

http://www.who.int/pmnch/media/news/2017/continued-commitment/en/

"*The **PMNCH** Board has expressed its continued commitment to **closer alignment with Every Woman Every Child (EWEC)** partners, at its **21st Board meeting in Lilongwe, Malawi, 13-14 December,** the Board expressed its appreciation for the development of a recent independent consultancy report led by Dr Peter Colenso, and agreed to formulate a PMNCH position paper in response. The Board also committed to developing a value-added proposition document to clearly delineate PMNCH's role and functions in the context of Every Woman Every Child, and to convene a meeting of senior leaders of EWEC partners to undertake further discussions. The timeline for completing this process is Q2 2018….*"

CGD (blog) - Fifteen Years Isn't That Long: The SDGs and Holistic Development

Charles Kenny; https://www.cgdev.org/blog/fifteen-years-isnt-long-sdgs-and-holistic-development

Interesting blog (and question). "*Over the last few weeks a couple of (fantastic) co-authors and I have published two papers about progress towards the SDGs (links below). Working on the papers has helped me **think through what a short time fifteen years is in development, and how much a timeframe can shape what is seen as the best solution to a problem.** And they raise the **question:** **do the fifteen year targets of the SDGs stand in the way of their vision of integration and sustainability?** If you wanted to achieve long term development progress, you'd probably focus on **technology change, learning and innovation in policies, and improving institutional functioning.** If you wanted to improve outcomes in fifteen years, you'd probably focus on throwing money at **technical solutions.** The problems with the second approach include that we don't have the money, and the technical solutions won't necessarily work best over the long term….*"

In other SDG related news, you might also want to read (on IISD) - GSDR Experts Discuss Paths to SDG Achievement "*The **independent group of scientists to draft the 2019 edition of the quadrennial Global Sustainable Development Report** met in Helsinki, Finland, to identify paths that could bring the changes required to achieve the SDGs….*"

Eurodad (report) - Financing for Development: What can be achieved at the 2018 FfD Forum?

http://www.eurodad.org/FfD-Forum-2018

"*The Addis Ababa Agenda for Action (AAAA), agreed in 2015, was supposed to provide the framework for how the world would finance the SDGs. Additionally, through the Paris Climate Agreement, governments have committed to strengthening the global response to climate change.*

*However, it is now clear that current policies are not delivering the economic step-change needed if we are to achieve the SDGs. The **next annual United Nations Financing for Development (FfD) Forum** - a key space for UN member governments to draw conclusions and agree further actions to reform the global financial and economic system in order to meet the ambition of the SDGs - **will take place in April 2018.** This paper sets out **Eurodad's position on current FfD challenges, proposes a limited number of concrete reforms, and suggests key tests** that the 2018 Forum must meet if it is to be regarded a success."*

Project Syndicate - The Climate-Conflict Nexus

M H Zaman; https://www.project-syndicate.org/commentary/climate-change-conflict-public-health-by-muhammad-hamid-zaman0-2017-12

"***The scientific and public-health communities must work urgently to deepen their understanding of the integrated challenges of conflict and climate change***. *The first step is a clear-eyed assessment of the current state of affairs, which will surely produce a harsh reality check regarding the resilience and effectiveness of existing solutions.*"

Global Justice Now - EU attempts to sabotage UN corporate treaty process

http://www.globaljustice.org.uk/news/2017/dec/19/eu-attempts-sabotage-un-corporate-treaty-process

Apparently, the EU delegation to the United Nations General Assembly's Fifth Committee, which deals with budgetary matters, is trying to **eliminate the financing** of the **Human Rights Council's intergovernmental working group (IGWG) mandated to draft a legally binding instrument on transnational corporations (TNCs) and human rights**.

Global Fund - Stop TB and Global Fund Deepen Cooperation to Find Missing Cases of TB

https://www.theglobalfund.org/en/news/2017-12-18-stop-tb-and-global-fund-deepen-cooperation-to-find-missing-cases-of-tb/

"***The Stop TB Partnership and the Global Fund [today] signed a new collaboration agreement to contribute towards the goal of finding and treating an additional 1.5 million people with tuberculosis who are currently missed by health systems***. *Under the **TB Strategic Initiative**, the Stop TB Partnership will work with national TB programs and partners in 13 countries, providing technical support through a combination of innovative approaches and best practices to remove barriers to accessing TB services, with a particular focus on key populations and vulnerable groups.*"

Oxfam (research backgrounder) – The rise of populism and its implications for development

N Galasso et al; https://policy-practice.oxfamamerica.org/static/media/files/The_Rise_of_Populism_and_its_Implications_for_Development_NGOs.pdf

Well worth a read, I guess, for many readers of this newsletter.

Guardian - 'Illegal and primitive': Pakistan expels foreign aid groups in droves

https://www.theguardian.com/global-development/2017/dec/18/illegal-primitive-pakistan-expels-29-foreign-aid-groups

"*The Pakistani government has ordered a number of foreign charities and rights groups to close down their operations and leave the country by the end of January. Over the past few days, the interior ministry has sent letters to 29 major international non-government organisations (INGOs), **including Action Aid and Marie Stopes**, telling them to shut their offices and leave within 60 days….*"

Global Public Health – Philanthropy and the nation-state in global health: The Gates Foundation in India

M Mahajan; http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1414286

"*In recent years, philanthropic actors such as the Gates Foundation have been understood as commanding sweeping influence in global health. They have been associated with the outsourcing of public health services, shifting of policy priorities, and the eventual sidelining of national governments. This article makes a different argument about the impact of global philanthropic actors. **It focuses on the work of the Gates Foundation in India over the last decade and a half, tracing how the foundation initially circumvented the national government but then moved on to a discourse of partnership**. Ironically, after an early discounting of the role of the government, the foundation later sought to transition its programmes to the state. The foundation's evolving trajectory reflects its experiences on the ground and also the difficulties of realising its original ambitions. While the foundation's work in India is marked by ebbs and flows, the state's institutions remain constant. **The article argues that there is not always a straightforward marginalisation of the government vis-à-vis global philanthropic actors. Actors such as the Gates Foundation, perceived as enormously powerful in global health institutions in Geneva and New York, may have a far more qualified impact in large developing countries such as India**.*"

(e-)Book: Civil society and health: Contributions and potential [Internet].

SL Greer et al; https://www.ncbi.nlm.nih.gov/pubmed/29064647

With focus on Europe. *"Civil society organizations (CSOs) can make a vital contribution to public health and health systems, but harnessing their potential is complex **in a Europe** where government-CSO relations vary so profoundly. **This study is intended to outline some of the challenges and assist policy-makers in furthering their understanding of the part CSOs can play in tandem and alongside government.** To this end it analyses existing evidence and draws on a set of seven thematic chapters and six mini case studies. They examine experiences from Austria, Bosnia-Herzegovina, Belgium, Cyprus, Finland, Germany, Malta, the Netherlands, Poland, the Russian Federation, Slovenia, Turkey and the European Union and make use of a single assessment framework to understand the diverse contexts in which CSOs operate. **The evidence shows that CSOs are ubiquitous, varied and (typically) beneficial. The topics covered in this study reflect such diversity of aims and means: anti-tobacco advocacy, food banks, refugee health, HIV/AIDS prevention, and social partnership**. CSOs make a substantial contribution to public health and health systems with regards to policy development, service delivery and governance. This includes evidence provision, advocacy, mobilization, consensus building, provision of medical services and of services related to the social determinants of health, standard setting, self-regulation and fostering social partnership. Engaging successfully with CSOs means governments making use of adequate tools and creating contexts conducive to collaboration. **This book guides policy-makers working with CSOs** and helps avoid some potential pitfalls. **The editors outline a practical framework for such collaboration** which suggests identifying key CSOs in a given area; clarifying why there should be engagement with civil society; being realistic as to what CSOs can or will achieve; and an understanding of how CSOs can be helped to deliver."*

NYT – A Woman's voice for Women at the UN agency for Reproductive Rights

https://www.nytimes.com/2017/12/15/world/americas/natalia-kanem-profile-unfpa.html?smid=tw-nytimesworld&smtyp=cur&mtrref=t.co&gwh=A0CE5904F656DD54BE9E043D99597CD5&gwt=pay

Profile of **Natalia Kanem**, the new UNFPA executive director.

European Journal of Risk Regulation - Special Issue on the EU Public-Health-Security Nexus

https://www.cambridge.org/core/journals/european-journal-of-risk-regulation/latest-issue

Read especially **The emerging health security nexus in the European Union** (by Hylke Dykstra et al)

IP-Watch - Former Medicines Patent Pool Head Greg Perry Joins Pharmaceutical Industry

https://www.ip-watch.org/2017/12/15/former-mpp-head-greg-perry-become-ifpma-assistant-director-general/

Interesting move.

Devex - Global Fund and Gavi to become roommates in cost-saving drive

https://www.devex.com/news/global-fund-and-gavi-to-become-roommates-in-cost-saving-drive-91702#.WjPRl-corS8.twitter

"*Major global health players are gearing up to change where and how they work, with the **launch of a new Health Campus, due to open in Geneva in March 2018**. The campus will bring together the **Global Fund, Gavi, the Vaccine Alliance, Unitaid and other health organizati**ons already based in the city with the twin goals of fostering synergies and reducing costs….*"

CFR (expert brief) - Desperately Seeking Sherpas: Ten Global Summits to Watch in 2018

Patrick Stewart; https://www.cfr.org/expert-brief/desperately-seeking-sherpas-ten-global-summits-watch-2018

"*The Trump administration's approach to ten critical global summits in the year ahead will show whether its pullback from multilateralism in 2017 was an aberration or the start of a new normal.*"

University of Oslo Bibliography - Extractive Industries and Health, A Bibliography for the Independent Panel on Global Governance for Health

http://www.uio.no/english/research/interfaculty-research-areas/globalgov/globalgov-for-health/publications/2017/bibliography%3A-global-health-and-extractive-industr.html

"*This bibliography compiles more than 1,000 publications on the extractive industries and health found through a thorough review of grey and peer-reviewed literature.*"

Devex – A new class of UN leaders takes the helm

https://www.devex.com/news/a-new-class-of-un-leaders-takes-the-helm-91789

With some analysis of the first months (and what's in store next year) of/for dr. Tedros, David Beasley (World Food Programme), Achim Steiner (UNDP), a Natalia Kanem (UNFPA).

Reuters - Trump threatens to cut aid to U.N. members over Jerusalem vote

Reuters;

"U.S. President Donald Trump on Wednesday threatened to cut off financial aid to countries that vote in favor of a draft United Nations resolution calling for the United States to withdraw its decision to recognize Jerusalem as Israel's capital…."

Cfr a **tweet from Laurie Garrett** –*" Trump's threat to cut off foreign aid to countries that vote against US in @UN Security Council tomorrow re #Jerusalem is unprecedented. No #POTUS has ever told countries we'll stop health or food aid unless you vote the way we demand. **Blackmail**."*

UHC

Global Health Hub - How do political considerations shape Universal Health Coverage?

Taylor Williamson; http://www.globalhealthhub.org/2017/12/17/how-do-political-considerations-shape-universal-health-coverage/

If Rob Yates recommends a piece on (the politics of) UHC, who are we to disagree? Nice one indeed.

World Bank Injects $105 Million to Improve Primary Health Care in Underserved Areas of Mozambique

http://www.worldbank.org/en/news/press-release/2017/12/20/world-bank-injects-105-million-to-improve-primary-health-care-in-underserved-areas-of-mozambique?cid=EXT_WBSocialShare_EXT

"The World Bank approved today $105 million equivalent in non-reimbursable grants for the Government of Mozambique's Primary Health Care Strengthening Program-for-Results. Of this

amount, $25 million equivalent is provided by the Global Finance Facility (GFF)*, and $80 million comes from the International Development Association (IDA)**. …”

Lancet Global Health - Social franchising: whatever happened to old-fashioned notions of evidence-based practice?

Z Mumtaz; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30501-6/fulltext

Comment on a new study in the Lancet Global Health. *“**Social franchising**, which draws on principles of commercial franchising for achieving socially beneficial ends, is based on the premise that organising private sector health-care providers under a standardised, branded set of services will improve the quality and accessibility of services. **The popularity of the idea can be gauged by its rapid growth worldwide: the number of social franchises have doubled every 4 years since 1994, and, by 2015, more than 90 such programmes existed in 40 low-income and middle-income countries**. Major donors—USAID, UKAID, the Bill & Melinda Gates Foundation, and the Norwegian Agency for Development Cooperation (NORAD)—have invested millions of dollars in these franchises in low-income and middle-income countries. The **Article by Sarah Tougher and colleagues in The Lancet Global Health, however, should give us reason to pause**. These investigators show, with rigorous quasi-experimental methods, that **the Matrika Social Franchise Model**—a multifaceted intervention aimed at strengthening the private sector to improve coverage and quality of maternal, newborn, and reproductive health services in Uttar Pradesh, India—**did not have any measurable effect on the outcomes under study.** “… “* Read why that's important.

BMC Health Services Research (supplement) - Implementing, improving and learning: cross-country lessons learned from the African Health Initiative

L Hirschorn, Abdul Ghaffar et al;
https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2655-8

Introduction of this **new Supplement**. *“… In 2009, the Doris Duke Charitable **Foundation's African Health Initiative (AHI)** funded five partnerships between US-based academic institutions and the public sector in Tanzania, Ghana, Zambia, Mozambique and Rwanda to design, implement and study multifaceted interventions, specific to their country context, to improve primary care. The Initiative also required the integration of implementation research as a means for embedding learning in the service delivery process….”* This intro has the overview of the supplement.

Planetary health

Guardian - China aims to drastically cut greenhouse gas emissions through trading scheme

https://www.theguardian.com/environment/2017/dec/19/china-aims-to-drastically-cut-greenhouse-gas-emissions-through-trading-scheme

Encouraging news you probably already know. " *The world's biggest emitter of greenhouse gases, China, has launched the world's biggest ever mechanism to reduce carbon, in the form of an emissions trading system*. *China's top governmental bodies on Tuesday gave their approval to plans for a carbon trading system that will initially cover the country's heavily polluting power generation plants, then expand to take in most of the economy*…." A key question now: can China now 'peak' earlier than by 2030?

UN Dispatch - The Omission of "Climate Change" from the New US National Security Strategy Could Have Broad Diplomatic Consequences

https://www.undispatch.com/omission-climate-change-new-us-national-security-strategy-broad-diplomatic-consequences/

"*Earlier this week, Donald Trump put out a National Security Strategy that made no mention of climate change*. *This struck some observers as curious, given that many of his top generals — including Secretary of Defense James Mattis — have gone on the record stating that climate change is indeed a threat to national security. The impact this omission will have on America's actual security posture is likely to be muted. But **the diplomatic impact could be profound**. … … The one area where the document will likely matter is US diplomacy and foreign policy, where it could deepen the diplomatic damage done when the US announced its intention to pull out of the Paris Climate Agreement. The **role of climate change in conversations around global security is an area in which world leaders have still been able to engage with the Trump administration**, despite the president's unyielding climate skepticism. "It was the one space where our partners and allies might have still held out hope that the US would focus attention and maintain some leadership, whether at the UN Security Council or in other fora," says Francisco Femia, director of the Washington, DC-based Center for Climate and Security. "To withdraw even from that space demonstrates to our partners and allies that we're not serious at all about this issue."…*"

The Conversation - Climate change will displace millions in coming decades. Nations should prepare now to help them

G Azhar; https://theconversation.com/climate-change-will-displace-millions-in-coming-decades-nations-should-prepare-now-to-help-them-89274

Recommended. "… *By the middle of this century, experts estimate that climate change is likely to displace between 150 and 300 million people. … … Yet neither individual countries nor the global community are completely prepared to support a whole new class of "climate migrants." As a physician and public health researcher in India, I learned the value of surveillance and early warning systems for managing infectious disease outbreaks. Based on my current research on health impacts of heat waves in developing countries,* **I believe much needs to be done at the national, regional and global level to deal with climate migrants**. …"*

See also the **Guardian** - [Devastating climate change could lead to 1m migrants a year entering EU by 2100](#)

Based on new research. "*Devastating climate change could lead to 1million migrants a year entering EU by 2100…*"

FT - Global natural disaster costs more than double to $136bn in 2017

https://www.ft.com/content/47b822a3-b24b-387a-a718-7ee058c8abc0

"*Natural and man-made disasters caused **$136bn of insured losses in 2017**, the third highest on record, according to new estimates from Swiss Re. The reinsurance group said on Wednesday that the 2017 total would be over double the 2016 figure and well above the 10 year average of $58bn….*"

Project Syndicate - The Meaty Side of Climate Change

S Sharma; https://www.project-syndicate.org/commentary/climate-change-meat-and-dairy-industry-impact-by-shefali-sharma-2017-12

"*Carbon majors," like big oil and gas companies, have long been the focus of efforts to curb climate change and stem rising temperatures. And yet, while energy giants like Exxon and Shell have drawn fire for their roles in warming the planet,* **the corporate meat and dairy industries have largely avoided scrutiny**. …" That (and the double standards) need(s) to change, S Sharma argues. "… *To bring attention to this issue, the Institute for Agriculture and Trade Policy, GRAIN, and Germany's Heinrich Böll Foundation recently teamed up to* **study the "supersized climate footprint" of the global livestock trade**. *What we found was shocking.* **In 2016, the world's 20 largest meat and dairy companies emitted more greenhouse gases than Germany**. *If these companies were a country, they would be the world's seventh-largest emitter….*"

The Conversation - Lab-grown meat could let humanity ignore a serious moral failing

Ben Bramble; https://theconversation.com/lab-grown-meat-could-let-humanity-ignore-a-serious-moral-failing-88909?utm_source=twitter&utm_medium=twitterbutton

Interesting piece on the ethics of human's transformational switches (like on lab-grown meat, climate change, …). Although there are many advantages, *"… **There is… a major problem with lab-grown meat: a moral problem.** … … Factory farming causes billions of animals to live and die in great pain each year. Our response has been almost total indifference and inaction and, despite the rise of vegetarianism and veganism in some quarters, more animals are killed today for food than ever before. This does not reflect well on us, morally speaking, and history will not remember us kindly. **The moral problem stems from the fact that we will likely switch over to lab-grown meat because it is cheap, or thanks to its benefits for human health or the environment. That is, we will do it for our own sake and not for the sake of animals**…."*

And some quick links:

Club of Rome publishes a major new report on the governance of "Spaceship Earth"

"*New book **Come On!** proposes an overhaul in the way that governments, businesses, financial systems, innovators and families interact with our planet*."

Planetary Health Alliance – latest Planetary health Newsletter

https://www.theguardian.com/us-news/2017/dec/18/trump-drop-climate-change-national-security-strategy

ODI (comment) - **One Planet**: was Macron's summit value-added?

Reuters - W**orld Bank invests $4.5 billion to arm cities** against climate change

"*Cash-short cities with big ambitions to protect themselves from climate change will be able to tap into $4.5 billion in loans and technical support from the World Bank, working with a global alliance of cities and local governments. Over the next three years, the scheme aims to help 150 developing-world cities pull in more capital from the private sector, to cover the costs of keeping their infrastructure and communities safe from wilder weather and rising seas….*"

Infectious diseases & NTDs

Lancet (Correspondence) – WHO leadership is essential for the elimination of NTDs

L Savioli et al ; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33300-7/fulltext

"The second director of the Department of Control of Neglected Tropical Diseases (NTDs) of WHO retired at the end of September, 2017. He was appointed in 2014 to ensure administrative stability after 9 years of innovative growth of this WHO department, which was established in 2005 after the retirement of the first director. Sustaining the momentum for elimination of NTDs requires a timely appointment of a new director to lead an effective Department of NTDs in WHO…."

Washington Post - U.S. lifts research moratorium on enhancing germs' danger

Washington Post;

*" The [**US] government Tuesday lifted a three-year moratorium** on funding for research into ways that certain viruses can be made more virulent and transmissible, announcing **a new plan for assessing applications to study these and other dangerous pathogens**. The new policy for pathogens capable of creating a pandemic will allow researchers who want to study them to apply for funding through the new process outlined by the Department of Health and Human Services…."* That process will be rather strict. See also the **NYT** - A Federal Ban on Making Lethal Viruses Is Lifted.

NYT – In polio's worst-hit district, vaccinators strain for access

NYT ;

Cfr a tweet: *"New reporting from @nytimes highlights persistent challenges around polio eradication in conflict settings."*

See also **Xinhua News** - Polio cases reach 12 in Afghanistan so far this year

NEJM (Perspective) – Plague in Madagascar — A Tragic Opportunity for Improving Public Health

PS Mead; http://www.nejm.org/doi/full/10.1056/NEJMp1713881?query=featured_home

"The plague outbreak in Madagascar seems to be subsiding, but it raises important questions. How big was it really? Which components of the response actually helped and which did not? And how can we best advance development and validation of better tests and treatments?"

Lancet Global Health - Collision of communicable and non-communicable disease epidemics—the case of HIV and COPD

M Stolbrink et al; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30489-8/fulltext

"In this issue of The Lancet Global Health, Jean Joel Bigna and colleagues report the results of their systematic review and meta-analysis of studies of chronic obstructive pulmonary disease (COPD) in people with HIV…." This the accompanying comment.

Duke – When the U.S. Spends More on Fighting a Disease, the Rest of the World Spends Less

[Duke](#);

*"When the U.S. spends more to research cures for a **neglected disease,** other countries spend less on that same disease, according to **new research from Duke University's Fuqua School of Business.** Professor **David Ridley** found a 10 percent increase in U.S. funding was associated with a 2-3 percent reduction by other governments. It is the first time the effects of changes in U.S. research funding on other countries has been measured…."* For the paper, see [Strategic interaction among governments in the provision of a global public good](#).

Brookings (report) – Promoting private sector involvement in neglected tropical disease research and development

J Barofsky et al; [Brookings](#);

*"…In this report, Jeremy Barofsky and Jake Schneider explore the current drug and vaccine development environment for NTDs and investigate ways to stimulate more investment. This is the fourth in a series of reports in the Brookings Private Sector Global Health R&D Project on ways to strengthen private investment to expand available drugs and vaccines against NTDs. Earlier reports examined health R&D spending levels, the literature on barriers to investment, and health governance. **This analysis focuses on specific examples of successful or promising NTD drug and vaccine development, tells the story of how novel compounds are being turned into viable products, and describes the private sector's role**…."*

Plos Med - Estimated clinical impact of the Xpert MTB/RIF Ultra cartridge for diagnosis of pulmonary tuberculosis: A modeling study

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002472

"In this modelling study, Emily Kendall and colleagues estimate the potential for increased tuberculosis case-finding as well as unnecessary treatments when adopting the more sensitive Xpert Ultra cartridges for detecting TB in settings of high and low prevalence."

And **some quick links**:

- Reuters Health - **Thailand battles drug-resistant malaria strains that imperil global campaign**.

- PAHO - Update on Yellow Fever: "*Between January 2016 and December 2017, seven countries and territories of the Region of the Americas reported confirmed cases of yellow fever*: the Plurinational State of Bolivia, Brazil, Colombia, Ecuador, French Guiana, Peru, and Suriname. The number of human cases and epizootics collectively reported in this period in the Region of the Americas is the **highest observed in decades**. The observed increase is **as much related to an ecosystem favorable to the dissemination of the virus as to the unimmunized populations**…."

- Reuters - Ebola victims sue Sierra Leone government over mismanaged funds.

- polio discovered at Melbourne sewerage plant "*The polio virus has been detected in Melbourne's sewerage system, prompting health authorities to issue a warning about the importance of vaccinations.*"

- **Suspected cholera cases in Yemen hit 1 million: ICRC** (Reuters)

NCDs

BMJ (blog) - A public health witch hunt—bad for everybody

Richard Smith; BMJ Blog;

Richard Smith blogs – again – on **Derek Yach**, this time related to a **story in The Wire**, on 13 December, about **Derek Yach's email-list, targeting health professionals with grant money**. (see: Exclusive: Philip Morris Funded Anti-Smoking Foundation Targeting Public Health Leaders With Grants).

Smith is not convinced a witch hunt against Yach (and his Foundation) is the way to go. I'm not entirely convinced by his blog, as you can imagine – one of the key weaknesses is the filthy track record of Big Tobacco in the many parts in the world where e-cigarettes aren't yet introduced; or in Smith's own words, "**Unfortunately there is also a business logic to continuing to block attempts to reduce cigarette consumption in markets where e-cigarettes have yet to make inroads**." Still, worth a read.

But do read also the story in the Wire - here and the **follow-up story** (also in the Wire) **Public Health Leaders Ask to Be Removed From Mailing List** of Foundation Offering Them Tobacco-Funded Grants. Among the people who asked to be removed from the list: Ilona Kickbusch, Srinath Reddy, …

And for the ones who really really can't stand Derek Yach, here's a Comment on the Lancet's correction to Derek Yach's article Foundation for a smoke-free world (by J Liberman)   Meanwhile, the Foundation seems to keep the uncorrected version on its website.

PS: on this debate, you might also want to read (in **the Economist**) - The tobacco paradox

"Combustible cigarettes kill millions a year. Can Big Tobacco save them? New, safer products such as heated-tobacco devices and e-cigarettes mean the **tobacco industry could become less of a public-health enemy**…"

Devex - Global tobacco protocol short of 6 countries to become international treaty in 2018

https://www.devex.com/news/global-tobacco-protocol-short-of-6-countries-to-become-international-treaty-in-2018-91677

*"Illicit trade in tobacco products is costing governments billions of dollars, and is undermining global efforts toward tobacco control. A protocol aimed at eliminating tobacco illicit trade aims to address this, but five years since its adoption, it has yet to gather enough support to come into force. The **Protocol to Eliminate Illicit Trade on Tobacco** is the first protocol under the Framework Convention on Tobacco Control, and was adopted in November 2012 by parties to the convention. … … But to date, only 34 countries party to the convention have ratified it. And in Asia Pacific, where billions of dollars are lost to government revenues from illicit tobacco trade, only one country, Mongolia, has ratified the protocol. "**We need 40 parties before the protocol can become an international treaty**," Austin Rowan, an expert on tobacco illicit trade, said during a roundtable meeting on the subject at the World Health Organization's regional office in Western Pacific. And this **needs to happen by July 2, 2018**, 90 days before the start of the eighth session of the parties to the FCTC taking place in October 2018 in Geneva. If not, parties to the protocol will have to wait until 2020 to commence a meeting…."*

Vital Strategies (report) – Fool me Twice

https://www.vitalstrategies.org/foolmetwice/FoolMeTwice_Report.pdf

Cfr a tweet: ""*Fool Me Twice" - A new #NCDs advocacy report by Vital Strategies finds **food, soda and alcohol industries** are now using #BigTobacco's playbook*. "

Don't know whether they also have access to Derek Yach's email list :)

WHO - Governance: Development of a draft global action plan to promote physical activity

http://www.who.int/ncds/governance/physical_activity_plan/en/

*… the WHO Secretariat has prepared an **updated Draft 2 of the global action plan** for submission to the Executive Board 142nd Session in January 2018*."

BMJ Global Health - Does greater individual social capital improve the management of hypertension? Cross-national analysis of 61 229 individuals in 21 countries

B Palafox, M McKee et al ; http://gh.bmj.com/content/2/4/e000443

"*Social capital, characterised by trust, reciprocity and cooperation, is positively associated with a number of health outcomes. **We test the hypothesis that among hypertensive individuals, those with greater social capital are more likely to have their hypertension detected, treated and controlled.**" Based on data from 21 countries. Findings: "*In low-income countries, membership of any social organisation was associated with a 3% greater likelihood of having one's hypertension detected and controlled, while greater trust in organisations significantly increased the likelihood of detection by 4%. These associations were not observed among participants in high-income countries.*" Conclusion: "***Although the observed associations are modest, some aspects of social capital are associated with better management of hypertension in low-income countries where health systems are often weak.** Given that hypertension affects millions in these countries, even modest gains at all points along the treatment pathway could improve management for many, and translate into the prevention of thousands of cardiovascular events each year*."

Global Health Promotion - Evolution of non-communicable disease prevention and control in China

Mengge Han et al; http://journals.sagepub.com/doi/full/10.1177/1757975917739621

"*The 70-year experience of China in fighting against non-communicable diseases (NCDs) can be classified into **three distinct periods**: 1) the disease-oriented strategy period (from 1950 to 1994); 2) the risk factor-focused strategy period (from 1995 to 2008); and 3) the social and policy priority strategy period (since 2009). A number of projects were successful and valuable experience and lessons were accumulated during the three periods. Due to the underestimation of the 'explosive'*

epidemic of NCDs, however, it took China quite a long time to find the right path to curb the upward trend in these diseases. **In this commentary, the authors review the evolution of strategies and the healthcare service system, examine advances and challenges, and summarize experience and lessons in NCD control in China.** In view of development, China's experience may have valuable implications for other low- and middle-income countries*."*

You might also want to read a (brand new) article in **Globalization & Health** - [Non-communicable diseases control **in China and Japan**](#). "*China and Japan share numerous similarities other than their geographical proximity. Facing the great challenges of non-communicable diseases (NCDs), **China and Japan have developed different preventive strategies and systems.** While Japan has made great progress in primary prevention of NCDs through strong legislation, the 'Specific Health Check and Guidance System' and a unique licensed health professional system, China is attempting to catch up by changing its strategies in NCDs control. In this manuscript, we compared disease burden of NCDs, health care systems and preventive strategies against NCDs between China and Japan. In this light, we summarized the points that the two countries can learn from each other, and proposed recommendations for the two countries in NCDs control.*"

A tweet from **Tedros**:

"*Congratulations to the #Philippines on being among the first countries in Asia to introduce #sugarydrinks tax. It's a great step forward in protecting people's health & #BeatNCDs!*"

See also **WHO** - [Sweetened beverage tax will help beat NCDs in the Philippines](#).

Sexual & Reproductive / maternal, neonatal & child health

Alice Evans (blog) - Why is Support for Women's Rights Rising Fastest in the World's Cities?

http://oxfamblogs.org/fp2p/why-is-support-for-womens-rights-rising-fastest-in-the-worlds-cities/

"*Support for gender equality is rising, globally. People increasingly champion girls' education, women's employment, and leadership. Scholars have suggested several explanations for this trend: (a) the growing availability of contraceptives (enabling women to delay motherhood and marriage); (b) domestic appliances (reducing the volume of care work); (c) cuts in men's wages and the rising opportunity costs of women staying at home; and (d) seeing women in socially valued roles. **These theories are plausible. But can they account for rural-urban differences?** Across Asia and Africa, **urban residents are more likely to support gender equality in education, employment and leadership than their rural compatriots.** This holds even when controlling for age, education, employment, income, and access to infrastructure. … …Why is this?*" Alice Evans did some (ethnographic) research in **Zambia** & **Cambodia** and summarizes some of her results here.

In somewhat related news, some of you might want to check out the latest 'The World Today', on [Now Masculinity is in crisis](#).

Physicians for Human Rights – A Victory for Justice in the Congo

[Physicians for human rights](#);

A little bit of encouraging news on the DRC, on a landmark case whereby 11 men were found guilty of crimes against humanity for the rape of girls: *"… Last week, in a stunning victory for justice, a military court proved Dr. Alumeti right: eleven men responsible for these appalling crimes, including a powerful regional lawmaker, were sentenced to life in prison–guilty of crimes against humanity for the rapes of 40 girls and the murders of two men. The **landmark case was buttressed by crucial forensic evidence provided by local medical and legal professionals trained by Physicians for Human Rights (PHR),** which has assisted the investigation since the attacks began in 2013. "This verdict is an **historic win for accountability for the perpetrators of sexual violence and for access to justice for survivors and their familie**s. It was an extraordinarily complex and challenging case and there were enormous hurdles along the way because very powerful people were presumed to be involved," said Karen Naimer, director of PHR's Program on Sexual Violence in Conflict Zones…."*

Access to medicines

Wipo magazine - Perspectives on access to medicines and IP rights

John Zaracostas; http://www.wipo.int/wipo_magazine/en/2017/06/article_0002.html

*"On average, people around the world are living significantly longer than their grandparents. In part, this is thanks to innovation in vaccines and to medicines reaching increasing numbers of patients. But as people live longer and new medical breakthroughs create even greater opportunities for new treatments, many governments find their limited resources spread ever wider. Against this backdrop, **the issues of access to medicines and intellectual property (IP) have become hotly contested topics**. **Two leading experts give their views on these issues**." **Thomas B. Cueni, Director General at the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA),** offers an **industry perspective** on the hurdles to access and the challenges that lie ahead in the search for innovative healthcare solutions**. … … Ellen F.M. 't Hoen**, researcher at the Global Health Unit of the University Medical Centre Groningen, Director, Medicines Law and Policy and **former Executive Director of the Medicines Patent Pool (MPP)** offers her perspective on ways to improve access and to increase innovation in areas of unmet medical need…."*

Human resources for health

WHO – International Health Worker Migration: A High-level dialogue (14 Nov)

http://www.who.int/hrh/news/2017/high_level-dialogue-int-health-worker-migration-meeting-summary.pdf?ua=1

"*Twenty-nine senior representatives from national governments, regional organizations, and international organizations, participated in a two-hour dialogue on international health worker migration **on the margins of the 4 th Global Forum on Human Resources for Health in Dublin, Ireland**. The **objective of the High Level Dialogue** was to share experiences, challenges and opportunities to maximize benefits from accelerating health worker migration and to guide the work of the International Platform on Health Worker Mobility, as part of the ILO, OECD, WHO Working for Health Programme. A scene setting presentation evidenced the increasing volume and complexity of international health worker migration. The presentation emphasized the need for a new, more nuanced and evidence-informed dialogue on the topic. ...*" This short document presents some **key points** that emerged from the discussion.

Check out also the latest **Health Workforce newsletter - December issue**. The Newsletter of the WHO's Health Workforce Department.

WHO (brochure) – A dynamic understanding of health worker migration

http://www.who.int/hrh/HWF17002_Brochure.pdf

(recommended) "*...The international migration of health workers is increasing. There has been a 60% rise in the number of migrant doctors and nurses working in OECD countries over the last decade. Future projections point to a continuing acceleration in the international migration of health workers, with an escalating mismatch between the supply of and economic demand for health workers. The **European Union and the Norwegian Agency for Development Cooperation**, sought to advance understanding and management of health worker migration through targeted support to the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. **Targeted support was provided at the global level and in five countries: India, Ireland, Nigeria, Uganda, and South Africa**. Implementation of the WHO Global Code provides a **new and dynamic understanding of health worker migration, with substantial intra-regional, South-South and North to South movement to complement the better understood movement of health workers migrating from the global South to the global North**. Temporary migration, including professional registration and employment in multiple jurisdictions, is also evidenced.*" With interesting **visuals**, policy achievements, & key lessons.

Intrahealth (blog) - 7 Issues that Will Shape the Health Workforce of the Future

M Nathe; https://www.intrahealth.org/vital/7-issues-will-shape-health-workforce-future

…what will it take to build the ideal health workforce of the future? Here are seven issues that are likely to shape the field:…" The first being: gender equality.

Emerging Voices

If you haven't done so yet, check out the **first issue of the EV4GH newsletter** here. With an intro by the new chair, **Dorcus Kiwanuka,** an overview of the EV governance meeting from a few months ago (in Antwerp), and info on EV milestones from this year, and EV residencies. We hope you enjoy the read!

Issues will normally be quarterly.

Miscellaneous

Foreign Policy - Let USAID run USAID

D Runde; Foreign Policy;

One view on the upcoming reform of the (US) State Department & USAID. "… *there is an important debate going on within the U.S. government about how to track money and determine funding priorities for U.S. foreign policy and foreign assistance. … …* **For the last ten years, USAID's spending decisions have been controlled by the so called "F office" (a central accounting and budgeting office) at the State Department.** *Now, under the Trump administration's draft plans for reorganization***, it seems likely that USAID will be held accountable for managing all foreign assistance implemented by USAID while the State Department, through a more refined F office, will be responsible for State Department-controlled monies that are implemented by the State Department (checks to UN agencies, security sector assistance, etc.).** *… … On December 14, Gordon Adams and Robert Goldberg – two distinguished and accomplished public servants – published a piece in Foreign Policy in which they argue that "the knives are out for 'F' at the State Department". They argued that there are attempts to "diminish F, transfer its work down the State Department hierarchy, and put USAID in charge of coordinating all foreign assistance". … … I respectfully disagree with the idea that the USAID administrator should not have greater control over policy, planning, and budgeting functions that relate to foreign assistance implemented by USAID.* **Giving budgeting and spending control over foreign assistance to the USAID administrator, which Mr. Adams and Mr. Goldberg called a "terrible mistake", actually makes a lot of sense.** *Especially since the current setup of the F office at State is far from ideal….*"

Devex - New data gateway helps developing countries collect crucial information

https://www.devex.com/news/new-data-gateway-helps-developing-countries-collect-crucial-information-91741

"*The **Data for Health initiative** from Bloomberg Philanthropies, and supported by the Department of Foreign Affairs and Trade, has entered a new phase in supporting developing countries to improve the collection and registration of vital statistics, including births and deaths. Dealing with civil registration and vital statistics, the **CRVS Knowledge Gateway, launched in New York on Nov. 30,** helps developing country decision makers and partners learn about the process of collecting real and useful data on births, deaths, marriages, divorces, adoptions and more….*" An update.

FT - FDA approval for gene therapy marks new era

https://www.ft.com/content/37fb7896-e4db-11e7-97e2-916d4fbac0da

"***The US Food and Drug Administration has approved the first ever gene therapy, heralding the advent of a new type of medicine that tackles disease by inserting DNA directly into the body***. … … *It comes at a time of increasing optimism over new cell- and gene-based therapies that try to hack the body's biology to tackle disease, such as the recently approved chimeric antigen receptor therapies, or Car-Ts, for cancer, which are being developed by Novartis and Gilead. … …* ***Despite enthusiasm over the scientific promise, there are fears that cash-strapped healthcare systems will struggle to pay for the treatments.*** *Spark has not yet announced a price for the therapy, but analysts say the cost of administering both eyes could breach $1m. Novartis recently priced its Car-T therapies at $475,000 for a course of treatment. … … … Earlier projects focus on conditions such as Parkinson's, Huntington's disease, cystic fibrosis and ultra rare "orphan" illnesses*. ***The space is dominated by smaller biotech companies, but big pharma groups such as Novartis, Sanofi, Bristol-Myers Squibb and Pfizer have invested billions of dollars in the field of gene therapy in recent years***."

Women Leaders in Global Health Initiative – Event organizer's checklist

http://docs.wixstatic.com/ugd/ffa4bc_21c432e3226c46ca88c29b50ba64996b.pdf

Cfr a tweet*: "**No excuse for#allmalepanel**. Easy guide for organisers."*

ILO - ILO launches global appeal for donations to support social protection floors

ILO

*"**For the first time, the International Labour Organization (ILO) makes donations by private households, enterprises and foundations possible**." "The International Labour Organization (ILO) has launched a global appeal to receive private donations to support social protection floors in low and middle income countries. Donations will contribute to building sustainable social protection systems which could change the lives of some 400 million people who are today excluded from receiving basic social security benefits. The contributions will feed an ILO/King Baudouin Foundation Social Protection Floors Fund…."*

BMJ - Police in Xinjiang province gather biometric data under guise of health programme

http://www.bmj.com/content/359/bmj.j5865

*"A public health initiative called "**Physicals for All**" in China's **Xinjiang** autonomous region is actually part of a police operation to collect DNA samples, iris scans, and blood type data from all of its 22 million citizens, **according to Human Rights Watch**. "Xinjiang authorities should rename their physical examinations project '**Privacy Violations for All**,' as informed consent and real choice do not seem to be part of these programmes," said Sophie Richardson, China director for the human rights organisation. "The mandatory databanking of a whole population's biodata, including DNA, is a gross violation of international human rights norms, and it's even more disturbing if it is done surreptitiously…"*

See also **Stat News** - Are free physicals a 'ruse'? Questions swirl about public health program in China.

Devex - Inside the battle for replenishment at the Global Partnership for Education

https://www.devex.com/news/inside-the-battle-for-replenishment-at-the-global-partnership-for-education-91688

*"As the Global Partnership for Education gears up for a record replenishment, education advocates are predicting **2018 could be a "pivotal year" for global education which could see the sector enter a "golden era" of support, as experienced in global health**. However, questions remain as to whether key donors will come up with the cash; if the financial ask is ambitious enough to create meaningful change within the sector; and whether the GPE in its current form is the best mechanism for the job, with **some suggesting it should consider divorcing itself from the World Bank, where it is currently housed**…."*

Quick links:

CGD (blog) - **US, India** Undermine Multilateralism at WTO Ministerial

Resyst (Research brief ; 4-pager) - Using **Intersectionality** to better understand **health system resilience**

Future Health Systems (2 pager) Building the field: **ethics in health systems research**

"*Members of the Future Health Systems (FHS) consortium have spearheaded important and previously unexplored work on the ethics of health systems research (HSR). FHS has contributed empirical knowledge on understanding how researchers are dealing with the ethics of HSR on the ground, as well as conceptual thinking, including exploring issues of justice, health capabilities, and responsiveness. The work has engaged new actors, built a movement of parties interested in the issues, and influenced the agendas of global institutions such as the World Health Organization.*"

Finally, a **Tweet**: "*Inspiration to the World! **#Sweden adopts largest ever development budget. Women in focus w/ #GenderEquality and #SRHR as top priorities**. Smart! Because #WomenDeliver. … *"

Feels like a good tweet to end this year with.