

# IHP news 454 : On WHO's EB142 & the bleeding hearts in Davos

(26 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 don't know about you, but every year I get a bit more annoyed by the abundant(ly cheap) Davos talk about inequality and the "urgent need" to do something about it. Hearing the likes of Lagarde et al call for more inclusive societies at this - by now [strongly delegitimized](#) - "multi-stakeholder" forum feels increasingly like an Orwellian newspeak joke, as we hear the same message year after year, more or less in sync with the annual Oxfam [reports on global inequality published ahead of the WEF](#). (PS: This year's Oxfam was well received, by the way, also by former (methodological) [critics](#).)*

*Sometimes quotes say even more than killer stats. This quote (by **Winnie Byanyima**, executive director of Oxfam International) tells you all you need to know about our sick system and why a forum like Davos feels by now as morally bankrupt as hell: "...Oxfam has spoken to women across the world whose lives are blighted by inequality. Women in Vietnamese garment factories who work far from home for poverty pay and don't get to see their children for months at a time. Women working in the US poultry industry who are forced to wear nappies because they are denied toilet breaks...". Yes, Ms Lagarde & co, that's the system of which IMF again applauded the "acceleration of growth", even if she added ["We are not satisfied," because "too many people have been left out of the acceleration of growth"](#). Indeed, they are wearing nappies, Christine. For the sake of "accelerated growth", I guess. So if Justin Trudeau calls upon the world "to put women first", as he did at this year's World Economic Forum, I'd suggest to start with these women. Among others. Alternatively, I suggest Davos men do a couple of shifts in these poultry factories, nappies included. Should boost their 'agile governance' skills.*

*By all means, if pharma companies & philanthrocapitalists can come up in Davos with innovative partnerships to tackle "market failures", find more ways to tackle AMR, or want to run pandemic exercises, please (let them) do so, I'm sure many of their efforts actually make sense and are important, but spare us this empty talk on inclusive economies. I just can't hear this CR\*\* anymore – already anticipating Trump's speech later today here - from Davos men & women. At the time of writing this intro, it wasn't clear yet whether Dr Tedros would go to Davos or stay at **WHO's EB142** meeting, but it looked as if he was going to favor the critical discussions taking place in Geneva. For our take on this, written over the weekend, see ["A question for Dr. Tedros and other global health leaders ahead of Davos"](#). Hope it'll at least become a bit less evident for global health leaders (not just Tedros) to join the Davos crowd in the years to come.*

*PS: We came across a (somewhat odd sounding) new term, by the way, this week. Instead of facing a 'cosmopolitan moment', it appears [we are living through a wider "capisceptic moment"](#): more and*

more people are sceptic about the many blessings of capitalism, certainly in the North. Probably sensing that sooner or later, they'll also end up wearing nappies for the sake of some corporate "entrepreneur".

In this newsletter, besides covering (and ranting about) Davos we will of course also pay attention to **WHO's EB142**. In Premier League terms, pretty much the first "Big Game" for Dr. Tedros vs donors & member states. Thankfully he ain't paid like Kevin Debruyne or Alexis Sanchez :) But that's stuff for another intro, some other time!

Enjoy your reading.

The editorial team

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## Featured Article

### A “make or break year” for WHO and its new leadership - Discussion on the 13<sup>th</sup> General Programme of Work at the 142<sup>nd</sup> session of WHO’s Executive Board

**Manoj Kumar Pati** (*Manager Quality Improvement and Quality of Life (MNCH & NCD), at the Karnataka Health Promotion Trust, Bangalore, India, and currently EV resident at ITM*)

Over the past few days, I’ve been fortunate to attend the first half of [the 142nd session of WHO’s Executive Board](#) meeting in Geneva, after a couple of [preparatory civil society meetings](#) hosted by the Geneva Global Health Hub (G2H2). The EB meeting provides a fresh start to the new (global health) year, and the hope is of course that for WHO a similar fresh start is in the making, under Dr. Tedros’ leadership. Speaking of the new WHO DG, after [a special EB meeting](#) in November last year (EBSS4), this “normal” EB meeting is considered by many global health observers as the first ‘real’ test for Dr Tedros and his team. In this short viewpoint, I’ll mostly focus on how the 13<sup>th</sup> General Programme of Work has been received at WHO’s headquarters, without aiming to be exhaustive, obviously.

As expected, at the start of the Board meeting, member states agreed to discuss all items on the agenda, including the [13<sup>th</sup> General Programme of Work \(13GPW\)](#). Ahead of the EB meeting, a lot of analysis and critical reflection on the ambitious 13GPW and its [budget implementation plan](#) had already taken place (see [here](#) and [here](#) for example), which clearly suggests the focus of the global health community on WHO at this important point in time, and the high expectations towards the new DG in many corners.

DG Tedros, also known as “the people’s DG”, was quite emotional in his speech on the opening day as he cited the (very recent) [murder of two polio healthcare workers](#) (a mother and her 18-year-old daughter) in Pakistan and expressed his utter sadness over the issue of violence against health workers. Tedros then laid out his vision on the future of WHO, in the form of the (now revised) 13GPW, and [how changes](#) like a greater focus and prioritization (of UHC & people-centred care, a healthier population, health emergencies), a more detailed implementation plan, and clarification of WHO’s position on its normative role (vs a more operational one) have taken place since the last EBSS in November. He then emphasized that WHO is committed to transformative change: strategic priorities are being set, resource mobilisation revamped, and Tedros himself aims to set an example by having a dynamic leadership structure at the highest level, including - as you know - many women. All in all, he said, 2018 will be a “*year that will determine what WHO looks like in the future*”. Put differently, this will be a “make or break” year (or 18 months) for WHO, both in terms of structure & functioning. The GPW, the transformation, resource mobilization and strong leadership all need to go together, Tedros emphasized. But of course, real commitment from the member states will also be required if Dr Tedros and team are to pull off this ambitious agenda in the coming years. As he mentioned in November, “It takes two to tango”.

In the discussion on the GPW and its implementation plan this week in Geneva, the multi-stakeholder approach and financing of this ambitious agenda were some of the main matters of concern.

On partnerships and multi-stakeholder participation the new DG used fairly strong words, saying that a truly dedicated multi-stakeholder partnership (comprising member states, the private sector, and civil society) would only build a united force for a *common* goal. He responded to conflict of interest concerns raised by some civil society speakers who claimed that there's a big risk that more explicit involvement of the private health sector might lead to undue commercial influence in the programme of work, distorting progress towards health equity (thereby impeding progress towards UHC and other health SDG targets), and norm-and standards setting. Tedros addressed their concerns in a quite emotional and open manner, as is becoming his trademark. He told the audience that, with greater faith in 13GPW, it is possible for all to join hands while keeping conflicts of interest close to zero. Tedros was perhaps overdoing it a bit, here, as it was rather obvious from their interventions that some countries (like the US, Italy) were keen on a (far) more prominent role for the private sector. And as you know, the Americans are still a big WHO funder, at least for now. Conflict of interest risks will probably remain an issue till long after Tedros has moved on. Anyhow, the DG called on everybody to work together and rise above individual egos and pet priorities. There was not much discussion on the implementation of the [Framework of Engagement with Non-State Actors](#) (FENSA), in the light of the GPW assumption that multi-stakeholder participation can be the model while remaining an independent and transparent global health body.

Resource mobilisation for the GPW was another major point of discussion under the specific agenda item. Days before the EB meeting, the [Programme, Budget and Administrative \(PBAC\) committee](#) got together. The committee estimates in its [report](#) that a total of 10.8 billion USD will be needed for the implementation of the GPW over the next five years for the base segment of the budget. Based on the already approved programme budget 2018–2019, this represents a US\$ 2 billion increase over the five-year period, or an increase of about US\$ 400 million per year. Keeping the GPW in mind, a programme budget with two segments was proposed, namely: a base segment and scalable operations. As per the PBAC report, the scalable operations segment would include emergency response, the remaining activities of the Global Polio Eradication Initiative and special projects - special projects are typically unforeseen negotiated projects at the country level, which are essential in implementing the strategic priorities of GPW 13. However, the budget discussion was postponed at this EB meeting. It will be discussed at EB143 and the World Health Assembly in May, to be then finally adopted/approved at the WHA 2019. But the Secretariat will work on “transformative” resource mobilization”, it was assured. PBAC made it clear that adoption of the GPW did not imply adoption of the budget estimated for it. Like in November, the DG called upon member states to provide more un-earmarked funding and move from just quantity of funding to better quality of funds. With more flexible (un-earmarked) funding, there will be greater scope for prioritizing, Tedros argued. However, in the EB there was not much of discussion on how to increase the assessed contributions, signalling a kind of (weary?) acceptance of the fact that most of the budget will still primarily come from earmarked funding. There was hardly any discussion on chronically under-funded areas like NCDs and access to medicines.

To conclude: it is high time now to see the implementation of the GPW on the ground (which will only start in 2020, though, according to the plan) and move from words to action, in line with the "*Move the caravan on the road*" jibe by the Turkish spokesperson. A [revised](#) (final) draft of the GPW is already out, incorporating some of the comments and feedback received from member states. If all goes well, this GPW will be agreed upon and approved in the EB meeting in May 2018 (143<sup>rd</sup> EB) and the World Health Assembly.

And then the real work can start.

## Highlights of the week

In this week's Highlights section, we zoom in on WHO's EB 142 & Davos, among others. Some more detail on WHO's EB meeting you find further in the newsletter, in the section 'Global Governance of Health'.

### WHO's 142th EB session (22-27 January, Geneva)

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

For the overview of **documents, agenda, statements** by [civil society](#) & [member states](#), **resolutions**, ... Webcasts will still be available for 3 months.

#### The stakes at this EB meeting

A few recommended reads, **published ahead of the EB meeting**, in addition to IP-Watch's (gated) [Guide To The WHO Executive Board: Access To Medicines, Noncommunicable Diseases, Non-State Actor](#) *"The World Health Organization Executive Board [meets next week]. On the agenda are recommendations of a review group on the WHO Global Strategy on Public Health, Innovation and Intellectual Property, and WHO proposed actions to increase **access to affordable and safe medicines and diagnosis**. The Executive Board is also expected to consider a **report on noncommunicable diseases, new possible organisations to enter into official relationships with WHO, and how to address the global burden of snakebites, including access to treatment.**"*

Priti Patnaik in the Wire - [WHO Gets to Work: 2018 a Litmus Test for New Team](#)

(must-read) *"**Ambitious priorities, strained budgets and a changing political order** dominate the World Health Organisation's upcoming annual executive board meet in Geneva."* Stay tuned for more pieces & analyses from Priti Patnaik on this EB meeting in the days to come.

#### Devex – [5 agenda items to watch at WHO's annual board meeting](#)

(recommended read). The 5 items: **Access to medicines; NCDs; polio transition; TB; snakebites.**

And a **tweet from Laurie Garrett**: *"The Executive Board @WHO is convening in Geneva this week: @Tedros first serious challenge with countries & donors."*

#### Civil Society meetings ahead of EB meeting (19-20 January, Geneva)

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

You find almost all **ppts** here from civil society preparatory meetings on Friday & Saturday (including one, by Amit Sengupta, on the Global Health Watch 5), as well as a [policy brief from PHM watchers](#)

[on important EB agenda issues.](#) Notably: “Public Health Preparedness and Response; Issues in the Agenda of EB 142 related to Access to Medicines; Non Communicable Diseases; Maternal, Infant and Young Child Nutrition.”

## WHO - speech Tedros on opening day

<http://www.who.int/dg/speeches/2018/142-executive-board/en/>

A **must-read**, obviously. It’s a special year (with many anniversaries), but more importantly, a **key year (or 18 months) for WHO’s future**, Tedros emphasized. He laid out his vision on the WHO for the coming years, elaborating on the 13<sup>th</sup> GPW, and **called upon countries to take at least 3 concrete steps towards UHC this year**. He also asked MS for their **support on three fronts**.

You can already find an **updated version of the GPW** (as of 23 January) [here](#). For some analysis of the latest changes to the document, see [PHM](#).

Coverage of this speech in IP-Watch (gated) : [New WHO Director Calls On Board To Join In “Intensive” Period Of Change](#)

*“All human beings should receive the health services they need without suffering financial hardship, such is the definition of universal health coverage, a key point of discussion at the World Health Organization Executive Board meeting this week. **New WHO Director General Tedros Adhanom Ghebreyesus (Dr Tedros) opened the event by presenting his vision for the future, and the collective work to accomplish necessary changes to the UN health agency. The European Union and United States warned against politicisation of the WHO...**”*

A few tweets:

“President Kagame as chair of @\_AfricanUnion will prioritise #UHC after discussions with @DrTedros @WHO”

“At #EB142 @drtedros says #UHC will be theme of World Health Day and the World Health Assembly. Asking Member states to join him in building UHC. #HealthforAll”

## IP-Watch – WHO Board Shows Resolve In Tackling Shortages, Access To Medicines, Vaccines

<https://www.ip-watch.org/2018/01/25/board-shows-resolve-tackling-shortages-access-medicines-vaccines/>

(gated). “The members of the World Health Organization Executive Board tonight (24 January) **agreed to create a roadmap on global shortages of, and access to, medicines and vaccines**. WHO members **proclaimed the urgent need to address prices and availability of safe and efficient medicines and vaccines**, some requesting the recently elected director general of the organisation to help find solutions.” So **access to medicines** has been sky-high at this EB meeting so far, and rightly so.

## PHM daily reports

<http://www.ghwatch.org/node/45526>

Already (short) **daily EB reports** available for 22 January & 23 January, at the time of writing. Check them out!

## Graduate Institute – Global health centre working paper- Global Health Leadership Electing the WHO Director-General

I Kickbusch & Austin Liu;

[http://graduateinstitute.ch/files/live/sites/iheid/files/sites/globalhealth/ghp-new/publications/wp/wp\\_0016\\_v5\\_web.pdf](http://graduateinstitute.ch/files/live/sites/iheid/files/sites/globalhealth/ghp-new/publications/wp/wp_0016_v5_web.pdf)

Recommended.

*“...This report assesses the extent to which the new election process for WHO supports the identification of leadership qualities of the candidates for Director-General by discussing its openness, transparency, inclusiveness, fairness and legitimacy. It examines the consequences and impacts of the new elements in the campaign process, the significance of the change in decision-making processes, as well as the broader implications for WHO of this more politicised election. Based on the analysis, it argues that, the most valuable change to improving the campaign process, would be the **addition of an independent election monitoring body...**”*

For some more detail & coverage of the WHO EB meeting, see the section “Global Governance of Health”, below. Quite some emphasis on **access to medicines**, among others. As for overall analyses & summaries of this EB meeting, that’ll be something for next week’s issue.

## Lancet World Report – Senior WHO appointments are praised but raise questions

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30138-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30138-7/fulltext)

To finish this WHO-related section in the Highlights. *“WHO Director-General Tedros Adhanom is making progress towards his pledge to transform the global body, but some say that this comes at the cost of transparency. John Zarocostas reports.”*

## Davos 2018 – “How to create a shared future in a fractured world?”

We hate to admit it, but there was again a wealth of global health, global development and of course global inequality news to report from Davos (still ongoing). Below you find an overview. Davos men and women thought hard about *“how to create a shared future in a fractured world”*, the theme of this year.

But first:

## Dr Tedros decided to stay at the EB meeting and skip Davos.

<https://www.ip-watch.org/2018/01/25/board-shows-resolve-tackling-shortages-access-medicines-vaccines/>

See also a tweet from Priti Patnaik: "*Unconfirmed reports say @DrTedros may not be going for @wef #davos2018 as planned on 25.01. Appears countries divided on if he must. Few want him to preside over consideration of priorities #GPW13 , others want him to showcase his political leadership at #Davos2018*" RT @pretpat

It appears Tedros has made the right decision, favouring the critical discussions at the EB meeting.

Davos then. Some **key themes & news** below:

## Global inequality

### Branko Milanovic (blog) – Dutiful dirges of Davos

<http://glineq.blogspot.be/2018/01/dutiful-dirges-of-davos.html>

Without any doubt, **“the read of the week”**. Published ahead of Davos.

Excerpts: *“Thousands of people will gather next week in Davos. Their combined wealth will reach several hundred billion dollars, perhaps even close to a trillion. Never in world history will be the amount of wealth per square foot so high. **And this year, for the sixth or seventh consecutive time, what would be one of the principal topics addressed by these captains of industry, billionaires, employers of thousands of people across the four corners of the globe: inequality...** Only in passing, and probably on the margins of the official program, will they get into the tremendous monopoly and monopsony power of their companies, ability to play one jurisdiction against another in order to avoid taxes, how to ban organized labor in their companies, how to use government ambulance services to carry workers who have fainted from extra heat (to save expense of air conditioning), how to make their workforce complement its wage through private charity donations, or perhaps how to pay the average tax rate between 0 and 12% (Trump to Romney)...”*

*“...They are loath to pay a living wage, but they will fund a philharmonic orchestra. They will ban unions, but they will organize a workshop on transparency in government. **So in a year, they will be back in Davos and perhaps a new record in dollar wealth per square foot will be achieved, but the topics, in the conference halls and on the margins, will be again the same. And it will go on like this...until it does not.**”*

A tweet from Branko Milanovic is also worth noting: *“**Many people are afraid to say anything critical of the Davos crowd because lots of their funding comes from these guys. Thus basically they have a lock on the public opinion.**”*



## **Inequality report Oxfam – Reward work, not wealth: To end the inequality crisis, we must build an economy for ordinary working people, not the rich and powerful**

[https://www.oxfam.org.au/wp-content/uploads/2018/01/bp-reward-work-not-wealth-220118-en\\_EMBARGO-2.pdf](https://www.oxfam.org.au/wp-content/uploads/2018/01/bp-reward-work-not-wealth-220118-en_EMBARGO-2.pdf)

With killer stats you probably already know by now from the media –“ *Last year saw the biggest increase in billionaires in history, one more every two days. Billionaires saw their wealth increase by \$762bn in 12 months. This huge increase could have ended global extreme poverty seven times over. 82% of all wealth created in the last year went to the top 1%, while the bottom 50% saw no increase at all.*”

But also with a more **methodological sound** approach - see **Felix Salmon**: [Oxfam's excellent inequality report](#) as well as a rather extensive **report with recommendations** on **how to build a human economy**.

Coverage of this report for example in **the Guardian** - [Inequality gap widens as 42 people hold same wealth as 3.7bn poorest](#).

## **From Dandora to Davos – organising from the grassroots and puncturing the elite**

<https://oxfamblogs.org/fp2p/from-dandora-to-davos-organising-from-the-grassroots-and-puncturing-the-elite/>

*“With the inequality crisis in focus as the world’s elite gathers in Davos, the [Fight Inequality Alliance](#)’s Global Convenor, Jenny Ricks, examines where real change is likely to come from.”*

See also [Forget Davos; Dandora holds key to inequality - activists](#) (Thomson Reuters)

*“As champagne and caviar wash down tough talk of world problems in Davos, the stench of rotten rubbish lingers over an alternative summit in Kenya aimed at tackling the chasm between rich and poor. Welcome to the **Kenyan slum of Dandora**: known for its fetid garbage mountain and - for this week only - **playing host to campaigners** who are fed up with top-table talk and say they see scant action at ground level where it matters most...*

*“...**Ben Phillips** said communities in countries such as Kenya, South Africa, India, Pakistan, Indonesia and Mexico feel inequality will not be solved by the 'Davos man', but by ordinary people **mobilising for their rights**. So events - ranging from concerts to soccer matches, mass meals to marches - are taking place to help some of the world's most marginalised understand their rights and demand action...”*

## Overall analysis ahead of Davos

### Devex - In Davos, the art of the development deal

Raj Kumar; <https://www.devex.com/news/in-davos-the-art-of-the-development-deal-91929>

Must-read, as it's an excellent summary of the now nearly-hegemonic SDG 'from billions to trillions' mindset.

Excerpts:

*"Finance ministers are in demand and it's a trend that seems to be picking up in intensity. When we put on a Devex event — like the ones we're hosting this week during the World Economic Forum Annual Meeting in Davos — it's not just development celebrities or foundation presidents our underwriters and partners are after: more often now, it's finance ministers. There's nothing new about looking for money under every rock to solve global challenges. What's new is the potential to use innovative tools to blend together different kinds of funding — just at the moment that's needed most. It's what's known as the "billions to trillions" agenda, and it's a way to raise the whole new level of finance the SDGs require. It's tailor made for Davos.*

*...Now that **global development has entered an era of financial innovation**, Davos has more relevance than ever....*

*...We're entering an era of Davos dealmaking for development. A kind of financial engineering for good. Picture billionaire philanthropists, corporate titans, NGO chiefs, multilateral development bank presidents, aid agency heads, and, yes, finance ministers from the Global South, plotting and planning together...."*

## Blended Finance

### Bloomberg – 'Blended Finance' Could Lift Sustainable Development by \$1 Trillion

[Bloomberg](#);

*"An additional \$1 trillion could be found for the UN's Sustainable Development Goals if development banks focus on making investments digestible for private pools of capital. That's according to a report by the Blended Finance Taskforce released Tuesday at the annual World Economic Forum conference in Davos, Switzerland. The mix of public and private capital is dubbed "blended finance."..."*

*"... There is currently a funding gap estimated to be about \$2 trillion to \$3 trillion for these (SDG) goals. It has been estimated that public sources could provide half, but the remainder would have to be raised from the private investors...." "... Blended finance already exists and is estimated to be a \$50 billion market, according to the report...."*

See also Devex - [The Business and Sustainable Development Commission says goodbye as it highlights blended finance](#)

“...The blended finance market has roughly doubled in the last five years to more than \$50 billion, and the market could double again in the next 3-4 years, if there is “a dramatic scale-up in the size of blended finance vehicles, moving from many fragmented \$100 million funds, to a growing number of vehicles, each with \$1-10 billion of capital,” according to the report....”

## Devex - Gates and IDB announce plan to eliminate malaria in Central America

<https://www.devex.com/news/gates-and-idb-announce-plan-to-eliminate-malaria-in-central-america-91952>

Excerpts: *“The Bill & Melinda Gates Foundation, Inter-American Development Bank, and Carlos Slim Foundation are to announce a \$180 million initiative to eliminate malaria in Central America. Bill Gates, co-chair of the Gates Foundation, and Luis Alberto Moreno, president of the IDB, [will] announce the **Regional Malaria Elimination Initiative, or RMEI**, Wednesday at the World Economic Forum Annual Meeting in Davos, Switzerland. Involving \$83.6 million of new funding — with \$37.1 million from IDB, \$31.5 million from Gates, and \$15 million from the Carlos Slim Foundation — the plan is **expected to leverage \$100 million in domestic financing and \$39 million of existing donor resources over the next five years.** ... .. **This is not the first time these partners have come together to advance health goals in the region. RMEI will build on the work of the Salud Mesoamérica Initiative, a results-based financing partnership involving the government of Spain together with the Gates Foundation, IDB, and Carlos Slim Foundation.**”*

*“... under the RMEI, the IDB can make loans to countries that might not otherwise be able to get funding for malaria programs, **bringing the power of blended finance to malaria elimination.** ... “The IDB believes that eliminating malaria can only be achieved through sustained financing for locally tailored approaches, and that’s why we’re announcing this initiative,” said IDB President Moreno. “By combining IDB resources with local and international contributions to tackle a regional problem, this initiative also exemplifies the ‘blended finance’ model that will increasingly offer the best means of achieving the Sustainable Development Goals.” ... .. **RMEI represents an example of both blended finance and results-based finance, as the Gates Foundation is contributing through a results-based payment system....”***

PS : On the **dangers of blended finance**, see a Devex Op-ed: [How to stop Africa's new rising debt from turning into a tragedy](#) With some suggestions **from Fiona Robertson (ONE)** on how to avoid the worst.

*“More than a decade after campaigners managed to cancel hundreds of billions of dollars of debt for the world’s poorest countries, there is a new crisis looming. **Africa’s debt levels are rapidly rising again, and in 2016, they increased by over 10 percent to \$600 billion, more than double the levels recorded a decade ago.** There’s a growing recognition that lending plays an important role in plugging the massive gap in financing Africa’s development. The **Billions to Trillions** narrative has encouraged both national governments and international financial institutions to look to debt*

*markets and historically low interest rates as a viable financing source to scale and catalyze crucial development programs. Yet **also rising is debt service**, which already weighs heavily on domestic African budgets — and the rising rate of defaults is far too familiar. ...”*

## **GFF update from Davos**

A tweet on the **Global Financing Facility**, from a Davos event:

*“One year on **@theGFF** shares the innovations in financing & outcomes achieved. **Still a USD33billion financing gap to be filled!** **@WorldBank @MerckforMothers @gatesfoundation #SDGs #WomenAndChildrenFIRST**”*

The event: **Maximizing Innovation through the Global Financing Facility for Women, Children and Adolescents’ Health**

*“In partnership with MSD for Mothers, this event showcased the difference the GFF is making in countries, and how the GFF is changing the development landscape, in part by harnessing the untapped potential of the private sector in helping countries improve the lives of their most vulnerable citizens.”*

For more on the GFF, see their [newsletter](#).

Among others: “...In December 2017, we welcomed **two new partner donors to the GFF Trust Fund: the governments of Japan and Denmark.** “

## **Antimicrobial Resistance Benchmark launched**

### **IP-Watch - Antimicrobial Benchmark For Industry Launched In Davos**

<https://www.ip-watch.org/2018/01/23/antimicrobial-benchmark-industry-launched-davos/>

The **first-ever antimicrobial resistance benchmark was launched** at the World Economic Forum annual meeting in Davos. *“The benchmark is the first independent analysis of what the most active players in the pharmaceutical industry are doing to slow the emergence of drug resistance, Iyer said. The issue of antimicrobial resistance is high on the international agenda, she remarked, and was discussed in Davos two years ago. The next benchmark will be issued in two years. The **Access to Medicines Foundation** is supported by the Bill and Melinda Gates Foundation, the United Kingdom, and the Dutch governments, she said, and the Antimicrobial Resistance Benchmark is supported by both the UK and the Dutch governments....”*

See also [Superbugs: first independent comparison of pharma companies efforts to address drug resistant infections](#)

*“The first independent analysis of pharmaceutical industry efforts to tackle drug resistance, published today, finds that **as well as developing new drugs companies are also dismantling the incentives that encourage sales staff to oversell antibiotics, setting limits on the concentration of antibiotics in factory wastewater released into the environment, and tracking the spread of superbugs.** ... In the Antimicrobial Resistance Benchmark, **GSK and Johnson & Johnson lead among the large research-based pharmaceutical companies, while Mylan leads the generic medicine manufacturers and Entasis leads in the biotechnology group.** The Benchmark finds room for all companies to improve, as well as evidence of good practice....”*

More coverage in Reuters - [Drug companies told to do more to tackle 'superbug' crisis](#)

“Drugmakers’ response to the threat posed by “superbugs” **remains patchy** even after years of warnings...”

Related to this new benchmark, we also recommend this insightful **op-ed by Jim O’Neill** (Project Syndicate) - [Tracking Big Pharma’s Progress on AMR](#) “With the launch of a new index to track major drug makers, generic producers, and biotech firms in the fight against antimicrobial resistance, **we now have the data** we need to make progress on this crucial public-health issue. **The hope is that the many companies that have not been carrying their weight will finally feel compelled to act.**”

*“...The **new benchmark’s overall score for a firm can be broken down into three separate categories:** its commitment to research and development for new drugs; its manufacturing, production, and environmental standards; and its marketing and distribution practices, which should focus on ensuring access rather than excess. ... ..”*

*... Moreover, one hopes the benchmark will prod into action all of the firms that have not even bothered to join the fight against AMR. **It is worth remembering that at the World Economic Forum’s annual meeting in January 2016, more than 80 companies signed a declaration promising to work toward solutions. And yet more than 70 of those firms do not appear on the AMF’s new index.** Talk is cheap; these companies need to put their money where their mouth is....”*

## Global Fund and Partners Launch HER

[Global Fund](#);

*“The Global Fund to Fight AIDS, Tuberculosis and Malaria and partners pledged support for **HER – HIV Epidemic Response – an initiative to build private sector support for programs that address HIV in 13 African countries** where adolescent girls and young women face disproportionate risk. ... ..Sands announced the HER initiative at the Global Goals Gathering, convened at the World Economic Forum’s Annual Meeting in Davos, Switzerland. The event was hosted by renowned activist Malala Yousafzai, and by Bill Gates, co-chair of the Bill & Melinda Gates Foundation. The Global Fund*

was one of 19 organizations joining together to highlight the need for accelerated action to achieve the Global Goals, which include a promise to end AIDS by 2030. ... Sands announced partner commitments from The Coca-Cola Company, Standard Bank, Unilever and ViiV Healthcare, as well as Product (RED), which will expand its operations in Africa with the support of A4A, Coca-Cola and SAP.”

## Gender equality

In spite of (yet again) underwhelming gender stats (see [Economist graph](#) – with only about 21 % female participants, and with the average age quite a bit younger than for male participants), **gender equality is a key focus** in Davos this year. See also the [all-female co-chair line-up](#) of Davos.

Some reads:

[Why 2018 must be the year for women to thrive](#) (by C Lagarde & E Solberg).

Guardian - [Justin Trudeau tells Davos: tackle inequality or risk failure](#)

*“Canada’s prime minister, Justin Trudeau, has challenged leaders of the world’s biggest corporations to hire more women and to tackle sexual harassment as he warned that a business-as-usual approach to tackling inequality would lead to failure for everyone....”*

**Melinda Gates** - [Time to quantify the economic cost of sexual harassment](#) - she calls it the ‘missing link’ in the MeToo movement.

We don’t want to withhold you this gender-sensitive **tweet from Jeremy Farrar**:

*“Comment of the week @WEF - anonymous colleague - "Amazes me how few men wash their hands after using the bathroom".”*

## More on Bill Gates in Davos

Bloomberg - [Bill Gates Says ‘America First’ Endangers U.S. Influence in Africa](#)

Rocket science.

Gates also took part in a session [“A new era for global health”](#) which you can re-watch, if you want. The “new era” still includes Bill Gates.

## Inclusive development index

<http://reports.weforum.org/the-inclusive-development-index-2018/>

*“The Inclusive Development Index (IDI) is an annual assessment of 103 countries’ economic performance that measures how countries perform on eleven dimensions of economic progress in addition to GDP. It has **3 pillars**; growth and development; inclusion and; intergenerational equity – sustainable stewardship of natural and financial resources. The IDI is a project of the World Economic Forum’s System Initiative on the Future of Economic Progress...”*

## Stat news - Why do biopharma’s elites make the annual pilgrimage to Davos?

[https://www.statnews.com/2018/01/22/davos-pharma-biotech/?utm\\_source=STAT+Newsletters&utm\\_campaign=705504fa53-MR&utm\\_medium=email&utm\\_term=0\\_8cab1d7961-705504fa53-149865409](https://www.statnews.com/2018/01/22/davos-pharma-biotech/?utm_source=STAT+Newsletters&utm_campaign=705504fa53-MR&utm_medium=email&utm_term=0_8cab1d7961-705504fa53-149865409)

Not to strike deals, apparently. That’s more likely at the JP Morgan health care conference. “...That, however, is not what Davos is about. It’s a meeting about ideas. This year’s agenda features panel discussions on topics like precision medicine and health care technologies...”

## Pandemic security

Cfr CEPI’s newsletter:

*“As world leaders head to Davos next week we will see **epidemic preparedness** take a central role in the World Economic Forum’s programme. Related events [will be]: A pandemic simulation series for world leaders (CEPI will be there to support); Dialogues on biological threats, global health security, and antimicrobial resistance; Public sessions on epidemic readiness and global health “*

## Artificial intelligence for development, agile governance, Fourth Industrial revolution

Devex - [The promise and pitfalls of artificial intelligence for global development](#)

*“... This week, as leaders gather in Davos, Switzerland, to discuss how to “create a shared future in a fractured world,” many of the conversations will center on the role of humans and robots in a future of automation or augmentation. ... Klaus Schwab, the founder of the World Economic Forum, the organization behind the annual meeting of global elites in Davos, describes the new era we are living in as the “Fourth Industrial Revolution.... Fourth Industrial Revolution demands a new paradigm for civil society and its relationship with government.... Enter ‘Agile governance’. ...*

Blablabla.

In related news, [Gavi will become the first international non-profit organisation to partner with WEF’s Center for the Fourth Industrial Revolution.](#) *““Where steam once led to mechanisation, electricity to mass production and IT to automation, this fourth revolution is fusing technologies to achieve something new,” said Gavi CEO, Dr. Seth Berkley. “We believe the Fourth Industrial*

*Revolution can help us overcome some of the challenges preventing us from reaching every child.”The Center will bring together business leaders, governments, start-ups, civil society, academia and international organisations to collaborate in developing policy for emerging technologies, ranging from drones and Blockchain to precision medicine and artificial intelligence...”*

### **Some quick links from Davos – among the wealth of other news:**

**[Global Fund to end modern slavery](#)** – you might have heard about this Fund, following in the footsteps of the Global Fund. *“The Global Fund to End Modern Slavery is a bold public-private partnership developing a \$1.5+ billion fund and coordinating a coherent, global strategy to address modern slavery.” “GFEMS collaborates across sectors and geographies with a focus on **three core programmatic pillars**: rule of law, business engagement, and sustaining freedom.”* If the Fund will (also) address the structural determinants of slavery (linked to predatory and exploitative capitalism all over the globe), I’ll eat up my shoe. My two shoes, in fact. PS: *“**Dr. Jean Baderschneider is the CEO of The Global Fund to End Modern Slavery.** With 35+ years of experience in the private sector, Dr. Baderschneider retired from ExxonMobil in 2013 where she was Vice President.”*

UN News - [At Davos forum, UN agency launches report spotlighting benefits of investing in better migration data](#)

*“Investing in value-based migration data that squarely focuses on impact can benefit the world to the tune of \$35 billion dollars, according to a new report launched Wednesday in Davos, Switzerland, by the United Nations migration agency. A study by the International Organization for Migration’s (IOM) Global Migration Data Analysis Centre (GMDAC), working with the McKinsey Centre for Government, found that better use of data will help turn human mobility into an asset worth tens of billions of dollars.”*

UN News - [Bring human rights to discussion tables and into decisions at Davos, UN experts urge](#)

*“With world leaders converging in Davos, Switzerland, for the annual World Economic Forum, a group of United Nations **human rights experts has called on government and business leaders to use the occasion to decide on concrete actions to bring about positive change.** “What we are seeing in the world today is the economically disenfranchised yearning for a fairer economic system that spreads the rewards of economic development to all,” Anita Ramasastry, the chairperson of the **UN Working Group on Business and Human Rights**, said on Tuesday. “The inclusion of human rights objectives into political and economic decisions are crucial if economic reforms are to tackle the root causes of populism, global unrest, climate change and inequality,” she added...”*

IP-Watch - [New Project To Sequence Genes Of Amazon Biodiversity, Enforce Benefit Sharing, Announced At Davos](#)

*“A new partnership announced at the World Economic Forum this week plans to sequence the genome of all biodiversity in the Amazon basin and make sure that benefits from the commercialisation of products derived from this mapping are fairly and equitably shared.” Davos & ‘equitably shared’ don’t rhyme very well, in general, but hey, let’s hope for the best in this case.*



## Trump & global health

Clearly, Trump's visit to Davos got most attention this week. But some other Trump related "stuff" from the past week:

### Women's March one year on

<https://www.theguardian.com/us-news/2018/jan/20/womens-march-trump-inauguration-anniversary-protest>

One year of Trump (including the global gag rule & many more anti-women policies by the Trump administration, in the US and globally ) was "celebrated" **last weekend**. "At **major rallies** in Washington, New York, LA and beyond, some said Trump's 'disastrous' first year has left women angrier than ever."

See also **the Guardian** - [A year since women marched across the world in protest of Trump, many view his presidency as 'the worst we've ever seen for women'](#).

Even **Melinda Gates** hit out at Trump's alarming immigration views (aka the "sh\*\*hole" remarks), see [FT](#). She linked them to his cutting of aid budgets (including on family planning funding), a strategic mistake in her opinion. And much more than that.

### Devex – One year on, full impact of 'global gag rule' begins to emerge

[Devex](#)

Must-read!! ***"The long-term impacts of the "global gag rule" are beginning to emerge as a major family planning provider projects that approximately 2 million women will be denied sexual and reproductive health services as a result of the order reinstated this time last year. Family planning and global health experts warn that the full consequences will continue to unfold. Marie Stopes International, which provides contraception and abortion services in 33 developing countries, has calculated it faces an \$80 million funding gap as a result of the decision, which slashed 17 percent of its donor income..."***

See also **AP** - [Trump's global gag rule goes far beyond abortion, groups say](#).

As for the US government shutdown, it appears that for now, there's some breathing room (at least for a few weeks), after Democrats "caved in".

### The Hill - CDC to cut back disease work in foreign countries: report

<http://thehill.com/policy/healthcare/369842-cdc-to-cut-back-disease-work-in-foreign-countries-report>

*"The Centers for Disease Control and Prevention is planning to significantly reduce its overseas work to fight disease due to coming funding cutbacks, according to an internal email reported by The Wall*

Street Journal. **Unless it gets new funding, the CDC will be cutting down its work against diseases from 49 countries to 10 countries starting in October 2019**, the Journal reported. The cuts are necessary because five years of funding spurred by the Ebola outbreak in 2014 will be coming to an end in 2019, the article said. The CDC “will have to scale its global health security portfolio to focus efforts based on existing resources, “...”

A few tweets:

“The @CDCgov will from 2019 work in only 10 countries - India, Thailand, Vietnam, Kenya, Uganda, Liberia, Nigeria, Senegal, Jordan and Guatemala. “

**Tom Frieden:** “Disheartening and scary. Will pull the rug out in countries that have made progress to find/stop/prevent new health threats”

### **Bloomberg - Tillerson’s State Overhaul Faces Mutiny as USAID Weighs Role**

<https://www.bloomberg.com/news/articles/2018-01-24/tillerson-s-overhaul-at-state-in-doubt-as-usaid-suspends-role>

“The agency in charge of U.S. foreign aid has put Rex Tillerson on notice about rising frustration over his State Department redesign, the most visible sign yet of the confusion surrounding his bid to reshape American diplomacy. “Per direction from the Front Office, we are suspending all USAID involvement in the Joint Redesign as of Monday, January 22nd,” Jim Richardson, the redesign chief at the U.S. Agency for International Development, said in a Jan. 19 email to senior staff obtained by Bloomberg News. “You should not work on any Joint Redesign activities.”...”

### **Lancet Editorial – The health of a president: an unnecessary distraction**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30106-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30106-5/fulltext)

“...Based on his past pattern of behaviour, the unprecedented attention to President Trump's physical and mental health might well be exactly what the President seeks—that is, to put himself at the centre of the American political news agenda. Regrettably, the medical community may have unwittingly colluded in this outcome. **Rather than speculating about the finer details of the president's health, the focus for health professionals should be on the consequences of President Trump's policies at home and abroad.** Protecting America's progress towards universal health coverage, tackling gun violence, implementing an emergency response to the opioid epidemic, agreeing on a deal to protect childhood arrivals, and maintaining investments in global health are just some of the pressing issues that the President has yet to address. It is these issues that the medical community should use all its energy to hold him accountable for.”

Still, I would want to know whether Trump has Parkinson or not (if he has to push that button).

## Lancet – Offline: Why we must learn to love economists

Richard Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30139-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30139-9/fulltext)

My buddhist monk would probably set a similar challenge for me. Learn to love economists : )

In this piece, Horton (not known for his love of economists) looks ahead to the “Commission on Investing in Health 2.0” . As you might recall, “*The Lancet’s 2013 Commission on Investing in Health was led by two economists—Larry Summers (a former US Treasury Secretary) and Dean Jamison (the foremost health economist of his generation).*” As the world has changed (a lot) over the past 5 years, **the economic case for health needs to be remade**, Horton argues.

## Debate continues on the PBF viewpoint by E Paul et al (in BMJ Global Health)

The PBF debate continues. Check out, this week, for example:

### Financing Health in Africa (blog) – Do not throw the baby out with the bath water!

O Basenya (from MoH Burundi); <http://www.healthfinancingafrica.org/home/performance-based-financing-do-not-throw-the-baby-out-with-the-bath-water>

Olivier Basenya works in the Ministry of Public Health of Burundi in a Unit in charge of the implementation of PBF. The blog focuses on what Olivier calls “**second-generation PBF**” and we recommend you read it. Basenya was also somewhat disappointed, as he didn’t find concrete proposals in Paul et al’s article that would help him in the process of improving the implementation of PBF. As for “the baby & the bath water”, that seems to be the preferred metaphor of the PBF community, see also Godelieve Van Heteren’s [blog](#) last week.

PS: the WB’s **Gyuri Fritsche**’s feedback on the paper by Paul et al, you can find [here](#) (scroll to the comment under the blog)

### BMJ (blog) - Rethinking performance-based financing: sustainability must be part of the debate

<http://blogs.bmj.com/bmjgh/2018/01/23/rethinking-performance-based-financing-sustainability-must-be-part-of-the-debate/>

By **P N Owusu**. Nice read.

## E-cigarettes

### Guardian - Teens who use e-cigarettes are more likely to try smoking, report shows

[https://www.theguardian.com/society/2018/jan/23/teens-who-use-e-cigarettes-are-more-likely-to-try-smoking-report-shows?CMP=share\\_btn\\_tw](https://www.theguardian.com/society/2018/jan/23/teens-who-use-e-cigarettes-are-more-likely-to-try-smoking-report-shows?CMP=share_btn_tw)

*“A panel of public health experts has found that teens who use e-cigarettes are more likely to try smoking, and devices that deliver nicotine can be addictive. However, the experts said that e-cigarettes were less harmful than smoking. **The report comes from a panel at the National Academies of Science, Engineering and Medicine, which assessed more than 800 peer-reviewed studies.** “E-cigarettes cannot be simply categorized as either beneficial or harmful,” said David Eaton, chair of the committee that wrote the report, and dean and vice-provost at the University of Washington....”*

For some **takeaways** from this report, see also **Vox** - [4 big takeaways from the most comprehensive report on e-cigarettes yet](#) *“E-cigarettes may help adult smokers quit tobacco. But they also entice young people to start smoking.”*

## Global Humanitarian Crisis

Some reads from this week:

**Lancet World Report** - [Mega-crisis in DR Congo](#) *“The UN fears the humanitarian crisis in DR Congo will further deteriorate in 2018, putting in jeopardy the lives of over 13 million people. John Zarocostas reports.”*

**Guardian** - [North Korea tops list of world's most neglected humanitarian crises](#) Based on a study by Care International.

**UN News** - [UN and partners launch largest-ever humanitarian appeal for Yemen.](#)

See also **Al Jazeera** - [Yemen's children face 'worst diphtheria outbreak'](#)

### Lancet - Amid US funding cuts, UNRWA appeals for health and dignity of Palestinian refugees

<http://www.thelancet.com/pb-assets/Lancet/pdfs/S0140673618301132.pdf>

See also **UN News** - [UN agency for Palestine refugee launches global funding push after US aid cuts.](#)

## Health care worker victims

### Guardian - Mother and daughter shot dead while immunising kids from polio in Pakistan

<https://www.theguardian.com/global-development/2018/jan/19/mother-daughter-shot-dead-immunising-kids-polio-pakistan>

Very sad news, as among others Dr Tedros acknowledged this week in his address to the EB. Health care workers keep being attacked.

See also NPR - [Pakistan Raises Its Guard After 2 Polio Vaccinators Are Gunned Down](#).

In another horrific incident, **Save the Children** lost 4 staff in Jalalabad, Afghanistan – see [here](#).

### EC - Investing in Africa: the EU and Bill & Melinda Gates Foundation commit a further €100 million

[http://europa.eu/rapid/press-release\\_IP-18-361\\_en.htm](http://europa.eu/rapid/press-release_IP-18-361_en.htm)

The **Bill & Melinda Gates Foundation** announced their commitment to contribute to the EU's **External Investment Plan**. *“The Gates Foundation will contribute \$50 million (€40.9 million) in financing, as well as an additional \$12.5 million (€10.2 million) in technical assistance, to investment projects in the health sector in Africa through the EU's framework to improve sustainable investments in Africa. This pooling of resources is designed to encourage additional private investment towards achieving the Sustainable Development Goals, and will allow successful projects to be scaled up more rapidly. The European Commission welcomes this strong support to its efforts towards sustainable development in Africa, and will match this contribution with another €50 million.*

*“...This new partnership on health follows a first joint initiative with the EU, announced on 12 December 2017 at the One Planet Summit in Paris, to support the development of tools and techniques to benefit smallholder farmers in developing countries. ...”*

### NCD Alliance Campaign Priorities - The 2018 United Nations High-Level Meeting on NCDs

[https://ncdalliance.org/sites/default/files/resource\\_files/2018HLM\\_NCDA\\_CampaignPriorities\\_22Jan\\_0.pdf](https://ncdalliance.org/sites/default/files/resource_files/2018HLM_NCDA_CampaignPriorities_22Jan_0.pdf)

*“This briefing paper aims to inform civil society and partners about the crucial opportunity of the 2018 UN High-Level Meeting on NCDs (UN HLM) to mobilise political leadership and new resources*

and action to improve the lives of people affected by NCDs worldwide, and to guide advocacy at global, regional and national level for strong commitments at the UN HLM.”

See also the **NCD Alliance [newsletter](#)** for a nice summary:

“... The **briefing paper describes a global campaign that NCD Alliance will lead on the UN HLM** in pursuit of the **following goals**: Raise awareness of the scale, impact and urgency of NCDs as a social justice and equity issue and NCD investments as a major opportunity to drive sustainable development; Increase high-level political commitment by governments and multilateral agencies; Establish NCDs as a priority investment for health and development, building support for cost-effective interventions and sustainable funding models to support national NCD responses; Strengthen and mobilise the NCD civil society movement, and voices of youth and PLWNCs.

NCD Alliance will advocate for the UN HLM to produce an outcome document that includes **these six priorities**: Put people first; Boost NCD investment; Step up action on childhood obesity; Adopt smart fiscal policies that promote health; Save lives through equitable access to NCD treatment and UHC; Improve accountability for progress, results and resources.”

## Lancet Podcast with Horton

<http://www.thelancet.com/doi/story/10.1016/audio.2018.01.23.6539>

“What do we want from global health in 2018? The Lancet's editor-in-chief Richard Horton discusses his hopes for world health, as well as looking back at 2017. “About 17 minutes, so ideal for when you go for a run. And guess what, Horton wants to strike an optimistic note, even if it takes him some effort.

## DeveX – Mordaunt to announce details of Global Disability Summit

<https://www.deveX.com/news/mordaunt-to-announce-details-of-global-disability-summit-91941>

Over to the UK & DFID's new boss. “...She will also reveal more details around the **U.K. government's first World Disability Summit, to be hosted in London's Olympic Park on July 24**. The event will emphasize the need to collect more data around disability, with commitments expected from both the public and private sector, including the World Bank...”

## FT -Outspoken World Bank chief economist Paul Romer exits

<https://www.ft.com/content/be72f8e2-0144-11e8-9650-9c0ad2d7c5b5>

Must-read. “Emails reveal clashes over issues ranging from grammar to methodology.”

*“Outspoken chief economist Paul Romer is leaving the World Bank “effective immediately” after just 15 months on the job, the bank’s president told staff on Wednesday in an internal announcement seen by the Financial Times. Mr Romer, one of the US’s most celebrated economists, had been engaged in a running battle with staff economists at the bank almost since his high-profile arrival in October 2016. Areas of dispute have included everything from Mr Romer’s diktats on grammar and brevity in reports to serious questions about methodology....”*

Interesting paragraph: *“... But Mr Romer’s battles were far broader. He was considering leaving the bank before giving the interview to the Journal and had begun telling people privately that he was disillusioned with the World Bank’s research and his inability to bring about change, according to emails seen by the Financial Times and people close to the situation. ...”*

See also **Bloomberg** - [Paul Romer Steps Down as World Bank Chief Economist After Rocky Stint](#).

In other WB related news, you might want to read (in the **NYT**) – [“The World Bank is remaking itself as a creature of Wall Street”](#) (under the instigation of Jim Kim, with no doubt implications for global health as well).

## **CEPI announces new permanent board**

[CEPI](#);

*“CEPI’s new Board will have twelve members. Eight seats will be held by independent members, while four seats have been reserved for investors.” Among the names of the independent members, **Joanne Liu & Peter Piot**. “The four investor seats will be named by CEPI’s newly formed Investors Council. It is anticipated that three seats will be held by sovereign investors and one by a philanthropic investor.”*

## **WB ‘Investingin Health’ blog - Strengthening national clinical research capacities is key to epidemic preparedness and saving lives**

M P Kieny et al; <http://blogs.worldbank.org/health/strengthening-national-clinical-research-capacities-key-epidemic-preparedness-and-saving-lives>

Focus in this blog on role of the **International Vaccines Task Force**, created in October 2017 by the World Bank and the Coalition for Epidemic Preparedness Innovations (CEPI), which aims to strengthen research capacity in low-income countries.

The **International Vaccines Task Force** will deliver its final report in **May 2018**, in time for presentation at the World Health Assembly.

## AMR

### DRIVE-AB (final report) - A New Ecosystem Approach to Fight Antibiotic Resistance

<http://drive-ab.eu/wp-content/uploads/2018/01/A-New-Ecosystem-Approach-to-Fight-Antibiotic-Resistance.pdf>

*“The World Health Organization (WHO) has deemed antibiotic resistance to be one of the three greatest threats to human health today, as bacteria become increasingly resistant and too few treatments are being developed to combat them. **The research project DRIVE-AB**, a consortium managed by the University of Geneva (UNIGE) and AstraZeneca, **has determined that a market entry reward of \$1 billion per antibiotic globally could significantly increase the number of new antibiotics coming to the market in the next 30 years.**”*

See also CIDRAP - [\\$1 billion reward proposed for new antibiotics](#). *“An international group tasked with researching and developing new economic models to promote antibiotic development is calling for a \$1 billion market entry reward for new antibiotics, saying the reward could significantly boost the number of new antibiotics coming to market over the next 30 years...”*

## Key publications of the week

### Lancet Global Health – Access to emergency hospital care provided by the public sector in sub-Saharan Africa in 2015: a geocoded inventory and spatial analysis

[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30488-6/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30488-6/fulltext)

*“With no Pan-African database of hospital locations, **a geocoded inventory and spatial analysis records hospital services in relation to the populations’ access to emergency care in 2015.**”*

Read also the accompanying **Comment** - [Gaps in physical access to emergency care in sub-Saharan Africa](#)

*“... Despite these limitations, **Ouma and colleagues considerably expand the understanding of emergency care access with the first comprehensive geocoded spatial analysis of public hospitals in sub-Saharan Africa.** ... Ouma and colleagues' Article serves as a **call to action to improve access to hospital-based emergency care in sub-Saharan Africa.** With nearly 30% of the population more than 2-h travel time from the nearest public hospital, improvement to service delivery capacity is urgently needed....”*

### HP&P - How far is mixed methods research in the field of health policy and systems in Africa? A scoping review

M De Allegri, V Ridde et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czx182/4818265>



*“Both the academic and the policy community are calling for wider application of mixed methods research, suggesting that combined use of quantitative and qualitative methods is most suitable to assess and understand the complexities of health interventions. In spite of recent growth in mixed methods studies, limited efforts have been directed towards appraising and synthesizing to what extent and how mixed methods have been applied specifically to Health Policy and Systems Research (HPSR) in low- and middle-income countries (LMICs). **We aimed at filling this gap in knowledge, by exploring the scope and quality of mixed methods research in the African context.** We conducted a scoping review applying the framework developed by Arksey and O’Malley and modified by Levac et al. to identify and extract data from relevant studies published between 1950 and 2013. ... The quality of the application of mixed methods varied greatly across studies, with a relatively small proportion of studies stating clearly defined research questions and differentiating quantitative and qualitative elements, including sample sizes and analytical approaches. The methodological weaknesses observed could be linked to the paucity of specific training opportunities available to people interested in applying mixed methods to HPSR in LMICs as well as to the limitations on word limit, scope and peer-review processes at the journals levels. Increasing training opportunities and enhancing journal flexibility may result in more and better quality mixed methods publications.”*

## **BMJ Global Health – Strengthening global health security by embedding the International Health Regulations requirements into national health systems**

Hans Kluge et al; [http://gh.bmj.com/content/3/Suppl\\_1/e000656?cpetoc](http://gh.bmj.com/content/3/Suppl_1/e000656?cpetoc)

*“The International Health Regulations (IHR) 2005, as the overarching instrument for global health security, are designed to prevent and cope with major international public health threats. But poor implementation in countries hampers their effectiveness. In the wake of a number of major international health crises, such as the 2014 Ebola and 2016 Zika outbreaks, and the findings of a number of high-level assessments of the global response to these crises, it has become clear that there is a need for more joined-up thinking between health system strengthening activities and health security efforts for prevention, alert and response. WHO is working directly with its Member States to promote this approach, more specifically around how to better embed the IHR (2005) core capacities into the main health system functions. **This paper looks at how and where the intersections between the IHR and the health system can be best leveraged towards developing greater health system resilience. This merging of approaches is a key component in pursuit of Universal Health Coverage and strengthened global health security as two mutually reinforcing agendas.**”*

## **BMJ Analysis – Partnerships for child health: capitalising on links between the sustainable development goals**

<http://www.bmj.com/content/360/bmj.k125>

*“**Yulia Blomstedt** and colleagues evaluate the opportunities to improve child health through cross sector collaboration.”*

## BMC Health services supplement – Implementation science as an essential driver for sustainable health systems strengthening interventions: Lessons learned across the five-country African Health Initiative

<https://bmchealthservres.biomedcentral.com/articles/supplements/volume-17-supplement-3>

Do start with **the Introduction**, [Implementing, improving and learning: cross-country lessons learned from the African Health Initiative](#) (by L Rischhorn, A Ghaffar et al).

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

## Brookings – The End of Aid

I Gill; [https://www.brookings.edu/blog/future-development/2018/01/19/the-end-of-aid/?utm\\_content=bufferc0dd9&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](https://www.brookings.edu/blog/future-development/2018/01/19/the-end-of-aid/?utm_content=bufferc0dd9&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

Very interesting read. “**Development’s Future is Finance, not Foreign Aid**”, according to this piece.

*And “2018 might be the year in which the developing world decides whether foreign aid and development finance should be complements or substitutes. Right now, I’d bet on development finance displacing official aid. If I spent more time in Beijing and less in Washington, I might hedge my bets—or double down.”*

## Global health events

### Graduate Institute (event) – The future of health in Africa (23 January)

[http://graduateinstitute.ch/lang/en/pid/8646-1/\\_/events/globalhealth/the-future-of-health-in-africa](http://graduateinstitute.ch/lang/en/pid/8646-1/_/events/globalhealth/the-future-of-health-in-africa)

Haven’t seen a report of this event yet, but from a distance, it looked pretty interesting. You can re-watch it [here](#).

See also [The African Global Health Leaders Fellowship launched to support the future of health in Africa](#)

*“... To mark the occasion, the three signing partners (i.e. Graduate Institute, Chatham House, IFPMA) invited emerging leaders and fellows of the West African Global Health Leaders Fellowship – the predecessor of the new fellowship, to discuss the achievements and challenges across the continent, including the most promising approaches for improving healthcare systems and the realisation of Universal Health Coverage (UHC). The fellowship supports the development of the next generation of public health leaders in Africa....”*

## **UNAIDS - How do investment vehicles and innovations work together to deliver better healthcare?**

[http://www.unaids.org/en/resources/presscentre/featurestories/2018/january/20180122\\_transformational\\_aid](http://www.unaids.org/en/resources/presscentre/featurestories/2018/january/20180122_transformational_aid)

*“UNAIDS, ICV, Johnson & Johnson, BD and the Center for Global Health and Diplomacy are hosting a forum entitled **Transformational Aid for Development** in order to create connections for scaling up innovations and investments for health and to reach vulnerable populations. The Transformational Aid for Development forum will initiate a discussion with heads of United Nations agencies, chief executive officers of investment firms, ministers of health and representatives of the private sector, including from the pharmaceutical, diagnostics, information technology and investment sectors. These stakeholders will answer the question, “How do investment vehicles and innovations work together to deliver better health care to millions of people across the globe?” **“ The event took place on 22 January in Geneva.***

Bet this was far less interesting.

## **News related to upcoming African Union Summit (Addis Abeba) - Neglected diseases now to be part of malaria scorecard**

<http://www.thecitizen.co.tz/News/Neglected-diseases-now-to-be-part-of-malaria-scorecard/1840340-4278010-14ln2ppz/index.html>

*“The African Leaders Malaria Alliance (ALMA) will release its annual scorecard on progress made in malaria prevention and control at the **African Union Summit in Addis Abeba (on 28 January)**... ... For the first time this year, ALMA, in collaboration with Uniting to Combat NTDs & WHO, will report the progress made on five NTDs that affect the poorest populations in Africa. ...”*

## **Global health calendar 2018**

Do check out this must-watch **overview (by Kent Buse)** of some key global health events to come this year: see hashtag [#globalhealth18](#)

## Coming up next week: PMAC Bangkok (29 Jan-3 Feb)

<http://pmac2018.com/site>

Theme: Making the world safe from the threats of emerging infectious diseases.

As for the **draft of the Bangkok statement**, see [here](#). “A call to action on Making the World Safe from the Threats of Emerging Infectious Diseases.”

PS: **PMAC 2019's** theme is **NCDs**.

## Coming up: webinar (1 February)

**HS Governance Collaborative in collaboration with the Alliance: What research is needed to advance accountability for health?**

<http://mailchi.mp/5c5aafa27339/webinar-invitation>

Featuring the likes of **Sara Bennett, Kerry Scott, Dena Javadi...** This is the **third webinar in the ‘Webinar Series on Health Systems Governance Frameworks and Missing Links’**.

For the **EV webinar** (also on 1 February), but one hour before, see the section ‘Emerging Voices’ (below).

So on February 1<sup>st</sup>, you guys can engage in a ‘**webinarathon**’ : )

## Coming up: The Lancet Series: Canada’s Leadership on Global Health (February 23)

[Lancet series on Canada's leadership in global health;](#)

*“On Friday February 23, 2018, The Lancet, the world’s leading medical journal, will publish its first-ever Series on Canada. The series examines the country’s health system and global health role, and aims to spark debate about Canada’s legacy and future health leadership for the world. ...”* The event **will be livestreamed** (but you have to register in advance).

## Coming up (26 February) - IP-Watch - WTO, WHO, WIPO Symposium To Look At Innovative Technologies And UN SDGs

<https://www.ip-watch.org/2018/01/22/wto-wipo-symposium-look-innovative-technologies-un-sdgs/>

*“Three major international organisations in Geneva dealing with health, trade and intellectual property rights will come together next month to look at how innovative technologies can help to achieve the UN Sustainable Development Goals related to health. **The World Trade Organization, World Health Organization and World Intellectual Property Organization will hold their seventh trilateral symposium on 26 February, this time at the WHO...**”*

## Coming up: Launch of the Global Health 50/50 Report – 8 March (London)

On **8 March, International Women’s day**, the inaugural report of Global Health 50/50 will be launched. The report will examine the gender policies and practices of the world’s most influential global health organisations.

## Coming up: World Health Day (7 April)

*“This year's theme is **#HealthForAll** - an important opportunity for @WHO to frame **#UniversalHealthCoverage** in ways that resonate w/ a range of stakeholders & inspires the global community to join us in action.”*

Will be celebrated **in Sri Lanka**, apparently. (cfr speech Tedros) *“...This year, universal health coverage will be the theme both for World Health Day and the World Health Assembly, as you know. I’m pleased to announce that we will celebrate World Health Day in Sri Lanka, which is also celebrating its 70th birthday. I’d like to use this opportunity actually to say to Sri Lanka, happy 70 years of independence.”*

## Global governance of health

### WHO’s EB142 meeting continued

Below we go a bit more in detail on some of the issues discussed at the EB meeting so far. Unfortunately, the **best coverage** ( [IP-Watch](#) ) is (mostly) **gated**. Guess Big Pharma has the advantage in terms of access here ...

In no particular order:

## Richard Horton tweeted ahead of WHO EB meeting

***“Here are 7 goals for Tedros and his new team at next week’s Executive Board.***

- 1. Secure commitments for expanded unearmarked funds for WHO from member states (an indicator of trust in the agency and its leadership).*
- 2. Devise a detailed plan to ensure that 1 billion more people have access to UHC by 2023, with particular emphasis on financial risk protection, the health workforce, and essential medicines.*
- 3. Deliver concrete proposals for strengthening pandemic preparedness globally and in countries (a global health security strategy).*
- 4. Robustly hold member states accountable for implementing the right to health, with a special emphasis on sexual and reproductive health and rights.*
- 5. Create a more activist WHO: strengthening the agency’s political voice and role.*
- 6. Build a broader global coalition for health that meaningfully goes beyond member states (especially involving civil society).*
- 7. Implement a truly independent mechanism to monitor and review the effectiveness and impact of WHO’s work, with reports published annually.*

Concluding tweet: *The world needs a strong WHO, and all of us in global health want WHO to succeed. We should work together to encourage WHO to be bold and courageous in its commitments and actions. #toughlove “”*

Whether Horton is pleased by what he’s seen in Geneva this week (so far), we’ll probably read in this week’s (or next week’s) Offline.

### **Memo civil society to dr Tedros (from 20 November 2017)**

<http://g2h2.org/wp-content/uploads/2017/11/G2H2-Tedros-2017-4-Transparency-and-inclusiveness.pdf>

Cfr a tweet: **“Civil society concerns: Governing Body meetings and transparency and inclusiveness of @WHO processes.”**

Ongoing process, clearly, and thus to be continued. Let’s hope Tedros will reach out (more) to civil society, as he seems to be willing to so far.

## Access to medicines

See also above, in the section 'Highlights of the week' - [WHO Board shows resolve in tackling shortages, access to medicines, vaccines](#).

IP-Watch - [US Working To Block UN High-Level Panel On Access To Medicines Ideas In Geneva And Capitals](#) (gated)

No surprises there. On a meeting just before WHO's EB. *"The United States, possibly working with like-minded countries, is working to prevent the further spread among international organisations in Geneva of recommendations put forward by the 2016 United Nations High-Level Panel on Access to Medicines, considering them to be ideological driven and dangerous to economic growth. The comments were made by a US official speaking to a recent US industry event in Washington DC involving many of the US intellectual property attachés, at which two attachés from Geneva described latest developments and strategy for the coming year. A key message from attachés to industry: come to Geneva and engage, starting with this week's Executive Board meeting at the World Health Organization."*

Some tweets from the EB meeting related to access to medicine:

PHM tweet – *"GPW13 misses the use of TRIPS flexibilities to overcome IP barriers and delinkage of prices of new medicines from costs of their development. We are concerned by the promotion of the concept of 'fair pricing' to replace the earlier concept of 'affordable pricing.'"*

*"The Netherlands seems to take action as the first developed country to truly fight high prices for medicines. Great statement. High drug prices are no longer an issue of the poor countries! #EB142"*  
Including via compulsory licences, if need be.

As I mentioned to a Dutch colleague: good to see that the Dutch take the lead here, among developed countries. If any country knows they're being ripped off by Big Pharma, it's probably the Dutch with their keen commercial intuition.

Els Torreele (MSF Access) – *"In the corridors of the WHO's #EB142, true colors are shown. Despite @DrTedros welcomed and ambitious agenda on #UHC, several countries try to block true commitments on affordable access to medicines and medical innovation, a cornerstone of UHC. @MSF\_access"*

*"Thailand (Dr. Suwit) to @DrTedros - Access to to medicine [is the bedrock] of universal health coverage. "You need to walk the talk.""*

More IP-Watch coverage:

[Three New Draft Proposals At WHO: Shortages, Snakebite, Assistive Technology](#) (gated)

**"Three new draft proposals at the World Health Organization Executive Board this week underline the importance of access and affordability**, whether it is vaccines and medicines, including antivenoms, or assistive technology. The draft resolutions call on member states as well as the WHO

secretariat to urgently take action to facilitate access to products and technologies at affordable prices.”

IP-Watch - [WHO Members Set To Debate Transparency Of R&D Costs](#) (NOT gated)

*“World Health Organization Executive Board members and observer countries [today] are preparing to discuss recommendations on ways to make medicines more accessible. This includes a new proposal to increase transparency in research and development costs that is reportedly causing concern among some developed countries....”*

[IP-Watch – New Text Shows Progress Of Negotiation On IP And Access At WHO](#)

*“The Brazilian ambassador and others this morning at the World Health Organization Executive Board meeting were not going to let go what seemed to be a delaying tactic by the United States and Japan to postpone agreement on the implementation of measures aimed at facilitating research and development and access to medicines. The WHO Board [today] is considering a set of streamlined strategic measures on public health, innovation, and intellectual property. The Board this week is considering a draft decision to take forward recommendations from an expert group that reviewed the 2008 Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (GSPA, also called GSPOA)...”*

See also [Devex](#) – **“World Health Organization member states are negotiating new recommendations for the global strategy and plan of action on public health, innovation, and intellectual property at the ongoing WHO executive board session in Geneva. The strategy, aimed at exploring ways to increase people’s access to medicines, was adopted by the World Health Assembly in 2008, but has not been fully implemented, largely due to political disagreement. **Many member states, including Brazil, are pushing hard to move the recommendations forward, but high-income countries including the U.S., U.K., Canada, Japan, and Switzerland are reportedly blocking their efforts.** In particular, they oppose two recommendations calling on member states to support the WHO Secretariat in promoting transparency and understanding of the costs associated with research and development for health products, and a commitment to dedicate 0.1 percent of member states’ GDP to basic and applied research relevant to the needs of developing countries. In an impassioned speech Thursday morning, the representative from Brazil, visibly frustrated by a decade of inaction on the strategy, described countries’ delaying tactics as “not acceptable, and said that, “Brazil rejects any proposals to delay approval of this point of decision.””**

**Some (WHO) resources/info you might want to look into:**

[WHO financing – WHO Programme Budget Portal](#)

Very nice **visualization** of WHO’s (current) funders, where the financing goes, ...

**R&D blueprint** – [R&D blueprint](#)

*“The **R&D Blueprint** is a global strategy and preparedness plan that allows the rapid activation of R&D activities during epidemics. Its aim is to fast-track the availability of effective tests, vaccines and medicines that can be used to save lives and avert large scale crisis. With WHO as convener, the broad global coalition of experts who have contributed to the Blueprint come from several medical,*



scientific and regulatory backgrounds. WHO Member States welcomed the development of the Blueprint at the World Health Assembly in May 2016..."

## Women in Global Health on Gender equality at WHO: next steps

[http://docs.wixstatic.com/ugd/ffa4bc\\_adb32a85a80343658eaaa64dc7aae8a9.pdf](http://docs.wixstatic.com/ugd/ffa4bc_adb32a85a80343658eaaa64dc7aae8a9.pdf)

*"Is World Health Organization (WHO) walking the talk on gender equality? Reflections on WHO's Global Program of Work (GPW13) Advanced Draft (5 January 2018) By: Dr. Roopa Dhatt, Dr. Kelly Thompson and Ann Keeling "Bold moves, imbedded in a transformative vision for WHO and global health, DG Dr. Tedros' commitment to gender equality, is accelerating progress of gender equality in global health. Clear funding streams, widespread support within WHO and among other is the next step to solidify the plan."*

## Dr Carissa Etienne elected for a second term as WHO Regional Director for the Americas

<http://www.who.int/mediacentre/news/notes/2018/election-for-who-paho-regional-director/en/>

*"The WHO Executive Board, currently holding its 142nd session in Geneva, has appointed Dr Carissa Etienne for a second term as WHO Regional Director for Americas. Dr Etienne was elected Director of the Pan American Health Organization (PAHO) by the countries of the Americas on 19 September 2012 during the 28th Pan American Sanitary Conference. She was re-elected for a second term in September 2017. PAHO serves as the Regional Office for the Americas of WHO (WHO/AMRO). Dr Etienne will begin her second five-year term as PAHO Director and WHO Regional Director on 1 February 2018..."*

## Xinhua News – AU calls for integrating public health strategies in peace, security architecture

[Xinhua](#);

News from last week. **"The African Union (AU) Peace and Security Council on Thursday discussed the health security threats faced by the African continent. The Council has agreed on joint strategies with the Africa Centre for Disease Control and Prevention (Africa CDC) to respond to infectious disease outbreaks, fight antimicrobial resistance and address the increasing threat of non-communicable diseases on the continent. Speaking on the occasion, John Nkengasong, Director of the Africa CDC, urged multisectoral approaches and strategic partnerships to fight against disease threats and safeguard the continent. The Council has underlined the need to strengthen Africa's public health agenda within the AU Peace and Security Architecture."**

## National Academies - Exploring Partnership Governance in Global Health

<http://nationalacademies.org/HMD/Activities/Global/PublicPrivatePartnershipsForum/2017-Oct-27/Proceedings-in-Brief.aspx>

*“On October 26, 2017, the National Academies of Sciences, Engineering, and Medicine’s Forum on Public–Private Partnerships for Global Health and Safety convened a workshop on the governance of global health partnerships....”* Proceedings of a workshop in brief.

## Guardian – Senior UN figures under investigation over alleged sexual harassment

[https://www.theguardian.com/global-development/2018/jan/25/senior-un-figures-under-investigation-over-alleged-sexual-harassment?CMP=share\\_btn\\_tw](https://www.theguardian.com/global-development/2018/jan/25/senior-un-figures-under-investigation-over-alleged-sexual-harassment?CMP=share_btn_tw)

*“World Food Programme official suspended pending inquiry as UNAIDS declines to comment on scrutiny of deputy director.”*

## CGD - What Would a New Merkel-led Grand Coalition Mean for Development? Four Recommendations for the New German Government

A Käppell et al; <https://www.cgdev.org/blog/what-would-new-merkel-led-grand-coalition-mean-development-four-recommendations-new-german>

I hope it will never materialize. Counting on the young SPD for that.

## Devex - We had high hopes for private finance and the SDGs. Was our optimism unfounded?

Nancy Lee; <https://www.devex.com/news/opinion-we-had-high-hopes-for-private-finance-and-the-sdgs-was-our-optimism-unfounded-91911>

*“Nancy Lee is currently a **visiting fellow at the Center for Global Development** and the author of the recent report, *“Billions to Trillions? Issues on the Role of Development Banks in Mobilizing Private Finance.”*”*

*“Many were optimistic when the United Nations Sustainable Development Goals were launched in 2015 that the private sector — and domestic resource mobilization — would fund much of the investment needed to achieve these goals — especially as public aid flows stagnate. As 2018 begins,*

*we would do well to reassess these optimistic projections for private finance for development, and ask are the “billions to trillions” materializing? The data and trends to date are far from encouraging. Global cross-border private capital flows remain depressed — 6 percent of global gross domestic product in 2016 compared to 22 percent in 2007. Low income countries continue to receive a minimal share — 1.7 percent in 2016 — of total private capital flows to developing countries. World Bank data show that the volume of infrastructure investment with private participation in developing countries is down sharply from over \$210 billion in 2012 to \$76 billion in 2016. And the poorest International Development Association countries capture very little of these flows: Less than 4 percent from 2011-2015....”* Nancy Lee suggests 2 fundamental changes to push the ‘billions to trillions’ agenda forward.

See also [Trillions in Private Finance for the SDGs? In Davos, Leaders Should Revisit the Role of Multilateral Development Banks](#) (CGD blog by the same author)

PS: in Davos, the optimism on the ‘billions to trillions’ agenda was a bit more pronounced (see ‘Highlights of the week’).

## UN News centre – UN chief outlines reforms that ‘put Member States in driver’s seat’ on road to sustainable development

[http://www.un.org/apps/news/story.asp?NewsID=58460#.Wmmz\\_q7ibIX](http://www.un.org/apps/news/story.asp?NewsID=58460#.Wmmz_q7ibIX)

Looks like Tedros’s plans are in sync with Guterres’, at least when it comes to putting countries at the centre.

*“...A common theme running through the proposals is a “rock-solid commitment” to reinforce national leadership and ownership for sustainable development. “Member States will be in the driver’s seat and the 2030 Agenda will be the driving force,” he stated....”*

## IISD - An Annotated Guide to the UN Secretary-General’s Reform Proposals

<http://sdg.iisd.org/commentary/policy-briefs/an-annotated-guide-to-the-un-secretary-generals-reform-proposals/>

*“The UN Secretary-General’s reform proposals for the UN development system comprise a package of seven major changes, all designed to reinforce each other. In the area of peace and security reform, the Secretary-General has proposed the creation of a Department of Political and Peacebuilding Affairs and a Department of Peace Operations, along with non-structural changes. On UN management, a Change Management team is currently working on a comprehensive, costed proposal on elements of the proposed “new paradigm,” for discussion in the Fifth Committee in May 2018.”* Detailed briefing.

## IISD - Governments Respond to Secretary-General's Development System Reform Proposals

<http://sdg.iisd.org/news/governments-respond-to-secretary-generals-development-system-reform-proposals/>

*“UN Member States provided feedback to the detailed proposals for reforms to the UN development system advanced by the UN Secretary-General Antonio Guterres. The EU said that all reform proposals in the report should be fully costed before starting the discussions on the proposal, while the US stressed the need to keep reforms within existing budgets. The Secretary-General said the process of discussions is to be decided by Member States.”*

## GFO - new issue

[http://www.aidspace.org/gfo\\_article/trp-focuses-gaps-services-key-populations-its-review-ethiopia-tbhiv-funding-request](http://www.aidspace.org/gfo_article/trp-focuses-gaps-services-key-populations-its-review-ethiopia-tbhiv-funding-request)

Among others, with some articles on **Ethiopia**.

## CGD - It's Time for a Code of Conduct on Transparency for Financiers Backing PPPs

M Jarvis & C Kenny; <https://www.cgdev.org/blog/its-time-code-conduct-transparency-financiers-backing-ppps>

*“The flood of excitement around private investment supporting public provision of services shows no sign of receding in capital cities from Washington to Harare to Phnom Penh. Public-Private Partnership (PPP) models continue to proliferate, backed by multilateral development banks (MDBs) old and new: the Asian Infrastructure Investment Bank and BRICS' New Development Bank have joined the list of champions. But the volume of PPPs in developing countries has stagnated since the global financial crisis, and they won't deliver unless they are designed and implemented well. **Making more and better public-private investments will take a far greater commitment to transparency from participants in the deals. Financiers—MDBs in particular—should take the lead...**”*

## NEJM (Perspective) - PEPFAR — 15 Years and Counting the Lives Saved

Anthony Fauci; [http://www.nejm.org/doi/full/10.1056/NEJMp1714773?query=featured\\_home](http://www.nejm.org/doi/full/10.1056/NEJMp1714773?query=featured_home)

No prizes to be won on what this article is about.

## Global Social Policy – Addressing trade policy as a macro-structural determinant of health: The role of institutions and ideas

Helen Walls, Justin Parkhurst et al;

<http://journals.sagepub.com/doi/full/10.1177/1468018117748700>

Related to a special supplement.

## Sustainable giving - Sisterhood is powerful – and now it's also wealthy

[http://sustainablegiving.economist.com/sisterhood-is-powerful-and-now-its-also-wealthy/?utm\\_source=Paid+Social&utm\\_medium=Twitter](http://sustainablegiving.economist.com/sisterhood-is-powerful-and-now-its-also-wealthy/?utm_source=Paid+Social&utm_medium=Twitter)

We're not big fans of philanthrocapitalists, but if they have to exist, let them be women. Apparently, the rise of female billionaires (and philanthrocapitalists) is also has some (good) implications in terms of focal areas. *"Self-made women billionaires in the US tilt philanthropy towards supporting women and girls and have a propensity to collaborate."*

And a tweet:

*"Oxford sets up a Silk Roads Society. Indicator of where the world's attention is shifting."*

## UHC

### UHC 2030 - New UHC2030 Co-Chair Dr. Githinji Gitahi: a passionate ambassador for UHC

<https://www.uhc2030.org/news-events/uhc2030-news/article/new-uhc2030-co-chair-dr-githinji-gitahi-a-passionate-ambassador-for-uhc-449648/>

Interesting (and recommended) interview with Dr Githinji Gitahi, Global CEO and Director General of AMREF Health Africa Group, who is **the new Co-Chair of UHC 2030's Steering Committee**, joining Takao Toda, of Japan.

## SHOPS Plus - Organizing the Private Sector to Support Universal Health Coverage Goals

<https://www.shopsplusproject.org/resource-center/organizing-private-sector-support-universal-health-coverage-goals>

*“Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID’s flagship initiative in private sector health. The project seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV, child health, and other health areas...”*

As for this report: *“Efforts to organize the private sector can benefit from past experience with private health care providers, who are important sources of family planning products and services. In many countries, the private health sector is fragmented, making it difficult for providers to engage with one another, the public sector, and donors—stakeholders whose participation they need to address issues related to policy, quality of care, and financing. SHOPS Plus examined six diverse countries (Japan, Philippines, Indonesia, Brazil, Germany, and South Africa) that have successfully organized private providers to identify lessons on strengthening their voice, improving quality of care, and expanding their access to revenue opportunities. This primer concludes with five principles for organizing the private sector: (1) identify and leverage the right motivations and incentives; (2) strong, local leadership is a key to continued success; (3) target the membership base appropriately; (4) determine organizing strategies based on end goals; and (5) monitor, learn, and adapt.”*

## HP&P - Three plural medical systems in East Asia: interpenetrative pluralism in China, exclusionary pluralism in Korea and subjugatory pluralism in Japan

J-M Shim; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czy001/4818269>

*“Amid persistent interest in and concerns about traditional, complementary and alternative medicine (TCAM) in low-, middle- and high-income countries, the global community of healthcare is in need of learning ways to institutionalize TCAM with biomedicine. By investigating how traditional East Asian medicine (TEAM), one of the most popular forms of TCAM in the world, is institutionalized in China, Korea and Japan, this study finds three different ways of instituting a plural medical system in which TCAM and biomedicine intersect with each other. In the interpenetrative pluralism in China and the exclusionary pluralism in Korea, TEAM and biomedicine are institutionalized as independent and equivalent systems of medical practices. However, TEAM and biomedicine are conditioned to cross over into each other unconditionally in practice in the former, whereas the two exclude each other very strictly in the latter. In the subjugatory pluralism in Japan, the crisscrossing of TEAM and biomedicine is allowed, yet in an asymmetrical way whereby the practice of TEAM is dependent upon and subordinated into biomedicine. The practice of various TEAM modalities is overseen by TEAM doctors, biomedicine doctors or integrative TEAM–biomedicine doctors in interpenetrative pluralism, by TEAM doctors only in exclusionary pluralism, and by biomedicine doctors only in subjugatory pluralism. These varying characteristics demonstrate a variety of plural medical systems. They also provide useful cues in accounting for the varying behaviours of medical service providers and users who encounter TCAM as well as biomedicine in their everyday practices. In addition, the growing*

*literature about the outcomes of TCAM and plural medical systems can take advantage of these findings.”*

## WB - Universal Health Coverage Study Series (UNICO)

<http://www.worldbank.org/en/topic/health/publication/universal-health-coverage-study-series>

*“Through **UNICO**, the [UHC Study series](#), the World Bank is documenting how countries are driving UHC reforms and policies that benefit poor and low-income populations, and improve the efficiency of health services. Many developing countries around the world have been implementing UHC reform programs since the turn of the millennium. Since 2013, the Study Series has looked at UHC reform programs in 40 countries where they cover a combined population of 2.6 billion people....”*

With **some new case studies** now (for example: Morocco, Malawi, Gabon)

And a **tweet from Rob Yates**, looking on in horror (at the US):

*“**The world looks on in horror as 9 million children's health insurance is used as a bargaining #CHIP.** @realDonaldTrump "Making America great again", yeh right” replying to: “The pathetic attempt by the @GOP to put blame on @SenateDems is so ridiculous & obvious. **You let #CHIP expire months ago. YOU OWN THIS! #GOPShutdown #TrumpShutdown** [https://twitter.com/gop/status/954414423245979649 ...”](https://twitter.com/gop/status/954414423245979649)*

I’m afraid that should have been “part of the world looks on in horror”, Rob...

## Planetary health

### 2018 Environmental Performance Index (EPI) report

[https://epi.envirocenter.yale.edu/2018/report/category/ape?utm\\_source=STAT+Newsletters&utm\\_campaign=cfbfa2338c-MR&utm\\_medium=email&utm\\_term=0\\_8cab1d7961-cfbfa2338c-149563537](https://epi.envirocenter.yale.edu/2018/report/category/ape?utm_source=STAT+Newsletters&utm_campaign=cfbfa2338c-MR&utm_medium=email&utm_term=0_8cab1d7961-cfbfa2338c-149563537)

*“The 2018 Environmental Performance Index (EPI) scores 180 countries on 24 performance indicators across ten issue categories covering environmental health and ecosystem vitality....”* Poor air quality seems to be the biggest environmental threat to public health. Switzerland does best, whereas India is right at the bottom, together with some others countries (including DRC, Burundi, ...)

## Climate Policy - What if negative emission technologies fail at scale? Implications of the Paris Agreement for big emitting nations

A Larkin, Kevin Anderson et al;

<http://www.tandfonline.com/doi/full/10.1080/14693062.2017.1346498>

Article from August last year. *“A cumulative emissions approach is increasingly used to inform mitigation policy. However, there are different interpretations of what ‘2°C’ implies. Here it is argued that cost-optimization models, commonly used to inform policy, typically underplay the urgency of 2°C mitigation. The alignment within many scenarios of optimistic assumptions on negative emissions technologies (NETs), with implausibly early peak emission dates and incremental short-term mitigation, delivers outcomes commensurate with 2°C commitments. In contrast, considering equity and socio-technical barriers to change, suggests a more challenging short-term agenda. To understand these different interpretations, short-term CO<sub>2</sub> trends of the largest CO<sub>2</sub> emitters, are assessed in relation to a constrained CO<sub>2</sub> budget, coupled with a ‘what if’ assumption that negative emissions technologies fail at scale. The outcomes raise profound questions around high-level framings of mitigation policy. The article concludes that applying even weak equity criteria, challenges the feasibility of maintaining a 50% chance of avoiding 2°C without urgent mitigation efforts in the short-term. This highlights a need for greater engagement with: (1) the equity dimension of the Paris Agreement, (2) the sensitivity of constrained carbon budgets to short-term trends and (3) the climate risks for society posed by an almost ubiquitous inclusion of NETs within 2°C scenarios.”*

## BBC news - Coca-Cola pledges to recycle all packaging by 2030

<http://www.bbc.com/news/business-42746911>

Hurray! And now for the sugar. But that will take away a bit of the charm of this brilliant *“destroy your stomach/oesophagus”* drink, I guess. Maybe we should go for an ‘individual coke budget’, to be consumed maximum every year as some sort of guilty pleasure?

## Guardian – Pope Francis says Amazon indigenous people under greater threat than ever

<https://www.theguardian.com/world/2018/jan/19/pope-francis-amazon-indigenous-people-threat>

*“Pope Francis has warned that the Amazon’s indigenous people have “never been so threatened in their territories as they are now” and demanded an end to the relentless exploitation of the region’s timber, gas and gold....”*

Wasn’t the best week for the pope (for other reasons), but hey, at least he got a bike from Peter Sagan himself.



## Guardian - Coral reefs 'at make or break point', UN environment head says

<https://www.theguardian.com/environment/2018/jan/19/coral-reefs-at-make-or-break-point-un-environment-head-says>

*“The battle to save the world’s coral reefs is at “make or break point”, and countries that host them have a special responsibility to take a leadership role by limiting greenhouse gas emissions, plastic pollution and impacts from agriculture, the head of the United Nations Environment Programme (Unep) has said. Speaking to the Guardian after the launch of International Coral Reef Initiative’s international year of the reef, Erik Solheim said he expected governments to take their efforts on reef protection in 2018 beyond symbolic designation....”*

It’s raining (planetary health) ‘make or break point’s these days...

See also (Guardian) - [A major new study estimates 11bn pieces of plastic contaminate vital reefs and result in infections: ‘It’s like getting gangrene,’ scientists warn.](#)

## UN Human Rights Office of the High Commissioner - Call for submissions: The rights of workers and toxic chemical exposure

<http://www.ohchr.org/EN/Issues/Environment/ToxicWastes/Pages/RightsWorkersToxicChemicalExposure.aspx>

*“The Special Rapporteur on Human Rights and Hazardous Substances and Wastes report to the UN Human Rights Council in in September 2018 will focus on the rights of workers and toxic chemical exposure. For this reason, the Special Rapporteur is calling for submissions from civil society organizations, academic organizations, and business sector representatives. According to the ILO, nearly two million workers per year – or three workers per minute – die prematurely from non-communicable diseases such as cancer and respiratory illnesses brought on by toxic exposures in the workplace. Global supply chains are often implicated for both failing to protect workers from toxic exposures and refusing to provide an effective remedy for individuals harmed. Poverty, gender, age, ethnicity and migration are among the many themes that frequently recur in cases of workers and toxic harms....”*

## Infectious diseases & NTDs

### Nature (Editorial) - Science must get ready for the next global flu crisis

[https://www.nature.com/articles/d41586-018-01070-w?utm\\_source=twit\\_nnc&utm\\_medium=social&utm\\_campaign=naturenews&sf180114975=1](https://www.nature.com/articles/d41586-018-01070-w?utm_source=twit_nnc&utm_medium=social&utm_campaign=naturenews&sf180114975=1)

*“A universal flu vaccine is the only serious defence against a future flu pandemic.”*

*“...Whether the world will again ever see the likes of the 1918–19 flu pandemic cannot be reliably predicted, but given the stakes, it is best for society, as a whole, to plan for worst-case scenarios. And advocates rightly argue that **the research and development of a universal flu vaccine** — ultimately the only effective defence against future pandemics — **merits a programme equivalent in scale to the Manhattan Project.**”*

### The Globe and Mail - Fighting the flu: We need a new kind of intelligence

A Bernstein and Steven Hoffman; [Globe and Mail](#)

**Artificial intelligence**, that is. AI is starting to have public health applications. And apparently Canadian researchers want to be at the forefront when it comes to applying AI to public health in the future. *“... The challenges and opportunities for applying AI to public health requires a concerted effort to make it happen. To enable researchers to explore these issues, the Canadian Institutes of Health Research's Institute of Population & Public Health (CIHR-IPPH) and the Canadian Institute for Advanced Research (CIFAR) are working collaboratively under the Government of Canada's broader Pan-Canadian Artificial Intelligence Strategy. For the most part, researchers in these fields – public health and AI – have worked independently of each other. We need these communities to discuss common issues and learn from each other to spark the innovation necessary to address social challenges related to public health. Last week CIHR-IPPH and CIFAR hosted a workshop in Toronto to get those sparks flying...”*

### Global Public Health – ‘On December 1, 2015, sex changes. Forever’: Pre-exposure prophylaxis and the pharmaceuticalisation of the neoliberal sexual subject

M Thomann; <http://www.tandfonline.com/doi/full/10.1080/17441692.2018.1427275>

*“The global scale-up of AIDS treatment initiatives during the first decade of the twenty-first century has been referred to as a kind of ‘pharmaceuticalisation’ of public health, a trend that is now building in the area of HIV prevention. This paper traces the emergence and increased uptake of pre-exposure*

*prophylaxis (PrEP), antiretroviral medications that can keep HIV negative individuals from becoming infected, placing it within the broader (re)casting of HIV prevention as a medical and technological problem that has been central to the recent 'end of AIDS' discourse. While HIV prevention discourses have been grounded in a neoliberal calculus of individual responsibility since the late 1990s, PrEP constitutes a pharmaceutical extension of the responsabilised sexual subject. Central to this extension are the acknowledgment of one's risk and a willingness to take pre-emptive medical action to secure a future without HIV. For men who have sex with men, a population heavily targeted for biomedical interventions in the United States, PrEP marks a shift in moral discourses of what it means to be a responsible sexual subject. Characteristics of the pharmaceutical extension of the neoliberal sexual subject are explored through an examination of a New York City-based PrEP promotional campaign."*

## **The Conversation – Nigerian vaccination campaigns may be threatened by new round of rumours**

<https://theconversation.com/nigerian-vaccination-campaigns-may-be-threatened-by-new-round-of-rumours-90443>

*"When a rumour surfaced in 2003 that Nigeria's polio vaccine was possibly being contaminated with anti-fertility agents a boycott of the vaccine ensued and the country's polio immunisation campaign was dealt a heavy blow. ... The country's polio immunisation campaign, and its entire routine immunisation programme, face another possible setback. A round of rumours has been circulating that people dressed in Army uniforms were forcefully vaccinating primary and secondary school children and injecting them with unknown diseases. Social media was flooded with rumours that the campaign is a ploy to infect the children of the region with the Monkey Pox Virus aimed to wipe out the people of the region. The rumours caused massive panic and even led to the closure of schools in the south east and north east of Nigeria as parents have rushed to take their children home...."*

## **Devex - What will it take to eliminate pneumonia deaths in children?**

<https://www.devex.com/news/what-will-it-take-to-eliminate-pneumonia-deaths-in-children-91867>

*"UNICEF, the Bill & Melinda Gates Foundation, and other research and technology organizations are teaming up to jump-start global attention to lagging progress on the infection, which caused 16 percent of all deaths among children under five in 2016 alone...."*

## **AP – World moves closer to eradicating Guinea worm disease**

[AP News](#);

*"A new [report](#) says the world is moving closer to eradicating Guinea worm disease, in which a meter-long worm slowly emerges from a blister in a person's skin. The U.S.-based **Carter Center**,*

which leads the eradication campaign, says just 30 cases were reported last year in isolated areas of Ethiopia and Chad. All 15 cases in Ethiopia occurred at a farm where workers drank unfiltered water from a contaminated pond. Mali has not reported any cases in 25 months, and civil war-torn South Sudan has reported no cases in 13 months. The Carter Center called that a “major accomplishment.”...” See also the [NYT](#).

And some quick links:

- Guardian - [Brazil yellow fever crisis: dozens dead as São Paulo closes city gardens and zoo](#)  
“Health officials plan to vaccinate millions as cases of yellow fever rise during the Southern Hemisphere rainy season.”
- Thomson Reuters Foundation - [New TB mutations could transform tests for drug resistance](#)

“... A **global research team, led by the London School of Hygiene & Tropical Medicine** and involving dozens of collaborating institutions, looked at resistance to 14 drugs using bacteria that had been isolated from TB patients from more than thirty countries - the largest and most comprehensive study of its kind. Using a Genome Wide Association Study, or ‘GWAS’, approach the team looked for mutations in genomes of TB bacteria that had been isolated from the patients. They performed a series of sophisticated computational analyses to determine if there were statistical links between these mutations and resistance to antibiotics. The results were striking. While the study confirmed previously described resistance mutations it also increased the number of mutations associated with resistance to TB drugs. Crucially, the researchers found that for some drugs simple mutations (single nucleotide polymorphisms, SNPs) do not sufficiently explain resistance as other larger types of mutations may be involved. These findings will support the pharmaceutical industry in developing more accurate rapid molecular tests for drug resistance, inform new “whole genome” approaches being rolled out to profile TB bacteria for clinical decision making, and also provides important new data and insight for the TB research community...” For the **paper**, see [Nature Genetics](#).

- Forbes - [Gates Foundation Funds Research For New Synthetic Malaria Vaccine](#)

“The Bill and Melinda Gates Foundation has awarded a \$1.4 million grant to the Wistar Institute in Philadelphia to create a synthetic DNA-based vaccine for malaria...”

- [Bill Gates asks for Australia’s help in ridding Asia of malaria](#)

“**Bill Gates, the head of the world’s largest private charitable foundation, has called on Australia to become the regional champion of a historic drive to eradicate malaria from Asia within 10 years.** The Turnbull government will announce [today] that Foreign Minister Julie Bishop has joined a key global body, the End Malaria Council, co-chaired by Mr Gates...”

## NCDs

### London School - Sugar tax on soft drinks might drive up alcohol consumption

<https://www.lshtm.ac.uk/newsevents/news/2018/sugar-tax-soft-drinks-might-drive-alcohol-consumption>

*“A sugar tax levied on soft drinks might have the unintended consequence of driving up alcohol consumption, but the picture is mixed, according to [new research](#) published in the Journal of Epidemiology & Community Health...”*

### The Conversation - Cancer is costing BRICS economies billions each year

A Pearce; <https://theconversation.com/cancer-is-costing-brics-economies-billions-each-year-90028>

*“Premature – and potentially avoidable – death from cancer is costing tens of billions of dollars in lost productivity in a group of key developing economies. Over two-thirds of the world’s cancer deaths occur in economically developing countries, but the societal costs of the disease have rarely been assessed in these settings. In a [paper published today in the Journal of Cancer Epidemiology](#) we show that **the total cost of lost productivity because of premature cancer mortality for Brazil, Russia, India, China and South Africa – known as BRICS – was USD\$46.3 billion in 2012.** (This was the most recent year for which cancer data was available for all these countries.)...”*

### BMJ (blog) - Building a Foundation to accelerate an end to smoking

Derek Yach; [BMJ](#);

I bet some of you will want to read this. Derek Yach making the case for the Foundation he’s leading.

In a setback for Derek & his Foundation, [“Seventeen public health schools in the U.S. and Canada pledged Thursday to refuse research money from a new anti-smoking group funded by the tobacco industry.”](#) Including Harvard & Johns Hopkins.

## AP - Anti-smoking plan may kill cigarettes--and save Big Tobacco

[AP:](#)

*“Imagine if cigarettes were no longer addictive and smoking itself became almost obsolete; only a tiny segment of Americans still lit up. That’s the goal of an **unprecedented anti-smoking plan being carefully fashioned by U.S. health officials**. But the **proposal from the Food and Drug Administration** could have another unexpected effect: opening the door for companies to sell a new generation of alternative tobacco products, allowing the industry to survive — even thrive — for generations to come. The plan puts the FDA at the center of a long-standing debate over so-called “reduced-risk” products, such as e-cigarettes, and whether they should have a role in anti-smoking efforts, which have long focused exclusively on getting smokers to quit. “This is the single most controversial — and frankly, divisive — issue I’ve seen in my 40 years studying tobacco control policy,” said Kenneth Warner, professor emeritus at University of Michigan’s school of public health. **The FDA plan is two-fold: drastically cut nicotine levels in cigarettes so that they are essentially non-addictive. For those who can’t or won’t quit, allow lower-risk products that deliver nicotine without the deadly effects of traditional cigarettes....”***

In other tobacco control related news, [Reuters](#) reports [FDA's tobacco stance faces test with Philip Morris iQOS device](#). *“In a decision expected to test the Trump administration’s approach to tobacco regulation, U.S. health advisers will vote this week on whether to allow Philip Morris International Inc to claim its novel iQOS tobacco device is less harmful than cigarettes.”*

See also [Philip Morris sees six million U.S. smokers switching to iQOS device if cleared](#) (Reuters).

Unfortunately for PMI, the [U.S. panel rejected Philip Morris claim that iQOS reduces disease risk](#).

*“Philip Morris International Inc should not be allowed to claim that its iQOS electronic tobacco device can reduce the risks of tobacco-related diseases for smokers who completely switch from cigarettes, a U.S. Food and Drug Administration advisory panel concluded on Thursday.”*

## Lancet Global Health (blog) – Lessons from interactions between public health and the food and drinks industry

M Mwatsama et al ; <http://globalhealth.thelancet.com/2018/01/19/lessons-interactions-between-public-health-and-food-and-drinks-industry>

...The UK Health Forum's [new Casebook](#), *“Public health and the food and drinks industry: the governance and ethics of interaction”, looks at 12 experiences of these types of public-private interactions from diverse countries such as Fiji, Brazil, and Spain. The cases focus on the ethical and governance challenges of interactions with corporate actors that manufacture unhealthy and ultra-processed food and drink products, and identify lessons for research, policy, and practice. A commonly raised concern is the extent to which conflicts of interest arise in the development of NCD-related policy when these actors are involved, and the inadequacy of governance and management*

*mechanisms to mitigate them. ... While contextually diverse, the Casebook offers some key lessons for public health actors. ..."*

## WHO – Global Burn registry

### WHO:

WHO launched the **Global Burn registry** last week. *"The Global Burn Registry is based upon a brief data collection form that has been developed by WHO and a global network of experts and widely pilot tested. It provides the opportunity to move from a range of fragmented approaches to an **improved, standardized, and global data collection system** for this important public health problem."*

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

### Devex - The 'global gag rule' is devastating for women. Here's how we're fighting back.

<https://www.devex.com/news/opinion-the-global-gag-rule-is-devastating-for-women-here-s-how-we-re-fighting-back-91945>

Update by **Lilaine Ploumen** on She Decides, one year on, so well worth a read.

Excerpt: *"...In just 12 months, She Decides has evolved from a two-word rallying cry and hashtag to a one-day conference a couple of months later, and then to a **global, political movement that is guided by a distinct vision outlined in the She Decides Manifesto**: A new normal where girls and women decide about their bodies, their lives, their futures. Without question. **The She Decides movement now has 36 champions at the helm, including 10 government ministers, several NGO leaders, and youth activists, and countries and foundations have mobilized 400 million euros to fill the funding gap** created by the global gag rule, plus an additional 500,000 euros donated by private individuals via Rutgers. **This week there have been hundreds of individuals conspiring in India to form the first national movement of She Decides — due to launch in March...**"*

March 2 will be **She Decides Day**.

### Elsevier – How The Lancet mobilized scientists to tackle a silent scandal

<https://www.elsevier.com/connect/how-the-lancet-mobilized-scientists-to-tackle-a-silent-scandal>

*“Highlighting the data behind stillbirths to bring about change.”*

## **Impact Alpha - By women, for women: The new economics of menstrual pads in Africa**

<https://news.impactalpha.com/by-women-for-women-the-new-economics-of-menstrual-pads-in-africa-a6e1ace71ba0?platform=hootsuite>

Uplifting story. *“Feminine hygiene is no longer a ‘hush hush’ topic on the continent — rather a \$780 million industry in the making.”*

## **Devex – UN issues more progressive guidelines on sex education**

<https://www.devex.com/news/un-issues-more-progressive-guidelines-on-sex-education-91893>

UNESCO, that is. *« The United Nations has come out with updated guidance to encourage education ministers, especially in developing countries, to invest further in comprehensive sexuality education for young people, offering advice on when and how it can most effectively be delivered. The voluntary guidelines offer a more progressive approach than previous iterations, promoting a “positive” and broad understanding of what can be included in comprehensive sexuality education — or CSE — with a focus on gender, avoiding early pregnancy, and rights....”*

## **Plos Med - Long-term risks and benefits associated with cesarean delivery for mother, baby, and subsequent pregnancies: Systematic review and meta-analysis**

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002494>

*“In a systematic review and meta-analysis, Sarah Stock and colleagues examine the long-term risks and benefits associated with cesarean delivery for mother, baby, and subsequent pregnancies.”*

## **PATH - India-made rotavirus vaccine achieves World Health Organization prequalification**

[PATH](#);

*“Indian vaccine manufacturer Bharat Biotech received prequalification from the World Health Organization (WHO) for their oral rotavirus vaccine, ROTAVAC. ROTAVAC® will now be available for*



procurement by United Nations agencies and Gavi, the Vaccine Alliance, for use in low-resource countries.

## FT special report – early childhood development

<https://www.ft.com/topics/early-childhood-development>

Check out, among others, [India ‘at a turning point’ to tackle pervasive child malnutrition](#) “A national campaign has set aggressive targets for the reduction of stunting and anaemia.”

## WHO - Nurturing Care Framework: First online consultation (24 Jan-6 Feb)

[http://www.who.int/maternal\\_child\\_adolescent/child/nurturing-care-framework-consultation1/en/](http://www.who.int/maternal_child_adolescent/child/nurturing-care-framework-consultation1/en/)

*“This online consultation seeks feedback from stakeholders across various geographies and sectors on the document **Nurturing care for early childhood development: Outline of a global framework for action and results**, henceforth referred to as the **Nurturing Care Framework**...”*

## Access to medicines

### Global Health Technologies Coalition – GHTC welcomes House passage of the Global Health Innovation Act

[GHTC](#);

From last week already. Surprisingly, on a ‘bipartisan bill’ in the US (in the Trump era!).

*The **Global Health Technologies Coalition** (GHTC) welcomed the “**passage by the US House of Representatives of the **Global Health Innovation Act** (H.R. 1660), a bipartisan bill that will strengthen efforts by the US Agency for International Development (USAID) to develop lifesaving drugs, vaccines, and other health technologies for people in need around the world. This legislation..... aims to improve the effectiveness of current USAID health research programming by requiring the agency report annually to Congress on its health-related research and development (R&D) activities and articulate how it sets strategic goals and measures impact....”***

## Miscellaneous

### Arundathi Roy – The NGO-ization of resistance

<https://beautifulrising.org/tool/the-ngo-ization-of-resistance>

Short excerpt from her book, *The End of Imagination* (2016), and well worth a read.

### Resource: European Think Tank Groups (ETTG) website

<https://ettg.eu/>

New website, featuring a lot of resources on EU development policy, from SDG implementation to budget positioning.

And some quick links:

[Audit exposes UN food agency's poor data-handling](#) *"A key World Food Programme web-based computer system is unreliable and the agency doesn't protect sensitive personal data."*

WSJ - [China, Unhampered by Rules, Races Ahead in Gene-Editing Trials](#)

*"U.S. scientists helped devise the Crispr biotechnology tool. First to test it in humans are Chinese doctors..."*

## Emerging Voices

### Coming up (1 February): EV/HRH2030 webinar - Investing in the Next Generation of Health Workforce Researchers

<https://register.gotowebinar.com/register/2811449421397938691>

*"Every two years, Emerging Voices for Global Health (EV4GH), a thematic working group of Health Systems Global welcomes a new cohort of young, promising health policy and systems researchers from around the world into its innovative blended training program. Now EV4GH and the USAID HRH2030 program have teamed up to ensure that the next generation of health workforce researchers have a voice in achieving the current — and setting the future — global health agenda. With the passage of the Global Strategy on Human Resources for Health: Workforce 2030 and the recent Dublin Declaration on Human Resources for Health, the stage is set for those willing to advocate and build evidence for improved efficiency and investment in the health workforce!"*

*Join us February 1 at 8:00 a.m. EST to learn more about EV4GH, including the many benefits of its unique training approach and details about the application process for the 2018 program. We'll include information about deadlines and other important dates leading up to the Fifth Global Symposium on Health Systems Research .....” (in Liverpool, that is)*

Hope many of you will participate in this webinar! Immediately after this one, there's the webinar from HS Governance Collaborative/Alliance – see above.

## Research

### IJHPM - From Linear to Complicated to Complex Comment on “Using Complexity and Network Concepts to Inform Healthcare Knowledge

Jo Rycroft-Malone; [http://ijhpm.com/article\\_3453\\_a454c1edbf7f234b64316a02e46c561.pdf](http://ijhpm.com/article_3453_a454c1edbf7f234b64316a02e46c561.pdf)

Interesting discussion ongoing at IJHPM on complexity and networked approaches & KT.

*“Attention to collaborative approaches to encouraging evidence use in healthcare practice are gaining traction. The inherent complexities in collaborative and networked approaches to knowledge translation (KT) have been embraced by Kitson and colleagues in their complexity network model. In this commentary, the potential of complexity as presented by Kitson et al within their model is considered. The utility of such a model will be contingent upon how easy users find it to understand and apply to their challenge, and doing so in a way that is useful to not only help with explanation, but also with prediction.”*

For another recent IJHPM **Comment** in this respect, see [The paradox of intervening in complex adaptive systems](#) (by J Chandler).

### International Journal of Equity in Health - A fuzzy set qualitative comparative analysis of 131 countries: which configuration of the structural conditions can explain health better?

T Paykani et al; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-018-0724-1>

*« According to the recommendations of the World Health Organization Commission On Social Determinants of Health (CSDH) for intersectoral action on health, **the well-being of and equity in health within a population are achieved via a complex fusion of policies and actions.** In this study, following the CSDH's approach and considering set-theoretic relations, **we aimed to unravel this complexity and answer the kinds of questions that are outside the scope of conventional variable-oriented approach.....** ...” Results: “The intermediate solution of the truth table analysis indicated a configuration of conditions including **high level of governance, education, wealth, and affluent***

**health system** to be consistently sufficient for high life expectancy. On the other hand, four configurations, each containing two or three conditions, were consistent with being usually sufficient to cause low life expectancy.” Conclusion: “We were able to configurationally explore the cases and specify the combinations of potentially causal conditions which were usually sufficient to explain high or low life expectancy in different countries. As a result, particular cases were identified for further research. In addition, research may provide support for the CSDH’s recommendations emphasizing the importance of intersectoral action for health. »

## Global Health Action – Foreword Special Issue: Monitoring Health Determinants with an Equity Focus

Joy St. John; <http://www.tandfonline.com/doi/full/10.1080/16549716.2017.1410049>

*“I am delighted to introduce this Special Issue which assembles a number of innovative studies, supported by WHO and a grant from the Rockefeller Foundation. The Special Issue draws attention to indicators and monitoring practices on the determinants of health and their contribution to sustainable development – specifically emphasizing vulnerability, ‘No one left behind’ and social justice. This collection of papers illustrates how the assessment of health determinants points out policies with health gains and other co-benefits. It is essential that WHO makes the health linkages across the sustainable development goals more explicit, reaching all relevant actors. ...”*