

IHP news 451 : Welcome to the jungle

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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,

Welcome to the new year! Whether ours is now a world in “[geopolitical recession](#)”, “geopolitical depression”, or just a political madhouse at last fully in sync with our wacko economic system, in any case the New Year has started off in style. We now – finally! - know who has the biggest nuclear button [on his desk](#), and it even works. A huge relief. As Ian Bremmer put it, in Eurasia’s (must-read) [risk analysis](#) for the coming year, “...After nearly a decade of a slowly destabilizing G-Zero framework, the election of Donald Trump as president in the US has accelerated the **descent into a Hobbesian state of international politics**”. Not sure The Donald knows who Hobbes is, but that will indeed probably be the backdrop for global health and the SDG agenda in the years to come, at least as long as our economic system is not [fundamentally changed](#) and the [outrageous inequality](#) that goes with it, tackled at all levels. Increasingly counting on the aliens for that one.

Nevertheless, we hope you had a great end of the year, and a few nice New Year’s resolutions ready for 2018. As you know, old people tend to wish one another “**a good health**, as that’s the most important”, and they’re damned right. As we occasionally feel old & grumpy (the weather doesn’t help at this time of the year), we happily align ourselves with this New Year mantra of the old & wise. So if you want to contribute to global (let alone planetary) health this year, while doing so, try to keep an eye also on your own physical, mental & spiritual health. True, not an easy feat in our insane world, but the NYT already listed a few good options to boost your (healthy) chances a bit, see “[8 Easy, Meaningful New Year’s Resolutions for Better Health](#)”. Foucault fans who aren’t too enchanted with ‘healthism’ will probably prefer another read, [Are your health resolutions really a free choice?](#) (in The Conversation). As an exemplary “biocitizen”, I already managed to refrain from most of the (20) spicy hot wings in a KFC outlet earlier this week, a #bucketchallenge of sorts.

But there are many other valid and probably more important New Year’s resolutions for the global health community. On **gender & global health governance**, for example, **Dr. Tedros** tweeted, reacting to a tweet by Ilona “I was born (and will probably die) a feminist” Kickbusch: “... If we don’t have honest commitment, declarations don’t help. We have too many declarations and resolutions. Change of mindset, real commitment and action is what we need. **@WHO our new year resolution is to act with the right mindset & challenge status quo #Women2018**”. Sounds good to me.

Before you delve into the first IHP newsletter of the year, let us wish you the best of luck with your own New Year’s resolutions in 2018! But keep in mind, even in a jungle, deadlines matter. Ask the cute little animals.

Enjoy your reading.

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Featured Article

The WHO and New Public Management: Value for Money or heading for a Cruel Disappointment?

Remco van de Pas (*Research Fellow Global Health Policy, ITM Antwerp & Academic coordinator, Maastricht Centre for Global Health, Maastricht University*)

In the early days of the New Year, I find myself looking into some of the [background documents](#) for the upcoming Executive Board (EB) meeting of WHO later this month, EB 142. After the last special Board meeting in November 2017 (EBSS4), where WHO's new DG Dr. Tedros discussed a (revised) draft version of WHO's ambitious 13th Global Programme of Work (2019 – 2023), the question is now how this will translate into an effective resource mobilization strategy to generate the financing needed to implement the 13th GPW. WHO's relative silence on [its chronic financial crisis](#) is telling on the gridlock in global health governance. Let's see whether the new draft (to be released today), will (finally) offer some more detail on the financial part of the picture for the coming years.

True, to a certain extent, WHO's financial difficulties for running its operations and organization are not new. Since its initiation in 1948 the organization has been partly dependent on financing by actors other than its member states, e.g. in the early years from the [Rockefeller Foundation](#). In that sense it is not entirely surprising that its philanthropic "successor", the Gates Foundation, is paying [for approximately 25% of WHO's overall budget](#), nowadays. Still, the partnership model in global

health and the so called "[Trojan multilateralism](#)" trend have "inspired" a shift away from broader systemic goals sought through multilateral cooperation, in recent decades.

It is in this light that the preparatory EB document "[Better Value, Better Health](#)" should be read. There is a certain irony in the title because the documents mainly talks about value for money, hardly about any value for health. The value for money trend is part of a continuing push for UN organizations (by their funders) to focus on performance and results. This 'New Public Management' (NPM) approach, since a few decades the business-inspired "mantra" for public organisations and institutes, is now also firmly embraced by WHO under Dr. Tedros, it appears. The document makes it abundantly clear that the aim is to function from now on as a global public institute in a networked, multi-stakeholder manner with its private partners, providing "value for money" (which supposedly will lead, in turn, to better health for the billions). In the 'Better Value, Better Health' document WHO benchmarks itself by mapping 12 other multilateral organizations. As for how they are doing in terms of value for money, "... all the organizations mapped had incorporated value-for-money principles to varying extents.... all took into account efficiency and effectiveness, but there was no evidence anywhere of an ethics consideration".

Wait, aren't we talking here about the [main global authority working on health policy norms and guidelines](#)? Shouldn't public health ethics, defined by WHO itself as "principles of respect, good will, justice and not causing harm" be much more central to such a 'Better Value' approach?

Unfortunately, this indicates a broader trend, whereby human rights and health equity - i.e. an ethical value base for international health cooperation and global health [diplomacy](#), have quietly been [sidelined](#) as policy drivers for sustainable development. It is painful to see that the 'NPM' discourse has become so dominant in a multilateral public health organization while in many European (domestic) public health constituencies NPM has been considered a '[cruel disappointment](#)'. Public sector transformation via private sector performance criteria has led to an expanded role for management consultants, an 'audit society' and risk management procedures, the typical NPM 'package'. This is exactly what we now see being pushed through at WHO. Analysis suggests that within the British Health care System, for example, NPM has [failed to deliver](#) on its goals with 'significant undesirable side effects and misfits between policy announcements and implementation'.

While there is certainly a need for the WHO to work more efficiently and effectively, NPM is not the answer. WHO itself also warns for "[over-institutionalizing](#)" Value for Money in the organization. Rather, there must be a constructive public dialogue with its members (and third actors) on what WHO *should* and *should not do*, including with respect to its financing. There is currently a large push by many funders for WHO to be more [operational](#), while others argue that its main role should remain norm-setting and evidence-based program guidance.

The key difficulty remains to have the core tasks of WHO properly financed. Voluntary tied financing and a minor (3%) increase of assessed contributions by Member States complemented with philanthropic funding have perhaps managed to keep WHO afloat in recent years, but drifting in (too) many directions. I would rather argue that WHO's normative role is a [Global Public Good](#) for which alternative innovative public financing mechanisms should be developed, [e.g. via earmarked taxes coordinated between countries, Financial Transaction Taxes or other global levies](#).

This, however, requires WHO's member states to be firmly committed to [democratic multilateralism](#), which is far from a given in our current chaotic [multi-order](#). But who knows, perhaps 2018 will be a new start, including for the WHO?

Geneva, over to you!

Highlights of the week

Gender & global health governance

Why are there so many doctors leading global health?

P Symenuk; http://blogs.bmj.com/bmjgh/2017/12/07/why-are-there-so-many-doctors-leading-global-health/?utm_campaign=shareaholic&utm_medium=twitter&utm_source=socialnetwork

Already one of the reads of the New Year (even if it's one from early December last year), by Paisly Symenuk, a nurse. She totally nails it, on the **need for more diversity in leadership for global health**.

*"... Yes, we have 60% women on the WHO's executive leadership. This is a monumental achievement. But power and privilege exist in health diplomacy and delivery outside of individual gender identity. The hierarchy of health with medicine at the top, remaining the dominant voice is still widely apparent regardless of gender diversity. We must do better to include greater diversity. **This includes nursing, midwifery, community health workers and caregivers. Diversity also includes those that don't identify with the normative gender binaries, Indigenous health leaders, and professions like pharmacy, social work, psychology...**"*

As some background, you might want to check out also (WHO) - [Nursing and Midwifery in the History of the World Health Organization](#) (1948-2017).

Foreign Policy - The Crime of Gender Inequality in Global Health

Laurie Garrett; <http://foreignpolicy.com/2017/12/26/the-crime-of-gender-inequality-in-global-health/>

"There's no way we'll be able to grapple with the coming health crises unless we fix the gaping problem of women's empowerment in global health."

Global health in 2018 - Looking ahead

You might want to read a few pieces with some predictions & (well-informed) speculation on what 2018 might have in store, in terms of global health policy & governance.

Stat News – 3 issues to watch in global health in 2018

[Stat News;](#)

By **Helen Branswell**, so you know you at least have to scan this piece. On polio, WHO & the 100 year anniversary of the Spanish flu.

Speaking of Medicine - What's coming for health science and policy in 2018? Global experts look ahead in their field

<http://blogs.plos.org/speakingofmedicine/2018/01/02/whats-coming-for-health-science-and-policy-in-2018/>

Among others, on next steps for a post-transition WHO (by Peter Byass), on global maternal and child health (by Z Bhutta), ...

For a (trademark) sunny view, read **Charles Kenny** (CGD) - [9 ways the world got a lot better in 2017](#) (in Vox).

UN, UN reform + humanitarian crises & global risks in 2018

UN News – UN chief issues 'red alert,' urges world to come together in 2018 to tackle pressing challenges

http://www.un.org/apps/news/story.asp?NewsID=58370#.Wkn_RFXibIU

At first sight, the UN SG doesn't seem to share Charles Kenny's rosy view. (*I always felt on strangely familiar territory in Portugal*). Guterres' '**red alert**' even came before the (ultra-red) 'nuclear button' exchange between Donald & Kim. (*For some reason, that makes me think we need [Red Dwarf](#) to come to the rescue.*)

*"In his message on the New Year, United Nations Secretary-General António Guterres is calling for unity among the global community to tackle overwhelming challenges and defend values shared by all. "On New Year's Day 2018, I am not issuing an appeal. I am issuing an alert – a red alert for our world," said the Secretary-General. "As we begin 2018, I call for unity. [...] We can settle conflicts, overcome hatred and defend shared values. But we can only do that together," he expressed. **Recalling that last year he urged that 2017 be a year for peace, the UN chief noted that unfortunately – in fundamental ways, the world went in reverse.** Perils, including deepening conflicts and new dangers emerged, and global concerns over nuclear weapons reached the highest since the Cold War, he added. At the same time, impacts of climate change worsened at an alarming rate, inequalities grew and there were horrific violations of human rights. "Nationalism and xenophobia are on the rise," said Mr. Guterres. ..." Etc.*

UN (advance report) - Repositioning the United Nations development system to deliver on the 2030 Agenda: our promise for dignity, prosperity and peace on a healthy planet - Report of the Secretary-General

[UN Ecosoc](#);

Fortunately, not all hope is lost. Guterres sets out a radical **7 point plan** for repositioning UN's sustainable development system, among others featuring a new country team configuring, a resident coordinator system, financing, ...

Eurasia (report) – Top Risks 2018

Ian Bremmer et al; https://www.eurasiagroup.net/files/upload/Top_Risks_2018_Report.pdf

Helicopter view on the (key risks in the year) ahead. More than recommended, even if you're more interested in global health (more narrowly defined). See also this week's intro.

Meanwhile, do check out [Ten humanitarian crises to look out for in 2018](#) (IRIN) (*I don't quite like the sound of 'to look out for'...*), the **priorities of humanitarian agencies- [With crises set to worsen, what are aid groups' priorities for 2018?](#)** (Thomson Reuters Foundation), and **[9 Stories that will Drive the Global Agenda in 2018](#)** (UN Dispatch: also a 'helicopter view' on the year ahead). One of them being, 'local governments go global' (as they already did with respect to climate change).

And NPR Goats & Soda - [From Polio To Poverty To Sex Ed: 9 Predictions For 2018](#).

Read also Richard Smith (BMJ blog) - [Migrant health—political hysteria but insufficient attention to an issue that will increase substantially](#) “Although there is political hysteria about migrants in Europe, the health of migrants receives insufficient attention. That was the main message to emerge from Imperial College's Institute of Global Health Innovation's forum on migrant health in December...”

Africa diverging

Guardian - Africa heads in different directions – politically and economically

<https://www.theguardian.com/world/2018/jan/02/africa-heads-different-directions-politically-economically>

Must-read analysis ahead of 2018, focusing on Africa. “African leaders will meet in Addis Ababa at the end of January to discuss the good news and the bad across the continent. The 30th summit of the African Union will take place under the slogan “Towards a peaceful, prosperous and integrated Africa”. The objective is a laudable one, but still distant. Alex Vines of the London thinktank Chatham House says that **the watchwords of 2018 will not be “Africa rising”, now broadly seen as overly optimistic, but “Africa diverging” – politically and economically.** “The different paths that different parts of the continent are taking will be ever more apparent. So you'll have something pretty hopeless in central Africa and more positive trajectories in southern and western Africa. A general trend is the **continued decline of longstanding leaders,**” Vines said. ... A key emerging trend that is likely to be reinforced in 2018 is **Africa's growing status as a frontline in the fight against Islamist extremism...**”

Lancet (Editorial) – The NHS at 70 and Alma-Ata at 40

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30003-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30003-5/fulltext)

*“2018 welcomes two important anniversaries for health. In the UK, the National Health Service (NHS) will be 70 years old in July, and the global health community will mark the 40th anniversary of the Alma-Ata Declaration at a conference on Oct 25–26 in Almaty, Kazakhstan. **Common to both anniversaries will be recognition of universal health coverage (UHC) as a goal, and the place of primary health care in achieving that goal....”***

Must-read. Among others, **this editorial looks ahead to the “Almaty Declaration 2.0”, which “will reflect the changing expectations of health-care providers, the needs of patients, and the challenges posed by the Sustainable Development Goals 2030. The draft Declaration 2.0 will undergo global consultation and will be put to the World Health Assembly in May, 2019, for adoption....”.** The Declaration will also have to focus more on NCDs, ...

Lancet – Offline: From 1918 to 2018—the lessons of influenza

Richard Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30009-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30009-6/fulltext)

“The centenary of the 1918 influenza pandemic is a moment to pause and think carefully about the world’s present capacity to respond to another worldwide epidemic. The conclusion will be troubling, even alarming... .. “

In Tokyo, at the UHC Forum, *“... An important new international target was set—that by 2023 (the midpoint between 2016 and 2030) essential health coverage will have been extended to an additional 1 billion people. This target is challenging. What is lacking—in President Trump’s National Security Strategy and WHO’s General Programme of Work—is any detail about how this promise will be fulfilled. **And that is where the lessons of the 1918 influenza pandemic become important. UHC is the right goal for the health sector to pursue. But if we are to provoke governments to turn their words into deeds, UHC will not be the lever to do so. What will trigger political action is the fear and threat of another pandemic—and the urgency of strengthening “basic health care systems” to address those fears and threats. In 2018, the single most important priority for WHO must be to make pandemic preparedness a central objective for the national security of all its member-states. This strategy will deliver UHC. The centenary of the 1918 influenza pandemic is the best opportunity we have for making global health security the foundation for achieving UHC.”***

Understandable view from Richard, but debatable. If you really go along with the “security framing”, including in global health, your arguments when dealing with right-wing populists & other xenophobes on migration will sound very very hollow, I’m afraid.

New UNICEF leadership & new UNICEF reports

UNICEF welcomes announcement of next Executive Director

https://www.unicef.org/media/media_102354.html

News from December last year: *“UNICEF welcomed UN Secretary-General Antonio Guterres’ announcement today that **Henrietta H. Fore will succeed Anthony Lake as UNICEF Executive Director** when his term ends on 31 December 2017...”* Again an American, as seems to be customary.

For an in-depth-analysis of the new UNICEF boss, see **Devex** - [Former USAID chief Henrietta Holsman Fore named UNICEF executive director](#) We particularly enjoyed the last paragraph:

*“...Fore is now chairman and CEO of Holsman International, her family’s investment and management company, where she advises international corporations, including the **Coca-Cola company**. She also **sits on the board of ExxonMobil** and has roles at a number of development-related think tanks including the Center for Global Development and the Center for Strategic and International Studies...”* A true global & planetary health profile, dare I say.

Nearly 386,000 children will be born worldwide on New Year’s Day, says UNICEF

https://www.unicef.org/media/media_102362.html

On New Year’s Day, UNICEF challenged nations around the world to make sure more newborns survive their first days of life. Plus, **“... Next month, UNICEF will launch Every Child Alive, a global campaign to demand and deliver affordable, quality health care solutions for every mother and newborn...”**

See also **UN News** - [On New Year's Day, UNICEF challenges nations to join fight to help more newborns survive first days of life.](#)

Guardian – Children increasingly used as weapons of war, Unicef warns

<https://www.theguardian.com/society/2017/dec/28/children-increasingly-used-as-weapons-of-war-unicef-warns>

See also the UNICEF press release (late December 2017) - [Children under attack at shocking scale in conflicts around the world, says UNICEF.](#)

“Children in conflict zones around the world have come under attack at a shocking scale throughout the year, UNICEF warned [today], with parties to conflicts blatantly disregarding international laws designed to protect the most vulnerable.”

The Lancet – Surgery death rates in Africa are double the global average

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30001-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30001-1/fulltext)

“The largest prospective observational cohort study of surgical outcomes in Africa shows that patients are twice as likely to die after surgery compared with the global average for postoperative deaths”.

Cfr the press release:

- ***Almost one in five patients in Africa has complications after surgery, and 2% of patients die after surgery***
- ***An average of 212 operations per 100000 people are performed in hospitals every year, 20 times lower than the critical surgical volume required to meet a country’s essential surgical needs***

That is, despite surgery patients in Africa being younger, with a lower risk, having more minor surgery, and having fewer complications...

In an accompanying [Comment](#), Anna Dare et al also point to another alarming finding (in addition to the quantification of surgical outcomes), i.e. **how few people actually received surgery**.

Coverage in the [Guardian](#) - [Patients in Africa twice as likely to die after an operation than global average, report shows](#). *“Higher mortality rate occurs despite patients usually being younger and fitter and is likely due to lack of medical staff, say scientists...”*

WHO Bulletin (January issue)

<http://www.who.int/bulletin/volumes/96/1/en/>

The new Bulletin issue has **editorials** on UHC & older people - [Universal health coverage must include older people](#); [Space science and technologies to advance health-related sustainable development goals](#) *“In 2018, the world will be celebrating the 50th anniversary of the United Nations Conference on the Exploration and Peaceful Uses of Outer Space (1968–2018): UNISPACE+50. The use of space science and technologies significantly contributes to our daily lives and has transformative power when applied to public health practice...”*

By way of example of the latter, [Satellites Predict\(ed\) a Cholera Outbreak Weeks in Advance](#) (in Yemen) (see [Scientific American](#)).

But do check out the whole issue.

Coming up: WHO EB 142 meeting (22-27 January, Geneva)

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

See also this week's Featured article (by Remco van de Pas). The website has the preliminary agenda, already a lot of background docs, ...

By today, the **(updated) draft of the 13th GPW** should also be available.

PS: in the coming weeks, do also keep an eye on [WHO tracker](#) with documents (and comments forthcoming from PHM) on agenda points, organized point by point.

The **PHM Integrated commentary** on the agenda (as of 5 January), you can find [here](#).

Guardian – WHO accused of 'institutional ageism' over five-year work programme

Sarah Boseley ; <https://www.theguardian.com/world/2018/jan/04/who-accused-of-institutional-ageism-over-five-year-work-programme-world-health-organisation>

“The World Health Organisation (WHO) is being accused of institutional ageism by academics, who say older people and dementia have been left out of its work programme for the next five years. In a [letter published in the Lancet](#) medical journal, the academics say WHO is “washing its hands” of older people. “This is entirely unacceptable. If the proposed programme is approved, it will considerably diminish WHO’s global authority and will brand it as a champion of age discrimination,” says the letter from experts on ageing from the University of East Anglia (UEA) and the London School of Hygiene & Tropical Medicine....”

However, “...A WHO spokesperson said the work programme referred to was an old draft and that it had recently “acknowledged the importance of ageing as the top ‘issue heard’ and publicly stated our commitment to implement WHO Global Strategy and Action Plan on Ageing and Health.” A new version of the work programme was due within days, he said.”

In somewhat related news, read this **Lancet Public Health Comment** - [The elderly: an invisible population in humanitarian aid](#) “Ageing and access to health services are increasingly a global public health challenge. This point is acutely true for older people who are uprooted by and trapped in humanitarian crises...”

Lancet Editorial – Tuberculosis: criteria for global leadership?

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30005-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30005-9/fulltext)

“Tereza Kasaeva is to be the new Director of WHO’s Global Tuberculosis (TB) Programme. She joins WHO from Russia’s Ministry of Health. But instead of a warm welcome, she will arrive in Geneva amid potentially disabling controversy....”

“... Tedros has identified gender disparity among WHO Directors as one of his most important organisational challenges. He has already made several Director appointments to address the

gender and geographical imbalances in leadership within the agency. But **in the case of Kasaeva, activists have raised questions about her international expertise and experience.** They are frustrated that she was named without any external call for candidates and that there was no consultation with the broader TB community....” “...The **sharp divisions that Kasaeva's appointment has created** bode ill for efforts to align the TB community during a year when the disease will receive unprecedented attention at a high-level meeting to be held during the 2018 UN General Assembly....”

WHO Independent NCDs Commission launches with mission and priorities for action

<http://who.int/ncds/governance/high-level-commission/mission/en/>

As you might recall, “... The Commission was established by WHO Director-General Dr Tedros Adhanom Ghebreyesus and will run until October 2019. It will advise Dr Tedros on bold and practical recommendations, and new opportunities, for countries to accelerate progress on NCDs, in line with the Agenda for Sustainable Development target of a one-third reduction in premature NCD deaths by 2030. During the recent Universal Health Coverage Forum in Japan, Dr Tedros and Dr Nishtar [i.e. chair of this Commission] discussed the Commission’s progress. **On 16-17 January 2018, the work of the Commission will be discussed during a meeting being held at WHO Headquarters, Geneva, of directors of NCDs programmes from across the Organization’s global network. Initial outputs of the Commission will include:** establishing an independent platform to mobilize stakeholders to identify innovative recommendations for accelerating the response on NCDs; providing actionable recommendations that will contribute to preparations to the Third United Nations General Assembly High-level Meeting on NCDs in 2018. This will include the submission of its first report to the WHO Director-General in May 2018....”

Guardian - 'Uber for blood': how Rwandan delivery robots are saving lives

<https://www.theguardian.com/global-development/2018/jan/02/rwanda-scheme-saving-blood-drone>

A bit of PR, perhaps, but well worth a read anyhow.

“... An ingenious drone delivery service known as “Uber for blood” has slashed the delivery time of life-saving medicine to remote regions of Rwanda from four hours to an average of half an hour. A **partnership between Zipline, a Silicon Valley robotics company, and the country’s health ministry** has delivered more than 5,500 units of blood over the past year, often in life-saving situations. Never before have patients in the country received blood so quickly and efficiently. Keller Rinaudo, Zipline’s co-founder and chief executive officer, said the move will make east Africa a world leader in drone logistics....”

Project Syndicate – Resuscitating Africa’s Health Care

Samuel Kargbo ; <https://www.project-syndicate.org/commentary/red-cross-ebola-fraud-african-health-care-by-samuel-kargbo-2018-01>

*“Recent reports that millions of dollars in aid went missing during the 2014 Ebola crisis has angered many health workers in Africa. But the **mishandling of Red Cross money**, as outrageous as it is, holds **important lessons** for how to improve health-care access to and outcomes on the continent...”*

Infectious diseases & NTDs

WHO prequalifies breakthrough vaccine for typhoid

<http://www.who.int/medicines/news/2017/WHOprequalifies-breakthrough-typhoid-vaccine/en/>

*“At the end of December 2017, WHO prequalified the first conjugate vaccine for typhoid, Bharat Biotech’s Typhbar-TCV®. Typhoid conjugate vaccines (TCVs) are innovative products that have longer-lasting immunity than older vaccines, require fewer doses, and can be given to young children through routine childhood immunization programs. **The fact that the vaccine has been prequalified by WHO means that it meets acceptable standards of quality, safety and efficacy. This makes the vaccine eligible for procurement by UN agencies, such as UNICEF, and Gavi, the Vaccine Alliance....”***

See also NYT reporting - [W.H.O. Approves a Safe, Inexpensive Typhoid Vaccine.](#)

“A new, highly effective typhoid vaccine — the only one safe for infants — has been approved for global use by the World Health Organization. The approval was given in December but announced on Wednesday....”

Or an interview from our colleagues from **Global Health Now** with **Kathleen Neuzil** (Maryland)- [Uncovering Advantages of the New Typhoid Vaccine.](#)

NYT – Fast, Cheap Testing for Tuberculosis? Soon It May Be Possible

<https://www.nytimes.com/2018/01/01/health/tuberculosis-test-urine.html>

*“Diagnosing a lung disease like tuberculosis with a **urine test** may seem illogical, but a group of American researchers is now a step closer to that goal. Scientists at George Mason University have improved by at least 100 times the accuracy of testing for a sugar shed by tuberculosis bacteria, meaning that a simple dipstick urine test may soon become possible. The researchers’ [study](#) was published last month in Science Translational Medicine....”*

Reuters - Philippines fines Sanofi, suspends clearance for Dengvaxia

[Reuters:](#)

“The Philippines has fined Sanofi [a symbolic] \$2,000 and suspended clearance for the French drug maker’s controversial dengue vaccine Dengvaxia, citing violations on product registration and marketing, its health secretary said on Thursday....”

As a reminder, *“The government spent \$70.2 million for the Dengvaxia public immunization program in 2016 to reduce the 200,000 dengue cases reported every year.”*

Meanwhile, *“[France’s Sanofi said on Thursday it would continue to cooperate with the Philippines’ Food and Drug Administration after the country suspended clearance for its controversial dengue vaccine Dengvaxia.](#)”* (Reuters)

Lancet (Comment) – The polio endgame: securing a world free of all polioviruses

M Zaffran et al [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32442-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32442-X/fulltext)

« The global effort to eradicate poliomyelitis has reduced the incidence of cases caused by wild poliovirus by more than 99% since its launch in 1988, from 350 000 annual cases in 125 endemic countries to 20 cases in two countries in 2017. More than 16 million people who would otherwise have been paralysed by poliovirus infection are today walking, and 80% of the world's population lives in regions certified as polio free by WHO. Wild poliovirus now circulates in only a few areas and remains endemic in Nigeria, Pakistan, and Afghanistan.... » Take on the ‘polio endgame’ by a number of high-profile **members of the Strategy Committee of the Global Polio Eradication Initiative.**

Planetary Health

IIED - Geoengineering and development – what price on equity and justice in the coming climate culture wars?

Andrew Norton; <https://www.iied.org/geoengineering-development-what-price-equity-justice-coming-climate-culture-wars>

Must-read analysis. *“The debate on geoengineering as a potential approach for addressing climate change has been hotting up over the last year....”* Andrew Norton (director of IIED) assesses pros (and mainly) cons. He ends with two conclusions.

The Royal Society - Radical dematerialization and degrowth

G Kallis; <http://rsta.royalsocietypublishing.org/content/375/2095/20160383>

A primer on **degrowth** and what it would entail. Recommended.

*“The emission targets agreed in Paris require a radical reduction of material extraction, use and disposal. The core claim of this article is that a radical dematerialization can only be part and parcel of degrowth. Given that capitalist economies are designed to grow, this **raises the question of***

whether, and under what circumstances, the inevitable ‘degrowth’ can become socially sustainable. Three economic policies are discussed in this direction: work-sharing, green taxes and public money.”

The Degrowth Fallacy

Martin Ravallion; <https://economicsandpoverty.com/2017/12/21/the-degrowth-fallacy/>

In our humble opinion, only worth a read, to then check out **Jason Hickel**’s response - [Martin Ravallion is wrong about human flourishing - it doesn't require endless growth.](#)

You might also want to read **Branko Milanovic**’s review of Paul Mason’s book - [Will there be postcapitalism? Review of Paul Mason’s “Postcapitalism: A Guide to our Future”.](#)

Science – Germany steps up to the plate in global health

K Kupferschmidt; <http://science.sciencemag.org/content/359/6371/17.full>

Sadly, gated. A bit like Europe, actually.

But here’s the summary: *“Germany has long shied away from playing any major role on the global stage, and especially in public health, or Volksgesundheit, a label used to justify Nazi crimes in the past. But now, Germany's role in global health is growing rapidly. The German government has embarked on several international health initiatives and has doubled its financial contributions to global health aid. The Bill & Melinda Gates Foundation plans to set up a Berlin office next year; the German capital will also host a new, international center focused on the rising threat of antimicrobial resistance. Germany's own research output in global health is still lagging, however.”*

Lancet (World Report) – Zimbabwe post-Mugabe era: reconstructing a health system

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30007-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30007-2/fulltext)

“A once-functioning health system was weakened by Robert Mugabe’s antagonistic policies. Some hope the Mnangagwa administration will bring renewal. Andrew Green reports.”

Global governance of health

Open Democracy - The origins of populism: bogus-democracy and capitalism

Seren Selvin Korkmaz et al; <https://www.opendemocracy.net/can-europe-make-it/seren-selvin-korkmaz-alphan-telek/origins-of-populism-bogus-democracy-and-capital>

A few must-reads to start this section. *“The reality of racism, hatred, anger, insecurity and inequalities is spreading irresistibly. There is no way of escaping from all these daily phenomena unless there is an alternative systemic project to challenge it.”* Must-read.

Do read together with (also in Open Democracy, by the same authors) [Left-transformation versus left-populism: why it matters](#) *“The perception of **political justice** that transforms is very different from the discursive tool of the “**national will**” used by populists who degrade democracy by equating it with the ballot box.”* The authors thus argue that, rather than using the term ‘left-populism’ (as Chantal Mouffe is doing), the term ‘left-transformation’ should be used. Which combines both ‘anger’ and, importantly, ‘**hope**’.

By way of example, see the UK: (Left Foot Forward) [To be a truly progressive party Labour need a Manifesto for Social Rights](#)

*“People have a inalienable right to a decent home, a good healthcare system, education, and social security. Labour need to start stating this.” “... Corbyn is the first leader of the Labour Party to **talk explicitly about social rights**. And increasingly, the UK’s national human rights institutions are using explicit social rights language. **This might be how we realise a new progressive politics...**”*

It might also be the only way, in the UK and elsewhere (at least if we want to avoid the abyss). The analysis also provides (vital) lessons for the global health community (to make progress in the SDG era)...

CGD – Chart of the Week #1: Is the Elephant Graph Flattening Out?

Justin Sandefur; <https://www.cgdev.org/blog/chart-week-1-elephant-graph-flattening-out>

“The World Inequality Report updates and extends the famous elephant curve, showing slower gains for much of the globe, and even more concentration of economic growth in the top 1 percent.”

Lancet Infectious Diseases - Priorities for Peter Sands and the Global Fund

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30716-8/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30716-8/fulltext)

“As Peter Sands was announced as the new director of the Global Fund, five global health leaders gave their thoughts on what his priorities should be. Talha Burki reports.” Among others A Jha, Amanda Glassman, M Raviglione ... (well worth a read, in other words)

HP&P- The role of the Technical Review Panel of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria: an analysis of grant recommendations

G Schmidt-Traub; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czx186/4788783?redirectedFrom=fulltext>

*“The independent Technical Review Panel (TRP) of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria is a unique mechanism to review funding proposals and to provide recommendations on their funding. Its functioning and performance have received little attention in the scientific literature. **We aimed to identify predictors for TRP recommendations, whether these were in line with the Global Fund’s ambition to give priority to countries most in need, and whether they correlated with grant performance.** ... We found that funding requests and TRP recommendations were consistent with disease burden, but independent of other country characteristics. Countries with larger populations requested less funding per capita, but there is no evidence of financial suppression by the TRP. Proposals from fragile countries were as likely to be recommended as proposals from other countries, and resulting grants performed equally well except for lower performance of HIV/AIDS grants. English-speaking countries obtained more funding for TB and malaria than other countries. **In conclusion, the independent TRP acted in line with the guiding principles of the Global Fund to direct funding to countries most in need without ex ante country allocation.** The Global Fund appears to have promoted learning on how to design and implement large-scale programs in fragile and non-fragile countries. Other pooled financing mechanisms may consider TRP operating principles to generate high-quality demand, to promote learning and to direct resources to countries most in need.”*

Bretton Woods project - Civil society still waiting for ‘IMF Spring’ to blossom

<http://www.brettonwoodsproject.org/2017/12/civil-society-still-waiting-imf-spring-blossom/>

While Mrs Lagarde is using all the right words on every high-level occasion, (cfr. IMF further embraces inequality rhetoric at annual meetings, and no doubt in Davos Lagarde will do the same again), Civil society remains concerned about equity impacts of IMF policy advice, and urges the Fund to acknowledge and address increasing policy contradictions:

*“...More broadly, the Fund’s defence of its inequality work and civil society’s critiques remain disconnected. The Fund’s narrative seems to be that the institution just needs time to operationalise its new research findings but that it generally agrees with civil society and is heading in the right direction. Yet, the more nuanced critique common to almost all civil society analyses is that **there are major conflicts between meaningfully tackling inequality and the bulk of the IMF’s conventional policy advice, which the IMF fails to recognise.** ...”*

If I were a Trump fan, I would surely discern a conspiracy theory here. Anyhow, it cannot come as a big surprise that all over the western world, trust in technocratic institutions is at an all-time low (see Eurasia’s risk report, above).

BMJ Global Health – Vertical and horizontal equity of funding for malaria control: a global multisource funding analysis for 2006–2010

E Barrenho, Rifat Atun et al; <http://gh.bmj.com/content/2/4/e000496>

*« ... We used concentration curves and concentration indices to **assess inequalities in malaria funding by different donors across countries**, measuring both **horizontal and vertical equity**. Horizontal equity assesses whether funding is distributed in proportion to health needs, whereas vertical equity examines whether unequal economic needs are addressed by appropriately unequal funding.... »*

Findings: *« The level and direction of inequity varies across funding sources. **Unicef and the President’s Malaria Initiative** were the most horizontally inequitable (pro-poor). Inequity as shown by the Health Inequity Index for Unicef decreased from -0.40 ($P<0.05$) in 2006 to -0.25 ($P<0.10$) in 2008, and increased again to -0.58 ($P<0.01$) in 2009. For President’s Malaria Initiative, it increased from -0.19 ($P>0.10$) in 2006 to -0.38 ($P<0.05$) in 2008, and decreased to -0.36 ($P<0.10$) in 2010. **Domestic funding** was inequitable (pro-rich) with inequity increasing from 0.28 ($P<0.01$) in 2006 to 0.39 ($P<0.01$) in 2009, and then decreasing to 0.22 ($P<0.10$) in 2010. **Funding from the World Bank and the Global Fund** was distributed proportionally according to need. In terms of vertical inequity, all sources were progressive: Unicef and the President’s Malaria Initiative were the most progressive with the Kakwani Indices ranging from -0.97 ($P<0.01$) to -1.29 ($P<0.01$), and -0.90 ($P<0.01$) to -1.10 ($P<0.01$), respectively. ...»*

Global Public Health - Im/mobilities and dis/connectivities in medical globalisation: How global is Global Health?

H Dilger et al; <http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1414285>

“The interdisciplinary, politically contested field of Global Health has often been described as a consequence of, and response to, an intensification of the mobilities of, and connectivities between, people, pathogens, ideas, and infrastructure across national borders and large distances. However, such global mobilities and connectivities are not as omnidirectional and unpatterned as the rhetoric of many Global Health actors suggests. Instead, we argue that they are suffused by a plethora of

institutional, national, and global political agendas, and substantially shaped by transnational and postcolonial power relations. Furthermore, the configurations that are typically subsumed under the category of Global Health represent only a minor part of the range of im/mobilities and dis/connectivities that are essential for understanding transformations of epidemiological patterns, health care infrastructures, and the responses to health-related challenges in a globalising world. In order to broaden such a limiting analytical perspective, we propose to expand the analytical focus in studying Global Health phenomena by paying close attention to the myriad ways in which particular im/mobilities and dis/connectivities constitute medicine and well-being in global and transnational settings. Pursuing a conceptual shift from studies of 'Global Health' to studying 'medical globalization' may carve out new analytical ground for such an endeavour."

Introduction of a supplement.

The health agenda in the last G7 summits: an overview of the results achieved and unfulfilled commitments

[Osservatorio;](#)

Very nice resource. Starting from L'Aquila 2009.

Lancet Global Health (blog) - Risks and opportunities as funding for polio disappears with the disease

Laura Kerr et al; <http://globalhealth.thelancet.com/2017/12/22/risks-and-opportunities-funding-polio-disappears-disease>

"... The impact of the Global Polio Eradication Initiative (GPEI) 's activities tapering off will be felt most acutely in the 16 GPEI priority countries that receive 95% of current funding. In all 16 priority countries, three main barriers increase the risks posed by GPEI winding down: existing immunisation and health systems are fragile; there will be pressures from simultaneous GPEI and Gavi transitions (which will occur for half these countries by the early 2020s); and shifting the focus from vertical disease eradication efforts to a routine immunisation system approach will bring great challenges.

*... .. As such, **planning for the post-GPEI era must be a political priority in 2018.** RESULTS International Australia and RESULTS UK are **calling for a high-level meeting next May on the sidelines of the World Health Assembly 2018** to put this issue at the forefront of global health policy.... "*

Devex - Meet DFID's new head economist

<https://www.devex.com/news/meet-dfid-s-new-head-economist-91649>

*“Rachel Glennerster, the new head economist at the United Kingdom Department for International Development, believes that the **boisterous debate around the use of randomized control trials is finally, thankfully, beginning to sober up....**” She replaces Stefan Dercon.*

*“... The soon-to-be former executive director of the Abdul Latif Jameel Poverty Action Lab, Glennerster was among the early evangelists for randomizing evaluation of poverty reduction impact. Under her management, J-PAL has spent the last 14 years spreading the gospel of randomization far and wide, with a special focus on replicating RCTs’ underpinning drive for evidence across governments, institutions, and policymakers, especially in the “global south.” **In other words, a signal from Glennerster that RCTs may have finally reached peak hype, or the “peak of inflated expectations”** as it is known in the tech sector’s hype cycle, **will come as a huge relief to well-intentioned but stalwart randomization skeptics** such as Angus Deaton and Lant Pritchett....”*

Global Social Policy – Trade, investment and the global economy: Are we entering a new era for health?

Ronald Labonté et al; <http://journals.sagepub.com/doi/full/10.1177/1468018117731415>

*“Although officially dead due to US withdrawal from agreement, the Trans-Pacific Partnership agreement (TPP) is now in a ‘zombie’ state being resurrected in different ways by most of its remaining 11 member countries. This renders the analysis of its health implications both current and timely. **This article, drawing on our own health impact assessment of the TPP and other analyses and commentaries, critically reviews some of the major ways in which the TPP, as a representative of so-called 21st-century regional trade agreements, poses a threat to global health equity. Four specific ways** are identified and reviewed: (1) It increases restrictions on public health regulations (despite the tobacco partial carve-out) specifically through changes in the Technical barriers to Trade (TBT) and Sanitary and Phytosanitary Measures (SPS) chapters, and its new Regulatory Chapter. (2) Its flawed Investor–State Dispute Settlement (ISDS) system (with several cases affecting health services/insurance and indirectly health through cases challenging environmental protection) continues to benefit investor over public health and sustainability. (3) Its labour and environmental chapters are largely hortatory and concerned with ensuring increased trade by TPP rules, and not stronger labour rights or environmental protection per se. (4) There is little aggregate economic benefit, but disequalizing income distributions, and no accounting for public costs (e.g. trade adjustment compensation for negatively affected economic sectors, increased patent drug costs). **The article concludes by locating the content and implementation of agreements as the TPP as a form of international law that entrenches a discredited neoliberal economic model of enormous benefit to capital and limited benefit to most of the world’s peoples.**”*

Together 2030 – Is the 2030 agenda at the center of Global Discourse?

<http://www.together2030.org/wp-content/uploads/2017/12/FINAL-Together-2030-Report-UNGA72-Statements-and-the-2030-Agenda.pdf>

A review of statements delivered during UNGA72 General Debate (September 2017, NY). For the ones with little time, just check out the **conclusions on p. 12**.

JAMA - Language, Science, and Politics - The Politicization of Public Health

Larry Gostin; <https://jamanetwork.com/journals/jama/fullarticle/2668068>

Larry's take on the CDC/HHS budgetary "word ban". *"This Viewpoint provides historical context for advice given by the US Department of Health and Human Services in 2017 to the CDC to avoid particular words in 2019 budget requests and argues that scientific innovation can flourish only when it is protected from political interference."*

You might also want to read **Chris Simms'** take, in a **BMJ blog** - [CDC's word ban—the placement of politics over science is part of a larger pattern](#)

He ends ominously, *"...The year 2017 began with the banning of people from seven Muslim majority countries and ended with reports of the banning of seven words..."*

Global Public Health – Social medicine and international expert networks in Latin America, 1930–1945

Eric Carter; <http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1418902>

Eric Carter is also a lovely [character](#) in "South Park" :)

"This paper examines the international networks that influenced ideas and policy in social medicine in the 1930s and 1940s in Latin America, focusing on institutional networks organised by the League of Nations Health Organization, the International Labour Organization, and the Pan-American Sanitary Bureau. After examining the architecture of these networks, this paper traces their influence on social and health policy in two policy domains: social security and nutrition. Closer scrutiny of a series of international conferences and local media accounts of them reveals that international networks were not just 'conveyor belts' for policy ideas from the industrialised countries of the US and Europe into Latin America; rather, there was often contentious debate over the relevance and appropriateness of health and social policy models in the Latin American context. Recognition of difference between Latin America and the global economic core regions was a key impetus for seeking 'national solutions to national problems' in countries like Argentina and Chile, even as integration into these networks provided progressive doctors, scientists, and other intellectuals important international support for local political reforms."

BMJ Global Health – Do less populous countries receive more development assistance for health per capita? Longitudinal evidence for 143 countries, 1990–2014

L Martinsen, L Dieleman et al; <http://gh.bmj.com/content/3/1/e000528>

*“Per capita allocation of overall development assistance has been shown to be biased towards countries with lower population size, meaning funders tend to provide proportionally less development assistance to countries with large populations. Individuals that happen to be part of large populations therefore tend to receive less assistance. However, no study has investigated whether this is also true regarding development assistance for health. **We examined whether this so-called ‘small-country bias’ exists in the health aid sector.** ... We analysed the effect of a country’s population size on the receipt of development assistance for health per capita (in 2015 US\$) among 143 countries over the period 1990–2014. ...”*

“... Our results suggest there exists significant negative effect of population size on the amount of development assistance for health per capita countries received. ...” The authors conclude: *“Our findings support the hypothesis that small-country bias exists within international health aid, as has been previously documented for aid in general. In a rapidly changing landscape of global health and development, the inclusion of population size in allocation decisions should be challenged on the basis of equitable access to healthcare and health aid effectiveness.”*

Devex - UN humanitarian chief Lowcock says new approach needed for system 'under strain'

<https://www.devex.com/news/un-humanitarian-chief-lowcock-says-new-approach-needed-for-system-under-strain-91805>

*“Facing a global humanitarian system “under strain,” the new United Nations humanitarian chief **Mark Lowcock** told Devex that **he wants to get more staff out in the field and reduce an emphasis on work at U.N. headquarter offices.** The **U.N. Office for the Coordination of Humanitarian Affairs (OCHA)** faces a record number of protracted crises across the Middle East and Africa, yet is also operating with a growing gap between the tens of billions of dollars it requests each year from member states, and the amount that actually materializes each year. A new, more strategic approach is necessary to meet these challenges, Lowcock says...”*

Devex – EU looks ahead to 2018 as budget negotiations loom

<https://www.devex.com/news/eu-looks-ahead-to-2018-as-budget-negotiations-loom-91824>

Analysis by **Vince Chadwick**, the new Brussels correspondent of Devex.

“How will European Union governments’ focus on preventing migration affect the development landscape? Will the attempt to stimulate private sector investment in Africa and the EU

neighborhood through the External Investment Plan pay off? And what form will the EU's relationship with the African, Caribbean and Pacific states take beyond 2020? These will be some of the pressing strategic questions occupying EU development policy-makers in 2018, and the answers to them will have an impact that will ripple out across the development sector. But, even as officials grapple with such thorny issues, many are still expecting the coming year to be largely spent following the stubbornly practical negotiations over the EU's next seven-year budget...."

The article ends with a brief overview of a few (EU & global) development milestones & events scheduled for this year.

UHC

Devex (Op-ed) - Africa needs investment in palliative care

<https://www.devex.com/news/opinion-africa-needs-investment-in-palliative-care-91818>

*"Palliative care services are seriously lacking in Africa. **Nineteen percent of African countries do not have identified palliative services and 71 percent of the services that do exist are concentrated in Uganda, South Africa, and Kenya.** The HIV epidemic played a driving role in developing palliative care services and resources in many countries in Africa, with initial funding in HIV helping to boost hospices and palliative care services on the continent. However, a decrease in funding as well as a move away from vertical, disease-specific funding to horizontal, health systems funding is negatively affecting palliative care service delivery and development in many countries across the continent. New research shows that while palliative care developed rapidly in South Africa through funding available for HIV, the proliferation of earmarked funds for hospices mean programs are often only allowed to care for patients with HIV that had palliative needs. This is the same in other countries, such as Côte d'Ivoire, where the majority of hospice services are only available for HIV patients...."*

Guardian - Gaza's health system close to collapse as electricity crisis threatens total blackout

https://www.theguardian.com/global-development/2018/jan/03/gaza-health-system-collapse-electricity-crisis-threatens-total-blackout?CMP=tw_t a-global-development b-gdndevelopment

Meanwhile, "...Fears over the humanitarian situation intensified following a series of tweets by Donald Trump on Tuesday, in which he threatened to cut funding for the Palestinian Authority unless it recommences peace talks. The US ambassador to the UN, Nikki Haley, earlier said the US would cut funds to UNRWA, the UN's agency for Palestinian refugees, unless the authority went back to the negotiating table...."

Xinhua - China mulls draft law on basic medical and health care

http://www.xinhuanet.com/english/2017-12/22/c_136845747.htm

News from late December. **“Chinese lawmakers are considering a draft law on basic medical and health care.** The draft law was brought for the first reading at a bimonthly session of the National People's Congress (NPC) Standing Committee, scheduled to run Friday to Wednesday. "The law will be the country's first fundamental and comprehensive law on basic medical and health care," said Liu Binjie, chairman of the education, science, culture and health care committee of the NPC. **The right to health is for the first time put forward as a basic human right at the legal level in the draft....”**

Global Health Promotion - Healthy China 2030, a breakthrough for improving health

Xiaodong Tan et al; <http://journals.sagepub.com/doi/full/10.1177/1757975917743533>

*“China has the largest population in the world, and its health levels have greatly affected the healthy development of the population of the world. **Healthy China 2030** is a breakthrough for ensuring that the Chinese population have access to health, through **advocating the whole society’s participation in the concept of “Health for All, and All for Health.”** The plan puts forward **five strategies** such as popularizing healthy life, optimizing the health service, improving health protection, building a healthy environment, and developing healthy industry, from the perspectives of health effects of personal life and behavior, health care and security, production, and the living environment. **As a national guide for public health promotion, we briefly describe the main intentions of Healthy China 2030, and give some commentaries from a health promotion perspective.”***

GIZ - India: National health insurance protects people from poverty

<https://www.giz.de/en/mediacenter/59851.html>

(news from late November 2017) **GIZ is advising India** on developing one of the world’s largest health insurance systems.

Do read also [India’s Public Healthcare System Needs Urgent Overhaul: Are Those In Authority Listening?](#) (by J Hiremut)

And, in a **Foreign Policy** Dispatch - [India’s Hospitals Are Filling Up With Desperate Americans](#)

“Are deep-pocketed medical tourists the cause of, or solution to, India's health care problems?” Well worth a read.

Health Services Research (Debate-Commentary) - The Necessary Return of Comprehensive Primary Health Care

A Bitton; <http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12817/abstract>

Worth a read.

Quick links:

[35, 000 doctors have left Nigeria for the UK, US – Report](#) (Vanguard)

“...According to a report, an estimated 35,000 Nigerian doctors are practising abroad out of the 72,000 registered with the Medical and Dental Council of Nigeria. The United Kingdom and the United States are the top destinations of the migrant doctors. In August, an official of the National Association of Resident Doctors, NARD, Dr. Abimbola Olajide, revealed that no fewer than 2,500 doctors would leave the country before the end of the year...”

Planetary health

Scientific American - The Top 7 Climate Findings of 2017

<https://www.scientificamerican.com/article/the-top-7-climate-findings-of-2017/>

Most are no good.

Along the same (ominous) lines, (MIT Technology Review) - [The Year Climate Change Began to Spin Out of Control](#).

Guardian - Keep global warming under 1.5C or 'quarter of planet could become arid'

<https://www.theguardian.com/science/2018/jan/02/keep-global-warming-under-15c-or-quarter-of-planet-could-become-arid>

*“More than a quarter of the planet’s surface could become significantly drier if global temperatures rise 2C above pre-industrial levels, scientists predict. **The study, which is one of the most detailed assessments to date of future aridity,** suggests that many regions could face an increased threat of drought and wildfires. Limiting global warming to under 1.5C would avoid extreme changes for two-thirds of these areas, the study suggested....”*

Guardian - UN poised to move ahead with landmark treaty to protect high seas

<https://www.theguardian.com/environment/2017/dec/22/un-poised-to-move-ahead-with-landmark-treaty-to-protect-high-seas>

Some encouraging news from late last year. Let's hope a Paris agreement for the oceans can be achieved in the coming years: *"The world's oceans are set for a long overdue boost in the coming days as the United Nations votes for the first time on a **planned treaty to protect and regulate the high seas**. The waters outside national maritime boundaries – which cover half of the planet's surface – are currently a free-for-all that has led to devastating overfishing and pollution. But after more than five years of negotiations, **UN members are poised to agree to draw up a new rulebook by 2020**, which could establish conservation areas, catch quotas and scientific monitoring. "This is the biggest opportunity to change the status quo we have ever had," said Will McCallum, the head of oceans at Greenpeace. "It could change everything." **A debate on whether to move ahead with a High Seas Treaty has been tabled before the end of the year at the UN headquarters in New York...**" For the outcome of the debate, see [UN General Assembly adopts resolution to move forward with high seas treaty negotiations](#) (26 Dec)*

"The General Assembly of the United Nations adopted a resolution on Sunday to convene negotiations for an international treaty to protect the marine environments of the high seas. Earth's high seas represent about two-thirds of the oceans, but are not governed by any one international body or agency and there is currently no comprehensive management structure in place to protect the marine life that relies on them. According to the Pew Charitable Trusts, the treaty would be the first international agreement to address the impacts of human activities like fishing and shipping on the high seas."

Far less positive news: [Oceans suffocating as huge dead zones quadruple since 1950, scientists warn](#) (Guardian) Based on an [article in Science](#). *"Ocean dead zones with zero oxygen have quadrupled in size since 1950, scientists have warned, while the number of very low oxygen sites near coasts have multiplied tenfold. Most sea creatures cannot survive in these zones and current trends would lead to mass extinction in the long run, risking dire consequences for the hundreds of millions of people who depend on the sea..."*

Global Health Promotion - How can health promotion address the ecological determinants of health?

Suzanne Jackson; <http://journals.sagepub.com/doi/full/10.1177/1757975917747448>

*"... In Canada, the Canadian Public Health Association (CPHA) released a discussion paper about the ecological determinants of health in 2015. This paper argues that the planetary ecosystem provides the essentials of life for us, such as oxygen, water, food, materials for shelter, energy, and a stable climate capable of sustaining life. These planetary ecosystems are facing degradation or destruction that is driven by human activities such as population growth, urbanization, economic growth and development, technological change, and societal values and beliefs. **If health promotion is a key strategy to address the SDGs, including the ones related to the ecological determinants of health,***

what are the actions that local health promotion practitioners can take? Two of the key actions in the CPHA paper are 'active hope' and 'rethinking development and economics', actions that I think are particularly appropriate for health promoters...."

And a quick link:

[Forty per cent of global e-waste comes from Asia](#) (Scidev.net)

Infectious diseases & NTDs

Chatham House - Diphtheria's Resurgence Is a Lesson in Public Health Failure

Michael Edelstein et al; <https://www.chathamhouse.org/expert/comment/diphtherias-resurgence-lesson-public-health-failure>

"With stronger, more resilient healthcare systems accessible to all, there would be less need for emergency response to disease outbreaks such as diphtheria." "What do a failed South American state (Venezuela), a war-torn Middle Eastern country (Yemen) and a South Asian country with a large refugee population (Bangladesh) have in common? Not much at first sight, but all three have recently been experiencing large diphtheria outbreaks, killing dozens and affecting thousands...."

Lancet Infectious Diseases (Editorial) – An enduring reminder of the importance of public health

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30714-4/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30714-4/fulltext)

Editorial of the new Lancet Infectious Diseases issue. Reflecting on the recent plague outbreak in Madagascar.

FT - UK vaccine research hub to bolster fight against lethal viruses

<https://www.ft.com/content/afdc493e-e716-11e7-97e2-916d4fbac0da>

"Britain is setting up a £10m vaccine research network intended to help poorer countries improve vaccine manufacturing and develop a rapid response system for breakouts of lethal viruses, such as Zika and Ebola. The Future Vaccine Manufacturing Hub, which will be funded by the UK Department of Health and based at Imperial College London, will support collaborative research projects at eight British universities and institutes. It will also work with vaccine manufacturers in

India, Bangladesh, China, Vietnam and Uganda. ... The Imperial hub will work closely with the international Coalition for Epidemic Preparedness Innovations...

Plos NTDs (Editorial) - Ten failings in global neglected tropical diseases control

Peter Hotez; <http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005896>

“PLOS NTDs Founding Editor Peter Hotez identifies 10 important and substantive gaps in NTDs research that were previously highlighted as priorities for the new WHO Director-General, Dr. Tedros.” The first group of failings is linked to the geopolitics of the NTDs; The second group is more linked to closing coverage gaps and providing universal access.

Lancet Infectious Diseases (Comment) - A crucial list of pathogens

G Tillotson; [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30754-5/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30754-5/fulltext)

*“In this issue of *The Lancet Infectious Diseases*, Evelina Tacconelli and colleagues, and the WHO Pathogens Priority List Working Group, [describe](#) how WHO created a priority list of antibiotic-resistant bacteria to support research into and development of effective drugs. The authors used a multicriteria decision analysis method to prioritise antibiotic-resistant bacteria: 20 bacterial species with 25 patterns of acquired resistance and ten criteria to assess priority were used to generate the list.”*

Access to Medicine foundation (news) - First Antimicrobial Resistance Benchmark will be published in January at the WEF, Davos

<https://accesstomedicinefoundation.org/news/first-amr-benchmark-will-be-published-at-wef/>

“The Foundation will launch the first Antimicrobial Resistance Benchmark at the WEF Annual Meeting in Davos in January 2018. It will be the first independent report to evaluate how the pharmaceutical industry is responding to AMR.”

Vox – Measles deaths have dropped 84 percent since 2000

<https://www.vox.com/health-care/2018/1/3/16846632/measles-vaccines-health-care-voxcare>

“Deaths from measles are at an all-time low. The World Health Organization reported earlier this year that, for the first time ever, the number of deaths from measles has fallen below 100,000. Measles deaths have fallen from 550,100 in 2000 to 89,780 in 2016. That works out to a decline of 84 percent over 16 years. The decline is largely due to increasing availability of the measles vaccine. As the New York Times [reports](#) (26 Dec), much of this work has been done through a non-profit called Gavi...”

NCDs

CNN - WHO to recognize gaming disorder as mental health condition in 2018

https://amp.cnn.com/cnn/2017/12/27/health/video-game-disorder-who/index.html?_twitter_impression=true

*“In 2018, playing video games obsessively might lead to a diagnosis of a mental health disorder. In the **beta draft of its forthcoming 11th International Classification of Diseases**, the World Health Organization **includes "gaming disorder" in its list of mental health conditions**. The WHO defines the disorder as a "persistent or recurrent" behavior pattern of "sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning."...”*

The Conversation – Big Tobacco woos African farmers with bogus promises of prosperity

Ronald Labonté et al; https://theconversation.com/big-tobacco-woos-african-farmers-with-bogus-promises-of-prosperity-88509?utm_source=twitter&utm_medium=twitterbutton

« ...With tobacco use down in most high-income countries, Africa is one of the new battle sites of Big Tobacco’s efforts to grow its consumer base, partly by fighting every government attempt to comply with the WHO’s Framework Convention on Tobacco Control (FCTC)....”

*“... While still making spurious claims that such control measures violate trade agreements, **one of the tobacco industry’s other key lobbying arguments is that tobacco growing is essential to the livelihoods of millions of small-scale rural farmers**. We set out to answer that question in our **three sub-Saharan African countries**, chosen for their varying reliance on tobacco as an agricultural crop and source of export revenues (Kenya the least, Malawi the most, Zambia in the middle).... » What are the results so far?*

A somewhat related tweet by Gail Hurley: *“**We’re developing world’s 1st tobacco social impact bond @UNDP to support farmers transition to more sustainable crops**. Stay tuned for more info! World needs more #innovativefinance solutions like this to fund #SDGs #SDG3 #impactinvesting”.*

Lancet (Correspondence) – Another perspective on the Foundation for a Smoke-Free World

N Hirschorn ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33312-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33312-3/fulltext)

Excerpt: “...Unlike standard nicotine replacement therapy, counselling, and quitting cold turkey, e-cigarettes and heat-not-burn tobacco products maintain nicotine addiction. And unlike methadone, which is the cheapest manufactured drug in the USA and used as an example by electronic nicotine delivery systems (ENDS) advocates, **there is a huge profit to be made by the tobacco industry in prolonging nicotine addiction.** Decades ago, an industry executive said bluntly, “Nicotine is addictive. We are, then, in the business of selling nicotine.” Whatever reduction in mortality is possibly achieved by ENDS would be offset to some degree by continued nicotine use, by non-smoking adolescents becoming addicted and switching to regular cigarettes (which is already occurring), and by any long-term toxicity associated with the ENDS products....”

Guardian - Former advertising executive reveals junk food-pushing tactics

<https://www.theguardian.com/society/2018/jan/02/former-advertising-executive-reveals-big-foods-junk-food-pushing-tactics>

“A former advertising executive who spent two decades working with “big food” corporations has revealed how they are still working to persuade us to eat more sugar and junk food in spite of the obesity epidemic.” Recommended read, especially for all the folks so keen on multi-stakeholder partnerships & working (on an equal footing) with Big Food, Big Soda, ... in the hope that they’ll change their ways. **Focus on the UK here**, but with clear lessons also for many other countries.

“...**Dan Parker**, who was a successful advertising executive earning his living promoting Coca Cola and McDonalds, told the Guardian in his first interview that the food industry is behaving like Big Tobacco. “**I think what the food industry does now will define where it lands. If it behaves like tobacco it will end up being treated like tobacco. And I think it is behaving like tobacco,**” said the former industry insider....”

“... **The food industry**, Parker says, **is at a crossroads.** “If [the food industry] continues to sit there saying we’re great, there’s no problem, it’s all to do with everything else, eventually suddenly there will be a switch in public will and then there will be an awful lot of bad regulation happening,” he said. “What’s clearly happening at the moment is the food industry’s working hard to drag its heels,” he said. It funds research showing obesity is about lack of exercise or other factors. “It’s all about deflecting it away from being about what we eat. “... ..” **As a nation, we probably need to reduce the total amount of food we consume by 10-20% and we need to reduce the amount of unhealthy food we eat by 20-30%, he believes.**”

WHO Bulletin –Beyond hypertension: integrated cardiovascular care as a path to comprehensive primary care

Sandeep Kishore et al; http://www.who.int/bulletin/online_first/BLT.17.197996.pdf?ua=1

*“At the United Nations General Assembly in 2016, the World Health Organization (WHO) and the Centers for Disease Control and Prevention in the United States of America launched **Global Hearts**, an initiative that includes the HEARTS technical package for cardiovascular disease management in primary health care. Building on WHO’s package of essential noncommunicable disease interventions, Global Hearts focuses on the noncommunicable disease burden due to atherosclerotic cardiovascular disease and its risk factors. The initiative also provides a simple framework that enables front-line health clinics to implement WHO’s longstanding call to integrate cardiovascular disease care into primary disease prevention. Given that cardiovascular disease is the principal cause of death worldwide and is increasingly common, tackling the disease is crucial for achieving meaningful primary care. However, to do so successfully, the initiative needs to extend cardiovascular disease care to include conditions such as heart failure and rheumatic heart disease. More importantly, **Global Hearts must be incorporated into existing health-care delivery systems and into the public health laws and policy crucial for primary disease prevention....”***

Sexual & Reproductive / maternal, neonatal & child health

Guardian - #MeToo is important, but the war on women is a far, far bigger deal

Heather Barr; https://www.theguardian.com/commentisfree/2017/dec/31/metoo-is-important-but-war-on-women-is-far-bigger-deal?CMP=share_btn_tw

“Educational injustice, weaponised rape, child marriage – the fight for equality still has to be won on many fronts.”

“...In 2018, our movement will have to widen its scope. Sexual harassment, abuse and assault of women is commonplace in many industries and workplaces. ...”

My guess is that this will indeed happen, and that the MeToo movement will become broader, and hopefully also (fully) global. Some positive news for 2018 & beyond (even if the battle will be long & tough, and there will no doubt be many nasty backlashes).

Lancet (Comment) – Renewing the focus on health care for sexually assaulted children and adolescents

Rachel Jewkes ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33362-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33362-7/fulltext)

*“Sexual assault and rape are in the media spotlight in the face of unfolding revelations of abuse of women in the entertainment industry and sports. These disclosures by public figures highlight some aspects of sexual abuse—namely, that it is often pervasive, an expression of power (rather than just about sex) and rooted in ideas of male sexual entitlement, and an experience that victims find shameful and often conceal. Far from the lights of Hollywood, **many children and adolescents in low-income and middle-income countries (LMICs) face sexual abuse and often have little recourse to assistance.** In this context the long-awaited **2017 WHO clinical guidelines on responding to children and adolescents who have been sexually abused** are welcomed, even if they contain few surprises...”*

Lancet Public Health (Editorial) – Protecting migrant women

[http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30244-X/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30244-X/fulltext)

“Europe is facing massive movements of refugees and migrants—women, girls, men, and boys of all ages. The journey to Europe is perilous; migrants often face high levels of violence, extortion, and exploitation along the way, reaching a paroxysm with recent reports of slave auctions in Libya. About 20% of migrants arriving in the EU are women. For women and girls, risks of gender-based violence, including sexual violence, add to the insecurities inherent to the journey.... ...”

... In May, 2018, the first World Congress on Migration and Health will be held in Edinburgh, Scotland, and should provide a platform to discuss strategies for improving the health of, and health care for, migrants. Later in 2018, The Lancet Commission on Migration and Health will tackle the key issues that affect the health of migrants. ...”

International Women’s Health Coalition - At the UN, Progress Amid Peril for Women and Girls

Rachel Jacobson; <https://iwhc.org/2017/12/un-progress-amid-peril-women-girls/>

*« As the body where the global community’s commitment to the human rights is normally affirmed, the **Third Committee of the UN General Assembly** is often a hopeful, and even idealistic space. However, this year, the aggressive posture of the US undermined the negotiation raising serious doubts about the ongoing health of multilateralism at the UN. Not surprisingly, these new developments were especially evident in negotiations on women’s rights, and especially their sexual and reproductive rights. **The Third Committee**, which includes all 193 UN Member States, focuses on agreements regarding human rights and humanitarian affairs, **ended its 2017 session in November** following weeks of intense and, at times, contentious negotiations. The GA adopted more than 60*

resolutions from the Third Committee on issues ranging from counter-terrorism to girls' rights to combating racism.... » A short report (& analysis).

Access to medicines

FT Health - Drugmakers impose new inflation-busting price increases

<https://www.ft.com/content/21dabb8e-f0d5-11e7-b220-857e26d1aca4>

Disgusting, no less. As was already clear over the last few years, pricing of medicine is now clearly also a big issue in “developed countries”:

“Drugmakers have imposed price rises of several times the rate of inflation on more than a thousand products in the US, a New Year move that risks a political backlash at a time of intense scrutiny on healthcare costs. Pfizer, the largest standalone drugmaker in the US, raised the average wholesale price of 148 drugs by between 6 and 13.5 per cent, according to data seen by the Financial Times, with a mean average increase of 8.8 per cent. The list included several of its best-known medicines such as Viagra, the erectile dysfunction treatment, and Lyrica for nerve pain. Other large drugmakers, including Allergan, GlaxoSmithKline, Gilead, Shire, Biogen, Teva, Baxter and Viiv also increased the US list prices of their medicines on January 1, according to the data...”

FT Health - World's most expensive medicine priced at \$850,000

<https://www.ft.com/content/7c5d1212-f02d-11e7-b220-857e26d1aca4>

News in the same vein. The year is still young, but we already have a new world champion: “Spark Therapeutics says it will charge **\$850,000 for its new gene therapy for blindness, making it the most expensive drug on the market** and kick-starting a debate about the affordability of pioneering treatments.”

“... The advent of single-time gene therapies — and of new cancer cell therapies from Novartis and Gilead that are also administered once — has prompted a debate over how much drugmakers should charge for scientific breakthroughs and whether society can afford them. Spark also announced what it described as “first of their kind” programmes designed to help employers, the government and patients manage the cost of Luxturna. The group said it would share the risk of the treatment failing by paying some health insurers a rebate linked to whether the treatment worked in the first 30 to 90 days, and also to whether it was still effective after 30 months. ...”

IJHPM – BRIC Health Systems and Big Pharma: A Challenge for Health Policy and Management

V Rodwin et al;

http://www.ijhpm.com/article_3449_0.html?utm_source=dlvr.it&utm_medium=twitter

*“BRIC nations – Brazil, Russia, India, and China – represent 40% of the world’s population, including a growing aging population and middle class with an increasing prevalence of chronic disease. Their healthcare systems increasingly rely on prescription drugs, but they differ from most other healthcare systems because healthcare expenditures in BRIC nations have exhibited the highest revenue growth rates for pharmaceutical multinational corporations (MNCs), Big Pharma. **The response of BRIC nations to Big Pharma presents contrasting cases of how governments manage the tensions posed by rising public expectations and limited resources to satisfy them.** Understanding these tensions represents an emerging area of research and an important challenge for all those who work in the field of health policy and management (HPAM).”*

IP-Watch – A Canadian Billionaire’s Mysterious Death And The Effect On Access To Medicines

<https://www.ip-watch.org/2017/12/20/canadian-billionaires-mysterious-death-access-medicines/>

“The mysterious death [last week] of Canadian billionaire Barry Sherman and his wife has raised many questions. For some, one question is what impact it will have on pharmaceutical competition in Canada, as his giant generic medicines company Apotex was seen as making a mark in access to medicines. It was also recalled that the company is the only one to have used an obscure provision of a World Trade Organization intellectual property agreement aimed at making more affordable medicines available in least developed countries...”

And a quick link: (Stat) - [Chilean lawmakers push for compulsory licenses for hepatitis C drugs.](#)

Miscellaneous

Lancet World Report – Syria: 7 years into a civil war

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30006-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30006-0/fulltext)

“Years of conflict have killed thousands, but the toll of war on Syria's health systems extends the cost of war beyond the front lines as de-escalation efforts seem to be faltering. Sharmila Devi reports.”

The Sunday Times - Boris Johnson smashes £13bn foreign aid 'jam jars'

<https://www.thetimes.co.uk/article/boris-johnson-smashes-13bn-foreign-aid-jam-jars-zcrn5sc98>

"Aid money will be funnelled into projects that promote British interests after two cabinet ministers admitted more has to be done to give taxpayers value for money from the £13bn aid budget. Boris Johnson has told The Sunday Times that, under a shakeup of development spending in 2018, aid money will be co-ordinated to support UK foreign policy rather than only help the world's poor..."

Nature (Comment) – How the Chan Zuckerberg Science Initiative plans to solve disease by 2100

<https://www.nature.com/articles/d41586-017-08966-z>

"Its president, Cori Bargmann, sets out three ways to accelerate science — creativity, openness and shareable resources."

A bit ironic given how Facebook operates...

The Conversation - The key to a vibrant democracy may well lie in your workplace

<https://theconversation.com/amp/the-key-to-a-vibrant-democracy-may-well-lie-in-your-workplace-89179>

Based on a new [paper](#) by Andrew Timming et al.

Nature (News) – Germany vs Elsevier: universities win temporary journal access after refusing to pay fees

https://www.nature.com/articles/d41586-018-00093-7?utm_source=TWT_NatureNews&sf178147179=1

"The Dutch publishing giant Elsevier has granted uninterrupted access to its paywalled journals for researchers at around 200 German universities and research institutes that had refused to renew their individual subscriptions at the end of 2017." "...Elsevier now says that it will allow the country's scientists to access its paywalled journals without a contract until a national agreement is hammered out."

Emerging Voices

Some new publications from EV alumni :

Moses Tetui (EV 2012):

[A participatory action research approach to strengthening health managers' capacity at district level in Eastern Uganda](#) (in a new **Health Research Policy & Systems** supplement – see also below (Research section))

Upasona Ghosh (EV 2014):

(BMJ Analysis) - [Climate change: health effects and response in South Asia](#)

BMC Pregnancy & Childbirth Supplement - [Special issue on women's health, gender and empowerment.](#)

Research

Health Research policy & systems (Introduction) - Engaging stakeholders in implementation research: lessons from the Future Health Systems Research Programme experience

David Peters, Abdul Ghaffar et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0269-6>

Introductory editorial of a **new supplement.** (Edited by Ligia Paina, Elizabeth Ekirapa-Kiracho, Abdul Ghaffar, and Sara Bennett)

... The articles in this supplement examine some of the tools and approaches used to facilitate stakeholder engagement in implementation research, and describe learning from the experience of the Future Health Systems (FHS) Research Programme Consortium. Over the past decade, the FHS Consortium, comprised of teams from Afghanistan, Bangladesh, China, India and Uganda, have worked closely with the people and organisations leading the transformation of health systems in each of their own countries. They have pursued approaches that allow key actors to 'learn by doing'. In doing so, they find how implementation research can be usefully employed by providers, beneficiaries, officials and key local actors to improve the delivery of health services, particularly for poor and marginalised populations..."

Critical Public Health (Commentary) - A proposed core model of the new public health for a healthier collectivity: how to sustain transdisciplinary and intersectoral partnerships

M Bteich, L Gautier et al; [A proposed core model of the new public health for a healthier collectivity: how to sustain transdisciplinary and intersectoral partnerships](#)

*“At present, there is no conceptual model by which public health could be represented as intersectoral governance collaborating with society and the state, and acting as a collective on the determinants of health. In this article, our interdisciplinary group, representing core competencies in public health, suggest **two complementary conceptual models** as frameworks for a diverse public concerned with public health and its core functions. The **first conceptual ‘core model’** roots from the Ottawa Charter for Health Promotion. It represents the interrelationships of the three main poles united at the biopower level: the collectivity (entire population), the contemporary state and public health. In **the second conceptual model**, we present the various components in the meta-network of public health governance. We also present the roles of heterogeneous actors and how they can collaborate within a prominent process of capacity building and development of practice in public health. Thus, we emphasize the importance of intersectoral partnerships the contemporary state can make with public health without inducing any rupture with the social fabric...”*

BMJ Global Health – How to and how not to develop a theory of change to evaluate a complex intervention: reflections on an experience in the Democratic Republic of Congo

R Maini, J Borghi et al ; <http://gh.bmj.com/content/3/1/e000617>

*“Theories of change (ToCs) describe how interventions can bring about long-term outcomes through a logical sequence of intermediate outcomes and have been used to design and measure the impact of public health programmes in several countries. In recognition of their capacity to provide a framework for monitoring and evaluation, they are being increasingly employed in the development sector. The construction of a ToC typically occurs through a consultative process, requiring stakeholders to reflect on how their programmes can bring about change. ToCs help make explicit any underlying assumptions, acknowledge the role of context and provide evidence to justify the chain of causal pathways. However, while much literature exists on how to develop a ToC with respect to interventions in theory, there is comparatively little reflection on applying it in practice to complex interventions in the health sector. **This paper describes the initial process of developing a ToC to inform the design of an evaluation of a complex intervention aiming to improve government payments to health workers in the Democratic Republic of Congo.** Lessons learnt include: the need for the ToC to understand how the intervention produces effects on the wider system and having broad stakeholder engagement at the outset to maximise chances of the intervention’s success and ensure ownership. Power relationships between stakeholders may also affect the ToC discourse but can be minimised by having an independent facilitator. We hope these insights are of use to other global public health practitioners using this approach to evaluate complex interventions.”*

Book – Accountability for Effectiveness in Global Governance

<https://www.routledge.com/Accountability-for-Effectiveness-in-Global-Governance/Kirton-Larionova/p/book/9781472466914>

Edited by **John Kirton & Marina Larionova**. Just out.

Resilience – Is resilience a normative concept?

H Thoren et al; <http://www.tandfonline.com/doi/full/10.1080/21693293.2017.1406842>

“In this paper, we engage with the question of the normative content of the resilience concept. The issues are approached in two consecutive steps. First, we proceed from a narrow construal of the resilience concept – as the ability of a system to absorb a disturbance – and show that under an analysis of normative concepts as evaluative concepts resilience comes out as descriptive. In the second part of the paper, we argue that (1) for systems of interest (primarily social systems or system with a social component) we seem to have options with respect to how they are described and (2) that this matters for what is to be taken as a sign of resilience as opposed to a sign of the lack of resilience for such systems. We discuss the implications of this for how the concept should be applied in practice and suggest that users of the resilience concept face a choice between versions of the concept that are either ontologically or normatively charged.”