

# IHP news 452 : Warming up for WHO's EB142

( 12 January 2018)

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,

*I was going to write something about **Oprah Winfrey** and **Cathérine Deneuve** in this week's intro – both strong and courageous women in my opinion, the first one for (forcefully) opening up and broadening the #MeToo debate to the non-middle class/cultural elite ranks in society, the other one for [trying](#) to bring a bit more sense & sensibility in this (sometimes too sterile & polarizing) debate. (On Deneuve I'm well aware [not everybody agrees](#)). But as this is a minefield for the average bloke to wander into (ask Matt Damon), I better leave this debate to a stable genius of sorts. In any case, I hope on both accounts substantial progress will be made in the years and decades to come, as this movement will only gain further momentum, and rightfully so – see for example [China](#) - “China's women break silence on harassment as #MeToo becomes #WoYeShi” . This is a very context-specific debate, though, in terms of power differences, cultural challenges, generational aspects ... and so it's good to read views from all corners in society, and all corners of the globe. And then act upon them.*

*Speaking of stable geniuses, **Bill Gates** explained at the **JP Morgan Annual Global Health forum** how the private sector can and should profit [from public health](#). (Even more than already is the case, ahum : ) ) As stable geniuses tend to do, he did say a few very sensible things, even if the private sector will no doubt continue to make stable bucks if Bill & his JP Morgan friends get their way. Another stable genius, **Stephen Hawking**, [reiterated](#) that we're on our way to Venus, if we don't manage to cut greenhouse emissions (sufficiently/timely). Still, his blaming of Trump (on pulling out of the Paris Agreement) lets us, fickle global citizens, a bit too easily off the hook. Instead, at “braais” & on budget flights, we'd better all merrily sing together, [“I'm your Venus!”](#) Maybe at the Liverpool symposium, **Lucy Gilson** – another stable (though also slightly hyperdynamic) genius – can take the lead, as a meta-governor of the HPSR crowd. (#planetaryhealthsession)*

***Pope Francis**, a stable spiritual genius, we presume, came up with his own view on [how to make the world a better place in 2018](#). Interestingly, besides the need for affordable health care and medicines for all, he also pointed to the threat of technological advances that may put millions of people, especially the poorest, out of work. Millions and millions of people risk undergoing the Fire and Fury of Artificial Intelligence, further automation, robotization, and the like. A world of ( more or less capable) plutocrat populists and a vast precariat (or worse) could be in the making, if we're not careful and change the priorities of/in our system. (Side note: as you recall, in the old days, people routinely ignored prophets. They still do. At least in that respect, humans are fairly stable mammals.)*

*Fortunately, in Belgium, a “**Don't complain for 30 days**” campaign is about to kick off, which presumably will boost the wellbeing of many in this small country. Don't know whether it'd be a good idea for global health watchers too, with **WHO's EB142 meeting coming up**, and WHO (incl. Tedros) again under scrutiny in the weeks to come... Richard, what do you say?*

*Enjoy your reading.*

*The editorial team*

***Table of Contents:***

Featured Article .....	3
Highlights of the week .....	4
Global health events .....	17
Global governance of health .....	18
UHC .....	25
Planetary health .....	28
Infectious diseases & NTDs .....	29
AMR.....	33
NCDs.....	34
Sexual & Reproductive / maternal, neonatal & child health .....	36
Access to medicines .....	38
Human resources for health .....	39
Miscellaneous .....	40
Research.....	42

## Featured Article

### Global health can't wait: Can the “Macron momentum” deliver in 2018?

*Auriane Guilbaud, Associate Professor of Political Science, University Paris 8*

The French President Emmanuel Macron had, as one might expect, a busy end of the year 2017, full of visits and meetings with other heads of States to tackle global problems (and he still had time for some celebration for his 40<sup>th</sup> birthday at the Chambord castle – [or was it an early Christmas celebration?](#)). On November 28<sup>th</sup> 2017 he was in Ouagadougou, Burkina Faso, delivering a speech during his first African tour, followed by the European Union-African Union Summit in Abidjan, Ivory Coast ; on December 12<sup>th</sup> he welcomed a number of very important guests at the One Planet Summit in Paris, 2 years after the COP 21 and the signature of the Paris Agreement ; on December 13<sup>th</sup> he hosted a support meeting for the G5 Sahel, a joint force between Mali, Niger, Burkina Faso, Chad and Mauritania, to fight terrorism in the Sahel region ; and on December 22<sup>nd</sup>-23<sup>rd</sup>, he was in Niamey, Niger, to visit the French military forces deployed there and to support Niger - a key partner of the G5 Sahel [and in the fight against illegal migration](#) - [with 400 million € in development aid](#).

Development, youth employment, climate change, security, the fight against terrorism, were all discussed. Sometimes, health issues were also mentioned. This was explicitly the case only during Macron's speech in Burkina Faso, but ensuring good health is a multisectoral process. Is there a specific “Macronian global health vision” emerging from these meetings and especially from this new “Partnership with Africa” that Macron has been calling for? And can the “[Macron momentum](#)”, discerned by some for the European Union, bring out concrete health actions in 2018?

In his [Ouagadougou speech](#), Emmanuel Macron pleaded for more efficient development aid, multilateral efforts, and coordination among donors. These three elements are also key to the Sahel Alliance (Alliance pour le Sahel), which the French President singled out. The Sahel is obviously an important region for French diplomacy for historic, economic and geostrategic reasons (for instance the French nuclear group [Areva exploits uranium mines in Niger](#)), and the Sahel Alliance was launched with the aim to complement the G5 Sahel force created three years before in order “[to guarantee development and security conditions](#)”. This nexus between security and development is nothing new. The emphasis is still put on security first with the G5 Sahel, which is currently looking for funds to expand and deploy the multi-country forces between the five Sahel countries to fight terrorist attacks by several armed groups (hence the meeting hosted in Paris and the visit to Niamey). The Sahel region is also a very poor one, with [acute health problems and massive lack of access to health](#), thus the emphasis on development efforts. The French Development Agency (AFD) for instance has a [2015-2020 plan for the region](#) (which is also funded by the European Union) focused on three priorities: youth employment, demographic challenges, food security and territorial development.

On health specifically, five points of the [Ouagadougou speech](#) can be underlined. First, Emmanuel Macron focused on “the challenge of population growth”, something that should be addressed by women empowerment (that would imply a focus on reproductive health, but the word was not pronounced). Second, he spoke of the need to improve access to health, and especially to provide better access to medicines to fight pandemics. He confirmed that France will remain the second

donor to the Global Fund to fight Aids, Tuberculosis and Malaria, following the steps of Jacques Chirac, the first French President to commit to that institution. Third, he highlighted the need to build and strengthen health systems, by investing in health infrastructure, technologies and telemedicine. This task should be performed by the French private sector, namely French investment funds and insurance companies, which should invest in health systems and “build clinics” (a president never loses an opportunity for economic diplomacy). Fourth, he mentioned the importance of the fight against counterfeited drugs. And, fifth, he went on to climate change, which can amplify all threats, including health ones. In that regard, it was timely that, only two weeks later, Emmanuel Macron hosted the One Planet summit, two years after the signature of the Paris Agreement. Political actors were largely silent or absent, and the emphasis was put on financial actors, “green finance”, and how investments could be reoriented to support a low carbon economy, with the hope that their engagement would make up for the USA withdrawal ([Axa for instance pledged to disinvest from the coal industry, the World Bank pledged not to finance projects exploiting fossil energy anymore after 2019](#)).

What can we conclude from all this? A few priorities seem to emerge, which could still be better defined: a focus on the Sahel region with a “development-security nexus” approach (which could evolve into a “development-security-climate change” nexus approach?), a focus on access to medicines, health system strengthening (all this linked with the fight against counterfeited drugs), and support of multilateral funds (though rumor has it that [France might cut its contribution to Unitaïd by 20%](#)). However, the preferred method to act on these priorities takes as much importance: a clear focus on aid efficiency and (multilateral) cooperation, and, maybe more striking, an emphasis on technologies and the role of the private sector, and especially the finance sector. This seems to be the current belief, one that was present in the Ouagadougou speech on health and one that also dominated at the One Planet Summit: when political will is lacking, there is a hope the private sector will jump in for the better...Who said “*les promesses n’engagent que ceux qui y croient*”? In the meantime, a crucial word for health and development failed to be pronounced: inequality. It is astonishing, although perhaps not surprising, that, for all the focus put on access to health, to medicines, to clinics-to-be-built-by-French-investors, and [at a time when world income inequalities are rising](#), the issue was not even mentioned.

We might wish for 2018 that French global health actions take into consideration that, to “concretely deliver” on lofty goals, one not only has to build clinics equipped with technologies and telemedicine devices. Effective access also needs to be ensured, which requires an understanding and action on the reasons for unequal access to health. Because, even if [Le Monde’s editorialists celebrate the fact that Emmanuel Macron has taught French people “patience”](#), global health can’t wait much longer.

## Highlights of the week

### Coming up – WHO’s EB142 meeting (22-27 January, Geneva)

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

You find preliminary daily timetable, preparatory documents, .. all here. It's an extensive list of documents already. Quite a few among them must-reads.

### Draft thirteenth general programme of work 2019–2023 (version as of 5 January)

<http://www.who.int/about/what-we-do/gpw13-expert-group/Draft-GPW13-Advance-Edited-5Jan2018.pdf?ua=1>

45 p. This is, clearly, an **absolute Must-Read**, if you haven't done so yet. The new draft was quite well received, it appears, in most corners. Among others the **higher profile of 'healthy ageing' & older people** in general was appreciated.

Our eye was also caught by "[Preliminary evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases](#)". But have a look at the preparatory documents yourself.

### Early analysis ahead of the EB meeting

## IP-Watch - WHO's Revised Work Programme: Evidence-Based Normative Work, Access To Medicines

<https://www.ip-watch.org/2018/01/08/whos-revised-work-programme-evidence-based-normative-work-access-medicines/>

(gated) *"In a couple of weeks, the World Health Organization will be holding its annual January Executive Board meeting. Delegates will consider the edited version of the draft 13th WHO general programme of work for 2019-2023, published on 5 January. Following comments to the first version of the programme in November, the secretariat produced a more fleshed-out document, emphasizing the WHO's normative role, in particular evidence-based. The necessity of access to medicines and vaccines has been extended to other products, such as devices and blood products, and mention is made of the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property."*

## Politico - World's doctor gives WHO a headache

[https://www.politico.eu/article/tedros-adhanom-ghebreyesus-gives-who-a-headache/amp/?\\_twitter\\_impression=true](https://www.politico.eu/article/tedros-adhanom-ghebreyesus-gives-who-a-headache/amp/?_twitter_impression=true)

Some more analysis & HL gossip...

*"Seven months into his tenure, the early moves of the WHO's first African chief are stoking a backlash. His supporters say Tedros Adhanom Ghebreyesus promised to shake the institution up. The critics, increasingly emboldened, say he's undermining the World Health Organization's effectiveness and putting its funding at risk...."*

*"...The latest disruptive move is his appointment of a little-known Russian official to run the WHO's tuberculosis program, using a fast-track process, one month after meeting with President Vladimir Putin at a major gathering on the topic in Moscow...."*

Ilona Kickbusch tweeted on this piece:

***"Today @WHO and its leadership are affected by and need to respond to the global power shift and the "non-Western world" - we see #globalhealth diplomacy changing. The tensions around power and values will increase in global health"***

On the controversial TB appointment, see also IP-Watch - <https://www.ip-watch.org/2018/01/09/defends-selection-new-directors-leadership-team/> (gated)

*"The new World Health Organization director general last month announced a range of officials to serve as programme directors, touting the unusual achievement of naming almost all women to add to an overall women's majority in the senior leadership of the organisation – a first for the UN. Now after some questions arose over the choice of a Russian official to head up efforts against tuberculosis, **the WHO defended its choices as fully merit-based**, including in an email to Intellectual Property Watch and its sister publication Global Health Policy News."*

Cfr a tweet:

*"It's important to emphasise that **merit was the first criteria for all appointments, while secondary consideration was given to gender and geographical diversity**." - stressed the #WHO press team.*

## **Civil society meetings ahead of EB meeting (19-20 Jan)**

<http://g2h2.org/posts/january2018/>

All info here.

As already mentioned before, **PHM** also published (and will adjust still in the coming weeks) its view on various agenda points of the EB meeting – for updates, see [PHM Commentary \(as of 6 January\)](#) & [WHO tracker](#).

PS: among others, **Global Health Watch 5**, The "Alternative World Health Report" will be presented by @PHMglobal at the civil society meeting ahead of EB142.

## UN Environment and WHO agree to major collaboration on environmental health risks

<http://www.who.int/mediacentre/news/releases/2018/environmental-health-collaboration/en/#.WlYqzw0iBzE.twitter>

*“UN Environment and WHO have agreed a new, wide-ranging collaboration to accelerate action to curb environmental health risks that cause an estimated 12.6 million deaths a year. Today in Nairobi, Mr Erik Solheim, head of UN Environment, and Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, signed an agreement to step up joint actions to combat air pollution, climate change and antimicrobial resistance, as well as improve coordination on waste and chemicals management, water quality, and food and nutrition issues. The collaboration also includes joint management of the BreatheLife advocacy campaign to reduce air pollution for multiple climate, environment and health benefits. This represents the most significant formal agreement on joint action across the spectrum of environment and health issues in over 15 years....”*

## Lancet Planetary Health – January issue

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

Start with the Editorial - [The natural environment and emergence of antibiotic resistance](#)

The issue also features some articles on the use of **air pollution alerts** – cfr a tweet:

“@TheLancetPlanet: #Airpollution alerts without enforceable actions may be inadequate in protecting #publichealth <https://hubs.ly/H09CP030>” and much more.

## Stat News - CDC plans session on ‘preparing for the unthinkable’: a nuclear detonation

<https://www.statnews.com/2018/01/04/cdc-nuclear-war-grand-rounds/>

Apparently, we needn’t be worried. In the past, a session also has been organized to **prepare for zombies**. Still, the timing is eery.

## Ebola survivors sue government of Sierra Leone over missing millions

[https://www.theguardian.com/global-development/2018/jan/05/ebola-survivors-sue-sierra-leone-government-over-missing-ebola-millions?CMP=tw\\_t\\_a-global-development\\_b-gdndevelopment](https://www.theguardian.com/global-development/2018/jan/05/ebola-survivors-sue-sierra-leone-government-over-missing-ebola-millions?CMP=tw_t_a-global-development_b-gdndevelopment)

News from late last week.

***“Two Ebola survivors are to sue the government of Sierra Leone in the first international court case intended to throw light on what happened to some of the millions of dollars siphoned off from funding to help fight the disease. The case, filed with the regional west African court in Nigeria, alleges that a lack of government accountability allowed the disappearance of almost a third of the money that came into the country during the early months of the Ebola outbreak in 2014. It claims that this led to violations of survivors’ rights to health and life. An audit of the first six months of the outbreak showed that more than \$15m (£11m) worth of resources donated to the government went unaccounted for – more than 30% of what came into the country over that period....”***

## **(More) Looking back (to 2017) & looking ahead (to 2018)**

Last week, we already mentioned a number of “educated Nostradamus peerings” into 2018, on global health & development. We flag a few more must-reads here:

### **Health Systems Global - 2017 year in review**

George Gotsadze; <http://www.healthsystemsglobal.org/blog/256/2017-Year-in-Review.html>

Good overview of all achievements of HSG in 2017. Do read till the end. **Kabir Sheikh** (HSG’s board chair) is moving to Geneva, to join the Alliance.

### **Seattle Times - Gates Foundation boosted funding for birth control, women’s rights in 2017**

<https://www.seattletimes.com/seattle-news/health/gates-foundation-boosted-funding-for-birth-control-womens-rights-in-2017/>

***“The “Me-Too” movement that forced the U.S. to confront sexual harassment and gender equality in an unprecedented way this year hasn’t yet taken hold in many of the world’s poorest countries — but the CEO of the Bill & Melinda Gates Foundation believes that’s about to change. 2018 will be a year when “people who have been powerless become powerful,” Susan Desmond-Hellmann predicted in a recent interview at her Seattle office. “It certainly feels like that in America with the dialogue we’ve been having.”***

*Excerpt: “... Desmond-Hellman’s biggest disappointment of the year was the failure of a Gates-funded trial to see if infant-mortality rates in India could be slashed by following a type of checklist that has improved care in American hospitals. The study applied a range of best practices, from hand washing to blood-pressure monitoring, but did not have a significant impact. ... Now the challenge is to figure out why — and identify measures that will work, Desmond-Hellmann said. “These women and children must have better outcomes, so what do we do now?”*

*.... For the coming year, her top goal is to see polio cases around the world drop to zero. In 2017, the total was less than 20 — down from 20 cases every 15 minutes in 1988....”*



## CGD (blog) - On the Docket for Development in 2018: CGD Experts Weigh in

<https://www.cgdev.org/blog/docket-development-2018-cgd-experts-weigh>

With the views of **Owen Barder**, **Kalipso Chalkidou**, **Amanda Glassman**, & others. Recommended.

## TWN – Critical issues to watch in 2018

<https://www.twn.my/title2/health.info/2018/hi180101.htm>

*“There are **several key social and environmental issues** to watch out for in 2018 as they are **close to reaching a tipping point**, says this preview of the new year by the South Centre’s Executive Director Martin Khor.”*

## Pandemic preparedness

### Cidrap – Experts decry lack of flu pandemic readiness, commitment

<http://www.cidrap.umn.edu/news-perspective/2018/01/experts-decry-lack-flu-pandemic-readiness-commitment>

*“Armed with 1940s-vintage flu vaccine technology and supported by only anemic funding for developing truly revolutionary vaccines, **the world is woefully unprepared for the next influenza pandemic, and the Trump administration is ignoring the problem**, two experts wrote in a New York Times op-ed piece [yesterday]. “There is **no apparent effort to make [next-generation flu] vaccines a priority in the current administration**. Its national security strategy published last month cites Ebola and SARS as potential bioterrorism and pandemic threats, yet makes no mention of the risk of pandemic influenza nor any aspect of critical vaccine research and development,” write infectious disease expert Michael Osterholm, PhD, MPH, and his book coauthor Mark Olshaker....” For the NYT op-ed, see [we’re not ready for a flu pandemic](#) .*

### Wired - Fake news and distrust of science could lead to global epidemics

Heidi Larson & Peter Piot; [Wired UK](#);

*“Distrust in scientific expertise puts public health at risk, Larson & Piot argue. On vaccines, for example, spurred on by fake news, with potentially disastrous epidemic consequences.*

For a somewhat related message, see also the Washington Post - [The anti-vaccine movement shows why Facebook is broken](#) (by R Gebelhoff)

The analysis ends, rightly: “*...But, really, the heart of the problem is human nature. We seek out information that affirms our beliefs — even if those beliefs are bunk. No algorithm could ever change that. We need to come to terms with the fact that social media makes getting bad information easy.*”

## WHO – Communicating Risk in Public Health Emergencies: A WHO Guideline for Emergency Risk Communication (ERC) policy and practice

<http://www.who.int/risk-communication/guidance/download/en/>

WHO launched the first ever evidence-based Emergency Risk Communication guideline to support countries build capacity for communicating risks during health emergencies.

## Stat News – An ‘unsustainable’ model: Drug makers signal interest in exiting vaccine development during crises

H Branswell; [Stat News](#);

*“Every few years an alarming disease launches a furious, out-of-the-blue attack on people, triggering a high-level emergency response. SARS. The H1N1 flu pandemic. West Nile and Zika. The nightmarish West African Ebola epidemic. In nearly each case, major vaccine producers have risen to the challenge, setting aside their day-to-day profit-making activities to try to meet a pressing societal need. With each successive crisis, they have done so despite mounting concerns that the threat will dissipate and with it the demand for the vaccine they are racing to develop. **Now, manufacturers are expressing concern about their ability to afford these costly disruptions to their profit-seeking operations.** ... GSK has made a corporate decision that while it wants to help in public health emergencies, it cannot continue to do so in the way it has in the past. Sanofi Pasteur has said its attempt to respond to Zika has served only to mar the company’s reputation. Merck has said while it is committed to getting its Ebola vaccine across the finish line it will not try to develop a vaccine that protects against other strains of Ebola and the related Marburg virus.... **Drug makers “have very clearly articulated that ... the current way of approaching this — to call them during an emergency and demand that they do this and that they reallocate resources, disrupt their daily operations in order to respond to these events — is completely unsustainable,”** said Richard Hatchett, CEO of CEPI, an organization set up after the Ebola crisis to fund early-stage development of vaccines to protect against emerging disease threats....”*

## Gates at the annual JP Morgan Health care conference speaking about the possibilities at the intersection of global health & the private sector

As usual, Bill saw ‘win-wins’ everywhere.

## Devex - Bill Gates makes the business case for breakthroughs in global health

<https://www.devex.com/news/bill-gates-makes-the-business-case-for-breakthroughs-in-global-health-91850>

(recommended) *“On Monday, Bill Gates spoke with an audience of health care professionals, and made the business case for pursuing breakthroughs in global health. **The chair of the Bill & Melinda Gates Foundation was a keynote speaker at the first day of the J.P. Morgan Healthcare Conference, the largest health care industry gathering.** He outlined ambitious goals for global*

health, such as **cutting the number of annual deaths of children under five down to 2.5 million in the next 15 years**. And as he asked the private sector to join the Gates Foundation and its partners in this work, which is the key priority of the largest foundation in the world, **he made the case not in terms of corporate social responsibility, but rather because it makes good business sense**. “It’s really the private sector that has the skills, experience, the capacity to turn discoveries into the viable products,” he said at the San Francisco event. “And so that’s why this engagement is so critical.” **Gates discussed the growing convergence between philanthropy and industry in developing solutions for diseases in rich countries as well as poor countries**. He talked about advances against diseases such as **obesity, Alzheimer’s, and cancer**, and explained **how they could translate to solutions for infectious diseases**. His talk was a call to action for the audience to take some of the health care innovations like those featured on the agenda at the J.P. Morgan conference and apply them to diseases facing the world’s poor, as part of the guiding belief of the Gates Foundation that all lives have equal value....”

See also Bloomberg - [Bill Gates Says Private Sector Can Profit From Public Health](#)

Key messages: “Gates to urge biotechs to see business case for public health; Billionaire’s foundation will grow private sector partnerships. “

Or read it in even more detail in the words of Bill himself, in Gates Notes - [The business of improving global health](#).

## Key reads of the week

### Lancet (Comment) – Scaling up integration of health services

E Ferencick, K Rasanathan et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30020-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30020-5/fulltext)

(must-read) “Almost 40 years after the Alma-Ata Declaration<sup>1</sup> championed a comprehensive vision of health service delivery (panel), the movement towards universal health coverage (UHC) has seen the global health policy pendulum swing back towards the need for integrated people-centred health systems ... .. Yet, **implementation of effective strategies to scale up and sustain successful integration experiences is challenging....”**

**The authors propose three key areas for consideration in setting a global agenda.** “... First, the drive to scale up an integrated approach must be brought together with addressing the current health workforce crisis—or risk the unintended consequences of integration increasing demands on health workers. ... .. Second, quality of care must be core to scaling up an integrated approach. ... .. Third, and most important, realising the vision of integrated people-centred health systems needs long-term commitment, sustained political will, and leadership with both innovation and an enabling environment that aligns governance, health financing, and incentive structures....”

## HP&P - Towards an understanding of resilience: responding to health systems shocks

J Hanefeld et al ; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czx183/4794875?redirectedFrom=fulltext>

*“The recent outbreak of Ebola Virus Disease (EVD) in West Africa has drawn attention to the role and responsiveness of health systems in the face of shock. It brought into sharp focus the idea that health systems need not only to be stronger but also more ‘resilient’. In this article, we argue that responding to shocks is an important aspect of resilience, examining the health system behaviour in the face of four types of contemporary shocks: the financial crisis in Europe from 2008 onwards; climate change disasters; the EVD outbreak in West Africa 2013–16; and the recent refugee and migration crisis in Europe. Based on this analysis, we identify ‘3 plus 2’ critical dimensions of particular relevance to health systems’ ability to adapt and respond to shocks; actions in all of these will determine the extent to which a response is successful. These are **three core dimensions corresponding to three health systems functions**: ‘health information systems’ (having the information and the knowledge to make a decision on what needs to be done); ‘funding/financing mechanisms’ (investing or mobilising resources to fund a response); and ‘health workforce’ (who should plan and implement it and how). These intersect with **two cross-cutting aspects**: ‘governance’, as a fundamental function affecting all other system dimensions; and predominant ‘values’ shaping the response, and how it is experienced at individual and community levels. Moreover, across the crises examined here, integration within the health system contributed to resilience, as does connecting with local communities, evidenced by successful community responses to Ebola and social movements responding to the financial crisis. In all crises, inequalities grew, yet our evidence also highlights that the impact of shocks is amenable to government action. All these factors are shaped by context. We argue that **the ‘3 plus 2’ dimensions can inform pragmatic policies seeking to increase health systems resilience.**”*

## HP&P – How to convene an international health or development commission: ten key steps

Gavin Yamey, L Summers et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czx179/4797206>

*“The Commission on Investing in Health (CIH), an international group of 25 economists and global health experts, published its Global Health 2035 report in The Lancet in December 2013. The report laid out an ambitious investment framework for achieving a “grand convergence” in health—a universal reduction in deaths from infectious diseases and maternal and child health conditions—within a generation. This article captures ten key elements that the CIH found important to its process and successful outcomes....”*

## Globalizations - Governing Ebola: between global health and medical humanitarianism

Sophie Harman et al;  
<http://www.tandfonline.com/doi/abs/10.1080/14747731.2017.1414410?journalCode=rglo20#.Wk-WCVaevSk.twitter>

*“Medical humanitarianism and global health are two distinct but co-dependent spheres of global health security. Their actors differ in their units of analysis, understanding of neutrality, and organizational capacities. While health underpins the normative principles of humanitarian action, humanitarian ideas, and notably medical humanitarian organizations, are absent from global health security planning. **This article develops the work of Lakoff** [‘Two regimes of global health’, *Humanity*, 1(1), 59–79 (2010)], **distinguishing between these two governance spheres and how this had stark consequences in the 2014/15 Ebola outbreak in Liberia and Sierra Leone, framed as a problem of global health but which rapidly became a humanitarian crisis.** Such a frame excluded medical humanitarian organizations from the initial global strategy and resulted in the creation of a new organization (UMMEER – United Nations Mission for Ebola Emergency Response) and the involvement of militaries to bridge the health-humanitarian divide. **Reconciling the distinct but co-dependent relationship between medical humanitarianism and global health is fundamental to effective delivery of global health security.**”* Interesting article.

### Duncan Green (blog) - 10 top thinkers on Development, summarized in 700 words by Stefan Dercon

<http://oxfamblogs.org/fp2p/10-top-thinkers-on-development-summarized-in-700-words-by-stefan-dercon/>

Nice blog, even if it sparked a lot of controversy on Twitter, for a male & lack of Southern bias. Check out also **Stephan Dercon’s** slides: [“Aid in messy countries”](#)

Make sure you also read the reply/follow-up by **Alice Evans** - [The Perils of Male Bias: Alice Evans replies to yesterday’s ‘Sausagefest’](#).

### The Conversation - Why Rwanda’s development model wouldn’t work elsewhere in Africa

Nic Cheeseman; <https://theconversation.com/why-rwandas-development-model-wouldnt-work-elsewhere-in-africa-89699>

Can’t argue with a “Cheeseman”. “...In countries like Kenya and Zimbabwe some have argued that their leaders should operate more like Kagame. In other words, that job creation and poverty alleviation are more important than free and fair elections. In response, critics have sought to puncture Kagame’s image by pointing to human rights violations committed under his leadership. This is an important concern. But **the notion that the Rwandan model should be exported also suffers from a more fundamental flaw: it would not work almost anywhere else because the necessary conditions – political dominance and tight centralised control of patronage networks – do not apply....”**

### Richard Smith (blog) – Little global progress in countering non-communicable disease

[BMJ blog:](#)

*“In 2011 the United Nations held a high level meeting on preventing and controlling non-communicable disease (NCD) and produced a declaration on what countries should do. **In 2018 it will hold another meeting to review progress, and unless there is a dramatic acceleration the meeting is likely to conclude that progress has been poor, said Nick Banatvala, senior adviser to the UN Interagency Task Force on the Prevention and Control of NCD [hereafter called the Task Force], at a C3 breakfast seminar before Christmas.** NCDs were not included in the Millennium Development Goals, but are explicitly mentioned in number 3 of the 17 Sustainable Development Goals. The overall target is to reduce deaths under 70 caused by NCD by 30% by 2030, but NCD links to many of the other goals, as the figure below shows. The UN, said Banatvala, is now thinking beyond the traditional four diseases (cardiovascular disease, diabetes, cancer, and chronic lung) to include mental health, injuries, and environmental pollution.... ”*

Interesting sentence: “.... **If the global response to NCD looks weak at the 2018 meeting then the programme might be taken away from WHO**—as happened with the AIDS crisis when the UN created UNAIDS....”

## **Richard Smith (blog) - A Big Brother future for science publishing?**

[BMJ blog:](#)

Richard Smith on, what he thinks, might be Elsevier’s new business model. “... *The company thinks that there will be one company supplying publishing services to scientists—just as there is one Amazon, one Google, and one Facebook; and Elsevier aims to be that company. But how can it make big profits from providing a cheap service?...*” The answer lies in Big Data, he argues. “**Elsevier will come to know more about the world’s scientists—their needs, demands, aspirations, weaknesses, and buying patterns—than any other organisation. The profits will come from those data and that knowledge. The users of Facebook are both the customers and the product, and scientists will be both the customers and the product of Elsevier.**”

## **WB (report) - The High Toll of Traffic Injuries: Unacceptable and Preventable**

[WB:](#)

*“... A **new World Bank report funded by Bloomberg Philanthropies, The High Toll of Traffic Injuries: Unacceptable and Preventable**, looks to fill the gap. It proposes a comprehensive methodology to quantify both the income growth and social welfare benefits that safer roads could bring to developing countries. The analysis is based on data collected from 135 countries over 24 years, and focuses on China, India, the Philippines, Tanzania, and Thailand—five geographically, demographically and economically diverse LMICs. **The study shows that reducing the number of RTIs (Road Traffic Injuries) in developing countries not only increases income growth, but also generates substantial welfare benefits to societies.**”*

Some key findings: “Cutting traffic deaths and injuries by half could add 7 to 22% to GDP per capita over 24 years in select countries; Welfare benefits equivalent to 6 to 32% of GDP per capita could be realized over the same period if traffic deaths and injuries were halved; Road traffic injuries are the

*single largest cause of mortality and long-term disability among people aged 15-29, prime working age”.*

For coverage of this report, see **Forbes** - [Road Crashes Not Only Cost Lives: They Hurt Economic Growth, New Report Finds](#).

See also **P Marquez**’ take on this new report (in a WB ‘Investing in Health’ blog) - [Preventable traffic injuries and deaths hold back the development of countries](#).

## **BMJ (News) - Avoid stigmatising language for people who use drugs, global commission urges**

<http://www.bmj.com/content/360/bmj.k140>

*“People who use drugs are unfairly stigmatised by being described in derogatory terms by some clinicians, politicians, and the media, a global report has said. Terms such as “junkie,” “addict,” and “drug/substance abuser” should be avoided, said the **Global Commission on Drug Policy**—a body made up of political leaders, cultural figures, and personalities from the business sector, including Kofi Annan, former secretary general of the United Nations, and Richard Branson, founder of the Virgin Group. In a report published on 9 January the commission said that it wanted to tackle worldwide problems in drug perception. ...”* For the **report**, see [The World Drug Perception problem](#).

## **Launch of the Framework Convention of Global Health Alliance (announced)**

<http://fcghalliance.org/>

Cfr. a blog by **Eric Friedman** - [The Framework Convention on Global Health Alliance: Hope springs anew for the FCGH and Right to health](#).

*“... the formation of the Framework Convention on Global Health (FCGH) Alliance on **December 10, 2017** – this past Human Rights Day. **The FCGH Alliance is a new NGO, formed under the Swiss Civil Code and with its address both in Geneva and in the hopes and commitment of people and organizations throughout the world in the global network that will be the Alliance’s driving force....”***

See also [Welcome to the Framework Convention on Global Health Alliance](#) (by the new Alliance’s chair, **Martin Hevia**).



# 8000 hrs - Why despite global progress, humanity is probably facing its most dangerous time ever

<https://8000hours.org/articles/extinction-risk/>

Long read. *"... In this new age, what should be our biggest priority as a civilisation? Improving technology? Helping the poor? Changing the political system? Here's a suggestion that's not so often discussed: our first priority should be to survive. So long as civilisation continues to exist, we'll have the chance to solve all our other problems, and have a far better future. But if we go extinct, that's it. Why isn't this priority more discussed? Here's one reason: many people don't yet appreciate the change in situation, and so don't think our future is at risk...."*

Put differently, *"We can be the generation that helps cause the end of everything, or navigates humanity through its most dangerous period"*. Includes also info on how much money is going to (prevention of) the most likely extinction risks.

## Migration

Hopefully, 2018 will bring a change for the better. Do read **UN SG Guterres' [Migration can benefit the world. This is how we at the UN plan to help](#)** (in the Guardian) *"The global compact on migration aims to change a source of abuse and conflict into a driver of prosperity. Now what's needed is the support of governments"*.

**Coverage** of the new SG report in the **Guardian** - [UN chief urges world leaders to celebrate migration as a positive](#) *"The UN secretary general is urging the governments of member states to open up more routes for migration and take steps to promote and safeguard foreign labour. António Guterres is calling for a collective shift to celebrate the international benefits of migration as part of an ambitious plan to create a more humane global strategy on the issue. In a report published on Thursday, Guterres said political leaders must take responsibility for ending the stigma surrounding migration and dispel alarmist misrepresentations of its effects. The [report](#), entitled **Making Migration Work for All**, comes ahead of negotiations on a global compact on migration to be adopted by the UN general assembly later this year."*

See also **UN News** - [Migration should be an act of hope, not despair, says UN chief, proposing ways to maximize migrants' contributions](#).

## Polio

**Science (news) - 'What the hell is going on?' Polio cases are vanishing in Pakistan, yet the virus won't go away**

<http://www.sciencemag.org/news/2018/01/what-hell-going-polio-cases-are-vanishing-pakistan-yet-virus-wont-go-away>



*“Just a year ago, poliovirus seemed on its last legs in Pakistan, one of its final strongholds. Polio cases were steadily falling, from 306 in 2014 to 54 in 2015, 20 in 2016, and, by last count, eight in 2017. ...*

*... Unsettling new findings, however, show it is far from gone. In the most extensive effort in any country to scour the environment for traces of the virus, polio workers are finding it widely across Pakistan, in places they thought it had disappeared. They are wondering “just what the hell is going on” and how worried they should be, says epidemiologist Chris Maher of the World Health Organization (WHO) in Geneva, Switzerland, who runs polio operations in the eastern Mediterranean region. Does this mean the virus is more entrenched than anyone realized and is poised to resurge? Or is this how a virus behaves in its final days—persisting in the environment but not causing disease until it fades out?...” “... “We have never had this level of environmental sampling anywhere else. We have nothing to compare it to,” Maher says. “We don’t understand the dynamic,” agrees Michel Zaffran, who leads the Global Polio Eradication Initiative at WHO. “But we take it very seriously.” In response to the sampling data, he and his colleagues are already changing their tactics—and their definition of success.”*

## Lancet (Editorial ) - Sanctioning the most vulnerable—a failed foreign policy

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30051-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30051-5/fulltext)

Over to the Moron-in-Chief then, who’s just [called](#) a number of countries “shithole countries” (*don’t worry: a while ago, he also called our capital, Brussels, a ‘hellhole’*).

***“Over past months, US-led threats of, or implementation of, economic sanctions have multiplied. On Jan 4, the USA suspended assistance to Pakistan until it takes “decisive action” against Afghan Taliban and the Haqqani network militant groups. From Jan 2, President Donald Trump indicated he would pull funding for the UN Relief and Works Agency for Palestine Refugees saying Palestinians were “no longer willing to talk peace”. This followed the adoption by the UN security council, in December, 2017, of draconian US-drafted sanctions on North Korea in response to a ballistic missile test. In October, 2017, US Ambassador to the UN Nikki Haley said the DR Congo will no longer receive US and international support, unless they carried out a long-delayed election by the end of 2018. ... .. Economic sanctions can have a devastating impact on public health. Leveraging the economic stability of a country will hurt the most vulnerable in the population first... .. Economic sanctions should be implemented sparingly and always in complete understanding of who will suffer from them. ...”***

## Global health events

In addition to the WHO EB meeting, there’s a lot of global health meetings coming up in the months ahead. You might want to browse <http://globalhealth.org/events/>.

But **two big meetings** we already want to flag here:

## Davos coming up (23-26 January)

[https://www.weforum.org/agenda/2017/12/how-to-follow-davos-2018?utm\\_content=bufferab20d&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](https://www.weforum.org/agenda/2017/12/how-to-follow-davos-2018?utm_content=bufferab20d&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

This article shows **how you can follow the WEF in Davos** via social media, streaming, ...

This year, Davos will feature even more “fake news” than usual, as [The Donald himself is coming](#). *“The World Economic Forum will welcome United States President Donald Trump to the Annual Meeting in Davos at the end of January. The **theme of this year's meeting** is **Creating a Shared Future in a Fractured World**.”*

Focusing on health then, see [Shaping the Future of Health and Healthcare](#) (for 9.7 billion people by 2050).

Meanwhile, GAVI's **Seth Berkley** is already warming up for Davos, with a **global health security framing** worthy of such high-level occasions – [“Here's why global health suffers in a fractured world”](#)

## Prince Mahidol conference coming up (Bangkok, 29 January-3 February)

<http://pmac2018.com/site>

The theme this year is « **Making the world safe from the threats of emerging infectious diseases**”.

## Global governance of health

### Lancet (Letter) – Singapore should play a strong leadership role in global health

Tikki Pang ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30013-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30013-8/fulltext)

Tikki Pang gives some suggestions. “... *In the spirit of the Association of Southeast Asian Nations, it is time for Singapore to **assume a leadership role in the region** and spread such mutually beneficial and much-needed ideas and innovations. How could it do this? Singapore could, for example, establish a Singapore International Development Agency, akin to the UK's Department for International Development, that would be tasked with spreading and sharing Singapore-led innovations to help countries in the region to solve their health problems....*”

## Devex - Save the Children CEO on a new era of competition for aid

<https://www.devex.com/news/save-the-children-ceo-on-a-new-era-of-competition-for-aid-91723>

*“After his first year as chief executive officer at one of the United Kingdom's biggest charities, **Kevin Watkins** speaks to Devex about the challenges that lie ahead for the aid sector — from competing with the private sector to grappling with a more antagonistic media...”*

## Global Fund Observer – first issue of the new year

[http://www.aidspace.org/node/4466?pk\\_campaign=email-attrib-Word-PDF-download&pk\\_kwd=gfo-issue-328](http://www.aidspace.org/node/4466?pk_campaign=email-attrib-Word-PDF-download&pk_kwd=gfo-issue-328)

Among others, focusing on the GF & Nigeria, the approval of another batch of grants, the fourth from the 2017–2019 allocations ( for \$1.38 billion ), ...

## CDC budgetary (self-)“censorship” – more news & analysis

**The Hill – CDC rejects censorship reports: 'There are absolutely no "banned" words'**

<http://thehill.com/policy/healthcare/368105-cdc-rejects-censorship-reports-there-are-absolutely-no-banned-words>

“The Centers for Disease Control and Prevention (CDC) says it “has not banned, prohibited, or forbidden” the use of certain words in official documentation, the agency director says in response to concerns from Senate Democrats....”

## Plos (blog) - Sanitizing public health language: A response to the CDC language controversy

Ben Kasstan et al; <http://blogs.plos.org/publichealth/2018/01/09/sanitizing-public-health-language-a-response-to-the-cdc-language-controversy/>

Insightful analysis of the CDC controversy (at the end of last year), drawing on multiple disciplines, including: anthropology, maternal and reproductive health and linguistics.

## International Centre for Tax and Development - High time for cooperation to protect tax bases

Mick Moore; <http://ictd.ac/blogs/entry/international-tax-reform-cooperation-harmonisation>

*"In the past two decades, the debate on international taxation has changed considerably. While the system is still biased against the governments of developing countries, **the politics have moved in their favour. If they are able to organise and work collectively, they have scope to make the international tax system less unfair.**"* Interesting analysis, even if you don't agree with everything being said.

To some extent, **the ball is now in the court of developing countries**, Mick Moore says, when it comes to increasing their tax base. *"... None of this means that developing countries, or organisations that have their interests at heart, should stop pushing for reforms to the international tax system. **It does mean that developing countries now can – and I believe should – organise collectively and take the initiative...."***

## GAVI (news) – Cyrus Ardalan becomes new Chair of IFFIm Board

<http://www.gavi.org/library/news/press-releases/2018/cyrus-ardalan-becomes-new-chair-of-iffim-board/>

*"The Board of Directors of The **International Finance Facility for Immunisation (IFFIm)** has selected **Cyrus Ardalan, a London-based international investment banking leader**, as its new Chair. Mr Ardalan, who began his term as IFFIm Chair on January 1, succeeds René Karsenti, who has served as Chair since 2012...."*

*"...During his tenure as IFFIm's Chair Mr. Karsenti, currently President of the International Capital Market Association (ICMA), oversaw seven IFFIm bond issuances which raised a total of US\$ 2.5 billion, including two pioneering and award-winning forays into Islamic Sukuk markets...."*

*"...Since 2006, IFFIm has raised more than US\$ 6 billion on bond markets to give Gavi the flexibility to meet immediate needs..."*

## IP-Watch - WTO Stalemate Concerns Include Non-Violation Complaints, E-Commerce; TRIPS Health Amendment Extended

<https://www.ip-watch.org/2018/01/08/wto-stalemate-concerns-include-non-violation-complaints-e-commerce-trips-health-amendment-extended/>

(gated)... “A few weeks after the failure of the World Trade Organization ministerial meeting in Buenos Aires to cut deals advancing issues from fisheries to e-commerce, some governments and trade experts around the world are concerned about the WTO’s future. Meanwhile, a couple of intellectual property-related provisions at the ministerial moved ahead without change.”

## The Temple of UN global Goals

<https://www.leeg-net.org/temple-of-un-global-goals>

*“The Legal & Economic Empowerment Global Network’s (LEEG-net) “temple of SDGs” offers a **new visualization for the Goals, with eight temple pillars representing legal foundations** for people’s rights, especially for empowerment of the poor and vulnerable groups. “ Let’s hope it doesn’t turn into the Temple of Doom by 2030.*

## Book by Liliana Andonova (Graduate Institute) - Governance Entrepreneurs - International Organizations and the Rise of Global Public-Private Partnerships

<https://www.cambridge.org/core/books/governance-entrepreneurs/70BCBC8857B11FB1593A6767993AC62B#fndtn-information>

*“Global partnerships have transformed international institutions by creating platforms for direct collaboration with NGOs, foundations, companies and local actors. They introduce a model of governance that is decentralized, networked and voluntary, and which melds public purpose with private practice. How can we account for such substantial institutional change in a system made by states and for states? **Governance Entrepreneurs examines the rise and outcomes of global partnerships across multiple policy domains: human rights, health, environment, sustainable development and children.** It argues that international organizations have played a central role as entrepreneurs of such governance innovation in coalition with pro-active states and non-state actors, yet this entrepreneurship is risky and success is not assured. **This is the first study to leverage comprehensive quantitative and qualitative analysis that illuminates the variable politics and outcomes of public-private partnerships across multilateral institutions, including the UN Secretariat, the World Bank, UNEP, the WHO and UNICEF.**”*

See also a short report - [http://graduateinstitute.ch/home/research/research-news.html/\\_/news/research/2017/liliana-andonova-on-global-publi](http://graduateinstitute.ch/home/research/research-news.html/_/news/research/2017/liliana-andonova-on-global-publi)

# BMJ Global Health - How will the sustainable development goals deliver changes in well-being? A systematic review and meta-analysis to investigate whether WHOQOL-BREF scores respond to change

S Skevington et al; [http://gh.bmj.com/content/3/Suppl\\_1/e000609](http://gh.bmj.com/content/3/Suppl_1/e000609)

*"The Sustainable Development Goals (SDGs) 2015 aim to '...promote well-being for all', but this has raised questions about how its targets will be evaluated. **A cross-cultural measure of subjective perspectives is needed to complement objective indicators in showing whether SDGs improve well-being.** The **WHOQOL-BREF** offers a **short, generic, subjective quality of life (QoL) measure**, developed with lay people in 15 cultures worldwide; 25 important dimensions are scored in environmental, social, physical and psychological domains. Although validity and reliability are demonstrated, clarity is needed on whether scores respond sensitively to changes induced by treatments, interventions and major life events. We address this aim...."*

The **conclusion**: *"International evidence from 11 cultures shows that **all WHOQOL-BREF domains detect relevant, meaningful change, indicating its suitability to assess SDG well-being targets.**"*

## Axios –FBI examining Clinton Foundation again: reports

<https://www.axios.com/fbi-examining-clinton-foundation-again-reports-1515262305-eb780c09-a10d-4987-bb90-6df948067293.html>

News from last week. *"**The FBI is renewing an examination into the Clinton Foundation and its activities**, including a series of interviews with those linked to the foundation over whether donations were made to curry political favor while Hillary Clinton was secretary of State, the NYT's Matt Apuzzo and Adam Goldman report, confirming parts of a report out Thursday from The Hill's John Solomon, which cited a witness and law enforcement officials...."*

## Global Policy - Global Governance in Practice

V Pouliot et al; <http://www.globalpolicyjournal.com/articles/global-governance/early-view-article-global-governance-practice>

*"We argue that a focus on practices can enrich the study of global governance by drawing attention to a wealth of informal processes and their politics. After explaining the usefulness of a practice approach, **we examine four pervasive practices in contemporary world politics: hosting a global conference, accrediting NGOs, mandating a group of experts, and forming multistakeholder partnerships.** For each of these established 'ways of doing things,' **we provide a definition, decline its variations, and analyze its politics.** Through our case studies, we show that global governance practices often generate competing social effects, by which inclusionary trends combine with more exclusionary tendencies. This **common dialectic of inclusion and exclusion** provides an analytical key to better understand the politics of global public policy making, including its power dynamics."*

## BMJ Global Health - Interface of health and trade: a view point from health diplomacy

H Nikogosian & I Kickbusch; [http://gh.bmj.com/content/3/Suppl\\_1/e000491?cpetoc#ref-1](http://gh.bmj.com/content/3/Suppl_1/e000491?cpetoc#ref-1)

Summary: *"The paper analyses the growing and complex interface of health and trade from a viewpoint of health diplomacy and international legal instruments. The WHO Framework Convention on Tobacco Control (FCTC), WHO's first global treaty, had profoundly influenced and enriched trade and health diplomacy through the legal strength it brought, along with the International Health Regulations (2005), to public health. The intensifying interaction of governments' legal obligations in trade and health triggers the need for and evidence of stronger policy coordination between the two sides. The negotiations and adoption of the WHO FCTC (and its first Protocol) represented unprecedented health diplomacy resulting in a highest level of international agreement for health; as the first health treaty experiences of the new century, they also represented a new approach in addressing the negative effects of globalisation and trade liberalisation on health. Multisectoral diplomacy and trade and health diplomacy in particular are at even higher demand when countries proceed to ratify and implement the agreed obligations on health in the complex environment of multiple legal frameworks and often competing agendas of governments."*

## Globalization & Health - Applied global health diplomacy: profile of health diplomats accredited to the UNITED STATES and foreign governments

Matthew Brown et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0316-7>

*"Global health diplomacy (GHD) is a burgeoning field bridging the priorities of global health and foreign affairs. Given the increasing need to mobilize disparate global health stakeholders coupled with the need to design complex public health partnerships to tackle issues of international concern, effective and timely cooperation among state actors is critical. Health Attachés represent this coordination focal point and are key diplomatic professionals at the forefront of GHD. Despite their unique mandate, little is published about this profession and the perspectives of those who work in the field. Through purposive sampling, we performed in-depth qualitative interviews with seven Health Attachés: three foreign Health Attachés accredited to the United States and four U.S. Health Attachés accredited to foreign governments. ..."*

Conclusion: *"Our findings indicate that skills in diplomacy and negotiation, applied science, and cross cultural competency are essential for the statecraft of Health Attachés. Additionally, establishing a clear career pathway for Health Attachés is critical for future maturation of the profession and for fostering effective global health action that aligns public health and foreign diplomacy outcomes. Achieving these goals would ensure that this special cadre of diplomats could effectively practice GHD and would also better position Health Attachés to take the lead in advancing shared global health goals among nation states in a new era of twenty-first century diplomacy."*

## ODI (Briefing paper ) – Merging development agencies: making the right choice

N Gulrajani; <https://www.odi.org/publications/10968-merging-development-agencies-making-right-choice>

*“Every few years, the reorganisation of foreign aid bureaucracy become a topical issue for development policy in policy-making circles. The last time this happened was 2013, and it resulted in both Canada and Australia folding their development agencies into their diplomatic services. Current talk of reform and renewal of development agencies in the US and the UK is once again centring on the possibilities of merging development and foreign affairs departments. This raises several questions, which this briefing note aims to address: How are development agencies currently structured? Why do mergers happen? What have mergers achieved? What safeguards can protect development ambitions within merged agencies?”*

## Emerging Infectious Diseases - Global Disease Detection—Achievements in Applied Public Health Research, Capacity Building, and Public Health Diplomacy, 2001–2016

[https://wwwnc.cdc.gov/eid/article/23/13/17-0859\\_article](https://wwwnc.cdc.gov/eid/article/23/13/17-0859_article)

Article from the CDC global health security supplement (December). *“The Centers for Disease Control and Prevention has established **10 Global Disease Detection (GDD) Program regional centers** around the world that serve as centers of excellence for public health research on emerging and reemerging infectious diseases. The core activities of the GDD Program focus on applied public health research, surveillance, laboratory, public health informatics, and technical capacity building. During 2015–2016, program staff conducted 205 discrete projects on a range of topics, including acute respiratory illnesses, health systems strengthening, infectious diseases at the human–animal interface, and emerging infectious diseases. Projects incorporated multiple core activities, with technical capacity building being most prevalent. Collaborating with host countries to implement such projects promotes public health diplomacy. The GDD Program continues to work with countries to strengthen core capacities so that emerging diseases can be detected and stopped faster and closer to the source, thereby enhancing global health security.”*

## IISD - IAEG-SDGs Reclassifies Indicators, Advances Work on Reporting Flows, Data Disaggregation

<http://sdg.iisd.org/news/iaeg-sdgs-reclassifies-indicators-advances-work-on-reporting-flows-data-disaggregation/>

Short & good report of the **sixth meeting of the UN Inter-Agency and Expert Group on the Sustainable Development Goal Indicators** that convened in Manama, Bahrain, from 11-14 November 2017. *“The Group decided to reclassify 44 indicators, to better reflect their methodological development and the availability of data to measure them. The Group also agreed on*



work to develop guidelines on data disaggregation and on data flows between country and global levels for reporting on the SDGs. “

## An unjust adjustment – An Analysis of the World Bank’s report

[http://isags-unasur.org/uploads/eventos/ev\[3808\]ling\[3\]anx\[940\].pdf](http://isags-unasur.org/uploads/eventos/ev[3808]ling[3]anx[940].pdf)

Article in the latest number of ‘Health to the South’, focusing on the South-American region.

Analysis by Dr. **Ligia Giovanella** and ISAGS expert **Dr. Felix Rigoli** about the **priorities laid out by the World Bank in a report published in 2017**. *"Although the report states that it has an interest in efficiency and equity, when it comes to making proposals, the detail and emphasis are focused on cutting costs of social programs", they affirm.* The report focuses on **Brazil**.

Finally, a tweet:

*“**Congratulations to @lploumen!** Founder of **#SheDecides** is awarded the **Macchiavelli Prize** for best media campaign. “*

I can think of some other good candidates of a ‘Machiavelli Prize’, to be honest : )

## UHC

## WHO Director-General: invest in health to end plague in Madagascar

<http://www.who.int/mediacentre/news/releases/2018/end-plague-madagascar/en/>

Tedros’ UHC focus was once again clear, this week:

*“**The Director-General of WHO has outlined his vision for a Madagascar free of plague epidemics during a three-day visit to the island nation that started on 7 January 2018.** "Madagascar can make plague epidemics a thing of the past through **strategic investments in its health system** – including better access to healthcare, improving preparedness, surveillance and response capabilities, and implementing the International Health Regulations," said Dr Tedros Adhanom Ghebreyesus....”*

## Plos NTDs (Viewpoint) – Madagascar can build stronger health systems to fight plague and prevent the next epidemic

M Bonds et al; [Plos NTDs](#).

Maybe Tedros had also read this article. *“In this Viewpoint piece, Matthew Bonds and colleagues use November 2017’s epidemic of Bubonic and pneumonic plague as a recent example to pinpoint areas of improvement in Madagascar’s public health system.”*

## Xinhua - WHO chief visits Kenya to deepen cooperation in health sector

[http://www.xinhuanet.com/english/2018-01/10/c\\_136885709.htm](http://www.xinhuanet.com/english/2018-01/10/c_136885709.htm)

Then Dr. Tedros went to Kenya.

*“World Health Organization (WHO) Director General Tedros Adhanom Ghebreyesus on Wednesday kicked off a two-day tour in Kenya **to deepen cooperation with the East African nation in health sector....** Speaking to reporters in Kenyan capital Nairobi, Ghebreyesus said the global health agency will strengthen partnership with Kenya to attain ambitious targets like universal health coverage. “The purpose of my visit is to discuss progress Kenya has made in health sector and how we can strengthen our cooperation,” he said. ...”*

Later in the week, he also went to **Rwanda**.

## Lancet (World Report) – Iranian protests and Rouhanicare

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30053-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30053-9/fulltext)

*“Iranians have risen up to protest economic and job instability. How is President Hassan Rouhani's once popular health-care project, the so-called Rouhanicare, fairing? Sharmila Devi reports.”*

## ODI – Shock-responsive social protection systems: synthesis report

R Holmes et al ; <https://www.odi.org/publications/11021-shock-responsive-social-protection-systems-synthesis-report>

*“We worked with Oxford Policy Management (OPM) to **investigate when and how social protection systems in low-income countries and fragile and conflict-affected states (FCAS) can scale-up in response to shocks.** The work was funded by DFID’s Shock-Responsive Social Protection Systems*

research programme. This **synthesis report consolidates the evidence and lessons learned, drawing on six country case studies and an international literature review** (among other outputs). The report: highlights the key ways in which social protection systems may contribute to mitigate the effect of, or respond to, large-scale shocks; presents the features of programme design and implementation that determine the efficiency and effectiveness of the response, and summarises lessons on achieving a successful collaboration between the humanitarian, disaster risk management (DRM) and social protection systems.”

## International Health - Social health insurance schemes in Africa leave out the poor

A F Penny, Robert Yates et al <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihx046/4794744>

“...A **comparative study of five African countries** sought to help fill this gap by **looking at how social health insurance schemes have been able to cover the poor or not**, as the case may be...” From the title, you already get a hunch of the result.

## Management Sciences for Health to strengthen Health Systems in Ten Countries

<http://www.msh.org/news-events/press-room/management-sciences-for-health-to-strengthen-health-systems-in-ten-countries>

“Project awards range from infectious disease prevention to health financing and disability inclusion in South Sudan, Afghanistan, Syria, Angola, Cambodia, Madagascar, Mali, Myanmar, Niger, Pakistan, and Togo.”

“...This **new funding comes from donors** including UNICEF, the United Nations Development Programme (UNDP), The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the World Health Organization (WHO), and the International Committee of the Red Cross...”

## FT - Why are so many Americans crowdfunding their healthcare?

<https://www.ft.com/content/b99a81be-f591-11e7-88f7-5465a6ce1a00>

“Online donation sites are booming as patients with little or no health insurance turn to strangers to help pay medical costs.”

## FT Health – Trump to let states tie Medicaid benefits to work

<https://www.ft.com/content/f750ff48-f6ee-11e7-88f7-5465a6ce1a00>

*“Republicans look for cuts to entitlement programmes they see as overstretched.” Put differently, more cruelty to come from the Moron-in-Chief & his GOP buddies.*

And some quick links:

- **BMJ News** – [New awards seek to highlight how “profit mongering” affects US healthcare](#)

On the US again: “A new annual top 10 list will highlight the year’s “most egregious examples of profit mongering and lack of empathy” in US healthcare, according to the Lown Institute, a health advocacy group based in Boston (<http://lowninstitute.org/news/blog/shkreli-awards>). The list has been named the “**Shkreli awards**” after Martin Shkreli, the “pharma bro” chief executive of Turing Pharmaceuticals, who raised the price of pyrimethamine, a 60 year old generic drug used to treat toxoplasmosis, by 5000%, from \$13.50 (£9; €12) to \$750 a tablet...” Brilliant idea. We hope many other countries (and health advocacy groups) will follow suit.

- Via a jubilant **Rob Yates** – on **Nigeria**: [Buharicare: FG targets affordable healthcare for 8m Nigerians under new policy – Minister](#) “The Federal Government is targeting to offer affordable healthcare to about eight million low and middle-income Nigerians, in the first quarter of 2018, under a new health policy to be known as ‘Buharicare’ ....”

## Planetary health

### Guardian - New York City plans to divest \$5bn from fossil fuels and sue oil companies

<https://www.theguardian.com/us-news/2018/jan/10/new-york-city-plans-to-divest-5bn-from-fossil-fuels-and-sue-oil-companies>

*“New York City is seeking to lead the assault on both climate change and the Trump administration with a plan to divest \$5bn from fossil fuels and sue the world’s most powerful oil companies over their contribution to dangerous global warming.”*

*“... City officials have set a goal of divesting New York’s \$189bn pension funds from fossil fuel companies within five years in what they say would be “among the most significant divestment efforts in the world to date”. Currently, New York City’s five pension funds have about \$5bn in fossil*

*fuel investments. New York state has already announced it is exploring how to divest from fossil fuels. "New York City is standing up for future generations by becoming the first major US city to divest our pension funds from fossil fuels," said Bill de Blasio, New York's mayor. "At the same time, we're bringing the fight against climate change straight to the fossil fuel companies that knew about its effects and intentionally misled the public to protect their profits. As climate change continues to worsen, it's up to the fossil fuel companies whose greed put us in this position to shoulder the cost of making New York safer and more resilient." De Blasio said that the city is taking the five fossil fuel firms – BP, Exxon Mobil, Chevron, ConocoPhillips and Shell – to federal court due to their contribution to climate change...."*

## The Hill – Trump: US could ‘conceivably’ stay in Paris climate pact

[The Hill](#):

If he gets “a better deal” for the US, Trump said (on Wednesday), in a joint press conference with the Norwegian prime minister. The moron.

## Infectious diseases & NTDs

### AP - Usage remains low for pill that can prevent HIV infection

<https://apnews.com/845fb524d26440d69bb72fdc8d120e29/Usage-remains-low-for-pill-that-can-prevent-HIV-infection>

Usage of **Truvada** remains low. “From gritty neighborhoods in New York and Los Angeles to clinics in Kenya and Brazil, health workers are trying to popularize a pill that has proven highly effective in preventing HIV but which — in their view — remains woefully underused. Marketed in the United States as Truvada, and sometimes available abroad in generic versions, the pill has been shown to reduce the risk of getting HIV from sex by more than 90 percent if taken daily. **Yet worldwide, only about a dozen countries have aggressive, government-backed programs to promote the pill....**”

### Lancet (Comment) – Combination ART: are two drugs as good as three?

Mark Boyd et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30008-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30008-4/fulltext)

...The use of three drugs has been the dominant framework in bringing new ART combinations to market. Nonetheless, there have been hints that the use of two drugs might be sufficient....” This Comment accompanies a **new study in the Lancet** - [“Efficacy, safety, and tolerability of dolutegravir-rilpivirine for the maintenance of virological suppression in adults with HIV-1: phase 3, randomised, non-inferiority SWORD-1 and SWORD-2 studies.”](#)

## **Plos Med (Perspective ) – Sexually transmitted infections in the era of antiretroviral-based HIV prevention: Priorities for discovery research, implementation science, and community involvement**

J Marrazzo et al; [Plos](#);

*“Persons living with HIV who achieve sustained viral suppression with antiretroviral therapy can avoid sexual transmission of HIV without using condoms. Similarly, pre-exposure prophylaxis with tenofovir-emtricitabine in HIV-uninfected persons is highly effective. With this background, rates of sexually transmitted infections are increasing in some HIV-infected populations, and in some at risk for HIV acquisition. The implications require reassessment of the alignment and prioritization of HIV research funding, public health policy, and community engagement.”*

## **Global Public Health – Chronicity, crisis, and the ‘end of AIDS’**

T Sangaramoorthy; <http://www.tandfonline.com/doi/full/10.1080/17441692.2018.1423701>

*“In biomedical, public health, and popular discourses, the ‘end of AIDS’ has emerged as a predominant way to understand the future of HIV research and prevention. This approach is predicated on structuring and responding to HIV in ways that underscore its presumed lifelong nature. **In this article, I examine the phenomenon of HIV chronicity that undergirds the ‘end of AIDS’ discourse. In particular, I explore how the logic of HIV chronicity, induced by technological advances in treatment and global financial and political investments, intensifies long-term uncertainty and prolonged crisis.** Focusing on over 10 years of anthropological and public health research in the United States, **I argue that HIV chronicity, and subsequently, the ‘end of AIDS’ discourse, obscure the on-going HIV crisis in particular global communities, especially among marginalised and ageing populations who live in under-resourced areas.** By tracing the ‘end of AIDS’ discourse in my field sites and in other global locations, I describe how **HIV chronicity signals a continuing global crisis and persistent social precarity** rather than a ‘break’ with a hopeless past or a promising future free from AIDS.”*

## **Project Syndicate – A Bangladeshi Prescription for Cholera**

A I Khan; <https://www.project-syndicate.org/commentary/containing-cholera-yemen-bangladesh-by-azharul-islam-khan-2018-01>

*“...Cholera is back in the Global South. But, as our work in Bangladesh demonstrates, the Global South has the skills to beat it.” “Despite having the expertise to keep cholera in check, the world is losing the battle to contain the disease, especially in regions where conflict persists. Countries like Bangladesh, which have vast experience confronting cholera and other waterborne illnesses, can play a leading role.”*

## Sabin to tackle pandemic flu

<http://www.sabin.org/updates/pressreleases/sabin-tackle-pandemic-flu#.WIOZ9oRy0TE.twitter>

A new project will **support innovation and acceleration of universal flu vaccines**. “The **Sabin Vaccine Institute**, a non-profit global health organization dedicated to enabling vaccine innovation, making vaccines more accessible and expanding immunization across the globe, is pleased to announce a new three-year \$6.6 million grant to help **speed the development of next generation influenza vaccines and support related immunization issues**. This work is generously supported by the Page Family Donor Advised Fund. “Sabin will draw worldwide attention to the need for better flu vaccines and a vaccine to protect against strains that could cause the next influenza pandemic,” said Bruce Gellin, Sabin’s president of Global Immunization. “Promising research is already underway, but we know we need to do more to ensure that a so-called ‘**universal flu vaccine**’ is available before we need it...”

## Still neglected? Progress and challenges discussed at neglected tropical disease summit

Adrian Hopkins; <https://rstmh.org/blog/2018/jan/5/still-neglected-unprecedented-progress-and-future-challenges-discussed-neglected>

Very good overview of what’s been happening over the past ten years on the NTD front & still needs to be done.

*“From **18–22 April 2017**, a series of events were held in **Geneva**, Switzerland, creating a **neglected tropical diseases (NTD) summit**. Ministers of Health from NTD endemic countries, together with their delegations, UN organisations (particularly the WHO), chief executive officers (CEOs) of major pharmaceutical companies, major governmental and non-governmental donors, implementing partners and specialists in public health, and particularly NTDs, all met together over four days to discuss progress, common challenges and the way forward, looking initially to 2020 and then further towards 2030 and sustainable development goals (SDGs)....”*

## BMJ Global Health – Current strategies and successes in engaging women in vector control: a systematic review

J Gunn et al; <http://gh.bmj.com/content/3/1/e000366>

*“Vector-borne diseases (VBDs) cause significant mortality and morbidity in low-income and middle-income countries and present a risk to high-income countries. Vector control programmes may confront social and cultural norms that impede their execution. Anecdotal evidence suggests that incorporating women in the design, delivery and adoption of health interventions increases acceptance and compliance. A better understanding of programmes that have attempted to increase women’s involvement in vector control could help shape best practices. **The objective of this systematic review was to assess and critically summarise evidence regarding the effectiveness of women participating in vector control...**”*

## **Reuters - Philippines exhumes bodies of two children in dengue vaccine probe**

<https://in.reuters.com/article/sanofi-dengue-philippines/philippines-exhumes-bodies-of-two-children-in-dengue-vaccine-probe-idINKBN1F01BC>

*“A Philippine government agency on Thursday exhumed the bodies of two children whose parents suspect they died of dengue after receiving a new vaccine against the disease, although its maker said it was not known to have caused any deaths in the country.... One of the two exhumed bodies showed signs of excessive bleeding, said officials of the Public Attorney’s Office (PAO), which provides free legal assistance to the poor....”*

## **Lancet (Editorial) – A new vaccine for typhoid control**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30050-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30050-3/fulltext)

*“Last week, WHO announced prequalification of the first conjugate vaccine to prevent typhoid (Typhar TCV, manufactured by Bharat Biotech, India) after the publication of randomised controlled trials...” The Lancet’s take on this good news.*

## **Lancet Infectious Diseases – Safety and tolerability of a novel, polyclonal human anti-MERS coronavirus antibody produced from transchromosomic cattle: a phase 1 randomised, double-blind, single-dose-escalation study**

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30002-1/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30002-1/fulltext)

*“First in-human study on the use of antibodies obtained from transchromosomic cows for passive immunotherapy against the Middle East respiratory syndrome coronavirus in healthy volunteers.”*

*“...Human antibodies manufactured from transchromosomic cattle could represent a novel technique for rapidly producing antibodies for passive immunotherapy for emerging infectious diseases....”*



And a quick link:

[WHO supports the immunization of 1 million people against cholera in Zambia](#)

*“The Government of Zambia has launched a campaign on Wednesday (January 10) to vaccinate residents of Lusaka against cholera with support from the World Health Organization and partners. Two million doses of the oral cholera vaccine from the Gavi-funded global stockpile were delivered to the southern African country in January, enough to immunize 1 million people....”*

## AMR

### Pew Trust - Assessment of Nontraditional Products in Development to Combat Bacterial Infections

<http://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2017/12/assessment-of-nontraditional-products-in-development-to-combat-bacterial-infections>

*“While antibiotic innovation—finding and designing new types of antibiotics and improving existing drugs—remains essential to combating antibiotic resistance, “outside-the-box” approaches to preventing and treating bacterial infections are also needed. **Such nontraditional approaches** encompass a variety of products, including: (1) Well-known medical interventions, such as vaccines and immunotherapies, that have been proved effective in treating other types of disease and may also hold promise for the prevention or treatment of systemic (throughout the body) bacterial infections. (2) Entirely new types of therapies that have never been approved for use in human medicine. For example, products that disarm harmful pathogens to neutralize their threat to patients, or products that replace harmful bacteria with “healthy” bacteria to alleviate disease.*

***The current assessment of the pipeline shows that 32 nontraditional products are in clinical development.** Unlike many antibiotics in development, most nontraditional products are active against a limited range of pathogens. ...*

See also a piece in Time on [phage therapy](#).

### WHO Bulletin - Complex determinants of inappropriate use of antibiotics

Viroj Tangcharoensathien et al ; [http://www.who.int/bulletin/online\\_first/BLT.17.199687.pdf?ua=1](http://www.who.int/bulletin/online_first/BLT.17.199687.pdf?ua=1)

*“Inappropriate use of antibiotics in humans and agriculture is one of the drivers of the emergence of antimicrobial resistance. The prevalence of penicillin-resistant pneumococci, macrolide-resistant *Streptococcus pneumoniae* and *S. pyogenes* strongly correlates with total antibiotic use in outpatients. **Such inappropriate use is the result of complex interactions between demand for and supply of antibiotics.** The use of antibiotics in the retail sector, for example in pharmacies and*

*drugstores, the health-care sector and in farms involves both professional and unqualified personnel from various sectors. These personnel operate within their country-specific regulatory environments and have different economic incentives....”*

## **NCDs**

### **The Conversation - Meat is not the ‘new tobacco,’ and shouldn’t be taxed**

S Charlebois; <https://theconversation.com/meat-is-not-the-new-tobacco-and-shouldnt-be-taxed-89673>

Not very convincing, this case, in my opinion. But do have a read. Some of the arguments used will no doubt pop up again in the future.

### **Guardian - One cigarette 'may lead to habit for more than two-thirds of people'**

<https://www.theguardian.com/society/2018/jan/10/one-cigarette-may-lead-to-habit-for-more-than-two-thirds-of-people>

*“Almost 69% of those who tried smoking went on to smoke daily, analysis of global survey data indicates, highlighting the importance of prevention measures.”*

### **Reuters - Supreme Court sets aside order cancelling larger tobacco health warnings in India**

<https://in.reuters.com/article/india-tobacco/supreme-court-sets-aside-order-cancelling-larger-tobacco-health-warnings-in-india-idINKBN1EX1HU>

Encouraging news from India: “...The Supreme Court on Monday put on hold a lower court’s order that quashed central government rules mandating larger health warnings on tobacco packages, in a setback for the country’s \$11 billion tobacco industry....”

### **BMJ - Big tobacco’s new year’s resolution to quit smoking**

<http://www.bmj.com/content/360/bmj.k79>

*"A tobacco company (i.e. PMI) claims it wants to stop selling cigarettes in the UK—and is developing other ways to keep people taking nicotine. Nigel Hawkes reports."*

(Philip Morris' new year's resolutions are even more ridiculous than mine.)

## **BMJ Global Health - Simulating the impact of excise taxation for disease prevention in low-income and middle-income countries: an application to South Africa**

N Stacey et al; <http://gh.bmj.com/content/3/1/e000568>

*"Excise taxes are policy tools that have been applied internationally with some success to reduce consumption of products adversely impacting population health including tobacco, alcohol and increasingly junk foods and sugary beverages. As in other low-income and middle-income countries, South Africa faces a growing burden of lifestyle diseases; accordingly we simulate the impact of multiple excise tax interventions in this setting. **We construct a mathematical model to simulate the health and revenue effects of increased excise taxes**, which is adaptable to a variety of settings given its limited data requirements. **Applying the model to South Africa, we simulate the impact of increased tax rates on tobacco and beer and of the introduction of a tax on sugar-sweetened beverages (SSB)**. Drawing on surveys of product usage and risk factor prevalence, the model uses a potential impact fraction to simulate the health effects of tax interventions...."*

The conclusion: *"... **More aggressive** excise tax policies on tobacco, beer and SSBs in South Africa **could result in meaningful improvements** in population health and raised revenue."*

## **'Gaming Addiction' Debate Splits Researchers**

[Inside HigherEd](#);

*"The World Health Organization is considering classifying video game addiction as a disease. Academics are divided over whether that's a good idea."*

*"... Last week, a group called the Higher Education Video Game Alliance, which describes itself as a platform for higher education leaders to "underscore the cultural, scientific and economic importance of video game programs in colleges and universities," published a statement that strongly objected to the WHO classification. The alliance described the proposal as "premature" and said it was based on research into gaming addiction that showed "a clear lack of consensus" from scientists and doctors. The association, which receives funding from a video game industry group called the Entertainment Software Association, also cited concerns that the addiction label could be used to stigmatize billions of people who play video games "without issue around the world."..."*

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

### UNAIDS - UN publication urges comprehensive approach to sexuality education

[http://www.unaids.org/en/resources/presscentre/featurestories/2018/january/20180110\\_sexuality-education](http://www.unaids.org/en/resources/presscentre/featurestories/2018/january/20180110_sexuality-education)

*"Close to 10 years after its first edition, a fully updated International **Technical Guidance on Sexuality Education** published today by UNESCO advocates quality comprehensive sexuality education to promote health and well-being, respect for human rights and gender equality, and empowers children and young people to lead healthy, safe and productive lives...."*

### Reproductive Health Matters (supplement) – Humanitarian crises: advancing sexual and reproductive health and rights

<http://tandfonline.com/toc/zrhm20/current>

Start with the **Editorial**, published just before the end of the year - "[Care with dignity in humanitarian crises: ensuring sexual and reproductive health and rights of displaced populations](#)".

### FT - Apple faces activist pressure over children's iPhone use

<https://www.ft.com/content/a4a0d8d0-f3fc-11e7-8715-e94187b3017e>

*"Two Apple investors are pressuring the iPhone maker to address concerns over smartphone addiction and the **mental health effects of phone use among children**, in a rare example of activist investors zeroing in on a public health issue rather than financial matters. Jana Partners and the California State Teachers' Retirement System, a pension fund that holds more than \$1.5bn of Apple shares, issued a letter to the company over the weekend outlining their concerns...."*

### Guardian - China's women break silence on harassment as #MeToo becomes #WoYeShi

<https://www.theguardian.com/world/2018/jan/09/china-women-break-silence-harassment-metoo-woyeshi>

The Chinese government doesn't quite like it, so it's even tougher for Chinese women (than for western counterparts) to break the silence on harassment.

## Guardian - India's highest court to review colonial-era law criminalising gay sex

<https://www.theguardian.com/world/2018/jan/08/india-to-rethink-colonial-era-law-criminalising-gay-sex>

*"India may be on track for a major victory for gay rights after the **supreme court agreed to re-examine a colonial-era law outlawing sex between men**. The court said on Monday that it would refer the question of the validity of section 377 of the Indian penal code to a larger bench for examination before October. Section 377, modelled on a 16th-century British law, bans "carnal intercourse against the order of nature with any man, woman or animal", and is punishable by life imprisonment...."*

## BJOG - Obstetric Fistula: A paradigm shift is needed in research and prevention– A Commentary

P Letchworth et al; [http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.15110/abstract?utm\\_content=buffer8f12e&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.15110/abstract?utm_content=buffer8f12e&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

*"...Every year, of the two million women with symptomatic fistulae approximately 15,000 women receive surgical treatment. There is an ever increasing need for surgical capacity-building alongside prevention strategies, and we believe a paradigm shift in the way we deal with this condition is needed..."*

## Vox - American kids are 70 percent more likely to die before adulthood than kids in other rich countries

<https://www.vox.com/health-care/2018/1/8/16863656/childhood-mortality-united-states>

"A new study ranks 20 wealthy countries on childhood deaths. The US comes in last."

*"... "It really seems to be the **impact of our fragmented health care system**," Thakrar says. "Mothers who are qualifying for Medicaid for the first time because they're mothers might be seeing doctors for the first time. They might not have a family physician, or a clear support system." **Other social factors likely play a role**. Thakrar, for example, points to the rise in childhood poverty in the 1980s that coincided with the United States falling behind its peer countries on health outcomes...."*

## Outlook - Health Ministry Decides To Shelve Cervical Cancer Vaccine After RSS-Affiliate Writes To PM Modi

<https://www.outlookindia.com/website/story/health-ministry-decides-to-shelve-cervical-cancer-vaccine-after-rss-affiliate-wr/306668>

Cfr a tweet of Kalypso Chalkidou – “India probably won’t pay for HPV vaccine. Case study on the political economy of priority setting.”

## Access to medicines

### IP-Watch - Medicines Patent Pool Launches Search For Next Director

<https://www.ip-watch.org/2018/01/08/medicines-patent-pool-launches-search-next-director/>

*“A negotiator and fundraiser with extensive experience with the pharmaceutical industry. Those are some of the qualities the next Medicines Patent Pool executive director might have, according to a just-posted job announcement. The Patent Pool, which works with a range of partners to help increase access to HIV, hepatitis C and tuberculosis treatments in developments, negotiates voluntary licences with patent owners and develops patent pooling initiatives, according to the announcement....”*

### Stat News - The mood at #JPM18: Biopharma really, really loves the tax overhaul

[Stat News;](#)

(gated) “The J.P. Morgan Healthcare Conference is just getting started, but one thing is already clear: Biopharma companies are positively giddy about the new tax law.... ” Trump’s (or the GOP’s) tax law, that is. No surprises there.

## Development Today - Gavi applauds MSF's effort to break Pfizer vaccine monopoly in India

[Development today:](#)

(gated) "Anuradha Gupta, Deputy CEO of the vaccine alliance Gavi, says Médecins Sans Frontières (MSF)'s legal challenge of a Pfizer patent in India could, if successful, contribute to making the pharmaceutical market more "healthy." Revoking the patent would break Pfizer's monopoly on pneumonia vaccine, opening the way for cheaper generic copies to enter the market."

## Human resources for health

### Health workers' perceptions of private-not-for-profit health facilities' organizational culture and its influence on retention in Uganda

C S Shumba, S Witter et al <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2763-5>

*"An in-depth understanding of how organizational culture is experienced by health workers (HWs), and influences their decisions to leave their jobs is a fundamental, yet under-examined, basis for forming effective retention strategies. This research examined HWs' working experiences and perceptions of organisational culture within private-not-for-profit, largely mission-based hospitals, and how this influenced retention...."*

And a quick link:

NYT - ['Forget About the Stigma': Male](#)

With some testimonies of male nurses, increasingly common in the US. "... **Only 13 percent of nurses in the United States are men, but that share has grown steadily since 1960**, when the number was 2 percent, according to a **working paper** published in October by the Washington Center for Equitable Growth. "It's not a flood, but it's a change," said Abigail Wozniak, an economist at the University of Notre Dame, who wrote the paper with Elizabeth Munnich, an economist at the University of Louisville. **The biggest drivers, they found, were the changing economy and expanding gender roles...."**

## Miscellaneous

### BMJ Blog – How can Europe be more traumatising than Mosul?

**Monika Gattinger** (psychologist and psychotherapist who worked for 40 years in Austria before joining MSF in her retirement) [BMJ blog](#):

*“The people living in Moria, a refugee camp in Greece, have been abandoned by Europe and treated like criminals for nothing more than wanting to be safe.”* It’s a bloody disgrace indeed.

Meanwhile, UN News also reported [“Tragic start to New Year for migrants as hundreds feared dead in Mediterranean”](#).

See also **NPR Goats & Soda** - [The U.N.'s Terrible Dilemma: Who Gets To Eat?](#) *“The U.N. is facing a terrible dilemma. “Basically, when we haven't got enough money, we have to decide who's not going to get food,” says Peter Smerdon, a spokesman for the **U.N.'s World Food Programme** in East Africa. And even though the program's budget is at a record high, it's not enough to keep up with the number of refugees and people in other crisis situations who need emergency food aid. Continuing conflicts in countries like Syria and Yemen and other crises led to the agency's multibillion-dollar budget shortfall last year. **It received a total of \$6.8 billion from countries, organizations and private donors when it needed \$9.1 billion to do its job....”***

### Devex (opinion) - Mapping out the future of humanitarian response

<https://www.devex.com/news/opinion-mapping-out-the-future-of-humanitarian-response-91154>

On the use of satellite imagery for mapping.

For another very nice innovation, see **NPR Goats & Soda** - [A 'Runaway Bag' For Health Care When People Are Fleeing](#).

### Guardian - EU disclaimers warn UK businesses over risks of 'no deal' Brexit

[https://www.theguardian.com/politics/2018/jan/10/uk-aid-firms-may-lose-millions-in-eu-funding-if-no-brexit-deal-agreed?CMP=twl\\_a-global-development\\_b-gdndevelopment](https://www.theguardian.com/politics/2018/jan/10/uk-aid-firms-may-lose-millions-in-eu-funding-if-no-brexit-deal-agreed?CMP=twl_a-global-development_b-gdndevelopment)



*“UK companies working in fields from development to aviation and haulage are being warned that the EU will shut down their ability to operate across Europe and **block funding streams from Brussels in the event of a “no deal” Brexit.** In a stark reminder of the high stakes in the negotiations, the European commission has drawn up a series of documents in which it seeks to communicate directly with UK businesses and charities about the damaging consequences of failure to reach an agreement on the terms of withdrawal....”*

## WHO/TDR – Social innovation in health: case studies and lessons learned from low-middle-income countries

L Niekerk et al; <http://apps.who.int/iris/bitstream/10665/259187/5/9789241513098-LR-eng.pdf?ua=1>

Featuring 23 case studies.

## Lancet Global Health (blog) – The challenges faced by scientific journals in developing countries

Shiva Raj Mishra et al; <http://globalhealth.thelancet.com/2018/01/05/challenges-faced-scientific-journals-developing-countries>

Recommended. *“How to build scientific research capacity in developing countries is a question floated frequently in the scientific domain. There is substantial discussion held, proposals presented and ideas tabled, yet despite all that, **one crucial pillar of scientific growth - the academic journals of these developing countries - is losing its foothold. And, it’s not a good sign....**”*

## Economist - Life expectancy in America has declined for two years in a row

[Economist;](#)

*“That’s not meant to happen in developed countries”, as the Economist puts it – with an understatement. Read why this is the case.*

And some quick links:

IISD - [Eurostat Begins Monitoring SDG Progress](#). *“A November 2017 report from Eurostat is the first monitoring exercise under the EU's mandate to monitor progress towards the SDGs in an EU context. A set of 100 indicators was developed to monitor the SDGs in the context of EU policies, and does not cover all aspects of the SDGs.”*

Devex - [As Pakistan cracks down on NGOs, civil society questions next steps](#)

Nature (News) - [Reward research that changes society](#)

*“Tracking societal impacts encourages academics to pursue them. The launch of three new Nature journals should also help.”*

## Research

### Global Health Science and Practice – December issue

[Global Health Science and practice;](#)

Do start with the **Editorial** (by S Hodgins)- [Modeling Outputs Can Be Valuable When Uncertainty Is Appropriately Acknowledged, but Misleading When Not](#)

“While modeling approaches seek to draw on the best available evidence to project health impact of improved coverage of specific interventions, uncertainty around the outputs often remains. **When the modeling estimates are used for advocacy, these uncertainties should be communicated to policy makers clearly and openly to ensure they understand the model's limits and to maintain their confidence in the process.**”

### Global Public Health - Made in Denmark: Scientific mobilities and the place of pedagogy in global health

B Poleykett;

<http://www.tandfonline.com/doi/abs/10.1080/17441692.2017.1414282?journalCode=rgph20>

“Transnational Global Health programmes planned and financed in the North and executed in the Global South usually involve some transfer of capacity between sites or capacity building in place. Capacity investment in the form of skills, knowledge, experience and equipment is often assumed to ‘flow’ between countries, laboratories and institutions, following the trajectories of mobile subjects in the knowledge economy. Drawing on in-depth interviews with Danish and East African scientists, this paper considers the mobilities that underpin scientific capacity building, drawing attention to the paradoxical in ways in which these programmes produce stasis and fixity, as well as mobility and exchange.”

## **Journal of Equity in Health - Street-level workers' inadequate knowledge and application of exemption policies in Burkina Faso jeopardize the achievement of universal health coverage: evidence from a cross-sectional survey**

Valéry Ridde et al; <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-017-0717-5>

*“Street-level workers play a key role in public health policies in Africa, as they are often the ones to ensure their implementation. In Burkina Faso, the State formulated two different user-fee exemption policies for indigents, one for deliveries (2007), and one for primary healthcare (2009). The objective of this study was to measure and understand the determinants of street-level workers' knowledge and application of these exemption measures. ...”*

## **Archives of Public Health – A study on the implementation fidelity of the performance-based financing policy in Burkina Faso after 12 months**

O Bodson, V Ridde et al ; <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-017-0250-4>

Worth checking out by the PBF research community.

## **Plos Med – The WHO 2016 verbal autopsy instrument: An international standard suitable for automated analysis by InterVA, InSilicoVA, and Tariff 2.0**

Erin Nichols, Peter Byass et al; [Plos](#);

*“Verbal autopsy (VA) is a practical method for determining probable causes of death at the population level in places where systems for medical certification of cause of death are weak. VA methods suitable for use in routine settings, such as civil registration and vital statistics (CRVS) systems, have developed rapidly in the last decade. These developments have been part of a growing global momentum to strengthen CRVS systems in low-income countries. With this momentum have come pressure for continued research and development of VA methods and the need for a single standard VA instrument on which multiple automated diagnostic methods can be developed....” “In 2016, partners harmonized a WHO VA standard instrument that fully incorporates the indicators necessary to run currently available automated diagnostic algorithms. The WHO 2016 VA instrument, together with validated approaches to analyzing VA data, offers countries solutions to improving information about patterns of cause-specific mortality. This VA instrument offers the opportunity to harmonize the automated diagnostic algorithms in the future....”*