

# IHP news 455 : Oops, Peter Sands...

(2 Feb 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,

*In this week's issue we are still a bit recovering from the "Swiss" global health week, with some more analysis & reflections on both **WHO's EB142 meeting** and **Davos**. **Ben Phillips** (Fight Inequality Alliance) came up with [the best final assessment of the latter](#) : "...**Davos is over**. This is not merely to say that the private helicopters have taken their charges back to private airstrips for their onward journey home. This year, 2018, was the nail in the coffin for the idea that Davos could change the world. ... The Davos Forum is a "speed-dating club for plutocrats and politicians". ... But **the idea that it will be a force for a more equal society is dead**". Keeping this in mind, we suggest that, from now on, the global health community only dispatches Bill Gates (the one philanthrocapitalist for which we have a lot of respect), Peter Sands and Jim Kim (Jim is a must given his recent [private equity crush](#)) to Davos. The rest of us better boycott Davos, in case we're "lucky" enough to get an invitation. The way WEF organizer Klaus Schwab described how Trump had been "misinterpreted" (like other CEOs shamelessly [kowtowing](#) to The Donald) and applauded his tax cuts made it clear that the WEF's emperor has no longer any clothes - pro-rich tax cuts & UHC/equity don't rhyme very well. Well, it's probably for a reason that Switzerland [still tops the list](#) of promoters of financial secrecy, with the US a close second. So dear Seth, Tedros, Peter P (not Pan) and other Ilona's, if you are concerned about global health, planetary health and global equality (and we're 100 % sure you are), you'd better go to the [4th People's Health Assembly in Bangladesh](#), in November. To prepare properly, read the **Global Health Watch 5**. And Das Kapital.*

*Also news from Davos, but with perhaps more immediate relevance was the way the **Global Fund** enthusiastically engaged in **new PPPs with the likes of Heineken, Coca Cola** et al. We certainly hope **Peter Sands** and his Fund will get the same 'treatment' as the one that tends to be reserved for WHO when the organization finds itself in muddy waters. More on the (mainly Twitter) [commotion](#) so far in this newsletter. Still in Davos, Google's CEO reckoned "[Artificial Intelligence will be bigger than electricity or fire](#)". In Cape Town, they probably think, that's all nice and well, but better then to come up with AI that can produce [water](#) as well. If that doesn't work out, as we would say in Belgium, they can always drink Heineken in Cape Town.*

*In this newsletter we'll also cover **PMAC 2018** (still ongoing) in Bangkok, the **African Union summit** from last weekend in Addis, and some of the key publications of the week, with plenty of goodies from the Lancet, among others.*

Enjoy your reading.

The editorial team

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## Featured Article

### **‘Health for All’ – Reaching the Remote in the Indian Sundarbans**

By **Upasona Ghosh** (*EV 2014 & social anthropologist working in the field of public health and climate change, currently based at the International Institute Of Health Management Research University (IIHMR University), in Jaipur, India.*)

Forty years after the well-intentioned Alma Ata Declaration (1978), ‘Health for All’ remains a distant goal. This is particularly so for populations living in vulnerable parts of the world – conflict areas, prone to natural disasters, or geographically remote and vulnerable areas such as the Sundarbans in India. How does one, in the era of the SDGs ensure that goal #3 is achieved for the most marginalized? This blog takes us to the riverine areas of the Sundarbans in India to understand better the contextual factors which inhibit the provision, and access to health services for the people living there.

The Sundarbans is one of the largest mangrove forests in the world. Located along the Bay of Bengal the forest spans Bangladesh and India. It is a mix of tidal waterways, mangrove forests, and mudflats. While the area might hold the status of a UNESCO World Heritage Site, it is challenged by poor availability and access to social and development services. In addition, the unique geographical composition of the region makes it vulnerable to climate change, abject poverty, and the threat of uncontrolled commercialization.

The remote and often difficult to access geographical setting of the Sundarbans makes the provision of health and other social services a challenge. In addition, socio-cultural factors (caste, religion and gender), and economic constraints pose as significant barriers in access to health services.

A child born in this region is likely to be at a disadvantage from birth, affected (in all likelihood) by the poor health and nutritional status of the mother at the time of conception and gestation, to its birth. Limited access to health facilities, or skilled birth attendants, and health services put the mother and infant at risk. Socio-cultural contexts and the economic status of the household a child is born into would further impact access to education, nutrition and other opportunities of a child born in this region. Girls often drop out of school to take care of [younger siblings while women try and secure a livelihood](#). Women in the region are also vulnerable to trafficking. Boys too are likely to drop out of school at a young age to join the older men of the community in towns and cities as migrant workers.

Within such a context the question arises to what extent the provision of *even* pro-poor health services would be beneficial to people living in marginalized settings, if *contextual* forces (such as climate impact, livelihood scarcity or food insecurity) are not addressed? The situation demands comprehensive strategies and a conscious, collective effort to address not only physical challenges of delivering health services, but also simultaneously tackling the wider social determinants of health.

UHC is put forward by Dr Tedros as his core objective. We hope the issues of context – social, cultural, economic, and geographic ones, among others – will not be overlooked. Achieving UHC requires broad collective action on health, with an effort to be more inclusive, and with more effective inter-sectoral collaboration. Strengthening the health system, particularly the existing public health system and enhancing human resources for health, as well as tackling issues of poverty, livelihood, and education will be critical towards achieving health and social development indicators. Political will and effective governance are also critical towards health system strengthening. Effective coordination between local stakeholders and higher-level stakeholders will be vital to health care delivery.

## Highlights of the week

### WHO's EB142 overall analysis (Geneva, 22-27 Jan)

In this section we focus on the **key (overall & must-read) analyses** of last week's EB meeting. See also last week's IHP news. For more info on some of the agenda items, we refer to the section 'Global Governance of Health' below.

But we start with **Tedros' own assessment** of EB142, cfr a few **tweets** by the man himself:

*"Huge thanks to WHO's Executive Board for agreeing to move forward with our 5-yr strategic plan. Can't wait to make our "triple billion" plan happen! 1 billion more people with health coverage. 1 billion people made safer from outbreaks. 1 billion healthier people. #GPW13 #EB142"*

*"WHO's Executive Board just wrapped up a long but very productive session. We made progress on emergencies, access to medicines, NCDs, tuberculosis, nutrition, WHO reform and more. We're working to promote health, keep the world safe & serve the vulnerable. #EB142 #HealthForAll"*

## **The Wire - Altered Dynamics at WHO, Priorities Likely to Be Constrained by Finances**

Priti Patnaik; <https://thewire.in/219799/who-executive-board-meeting-finances/>

(must-read) *"This is the first article in a two-part series on the 142nd Executive Board meeting at World Health Organization. In this **two-part series**, the story first addresses discussions on reforms, governance and priorities. The next part will address **access to medicines and the increased push for engagement with the private sector.** »*

Patnaik argues, "Irrespective of all the ambitions for the future and earnest intentions to reform the administration, ultimately it will be financing that will dictate how far WHO can go."

## **Devex (analysis) - 13 things to know about WHO's Geneva deliberations**

J Ravelo; <https://www.devex.com/news/13-things-to-know-about-who-s-geneva-deliberations-91972>

Another must-read. Great overview of some of the key agenda items & debates.

Focusing a bit more on NCD related agenda items then, you might also want to read the overview by the **NCD Alliance** – "[NCDs attract serious discussion, and debate, at WHO Executive Board](#)"

PS: *"The Board agreed the **provisional agenda for the 71st World Health Assembly in May (WHA71)**, which will be held 21-26 May and will be themed around UHC. WHA 71 will be followed by the 143rd session of the EB, 28-29 May."*

## **Peter Sands and "the Power of Public-Private Partnerships"**

This week saw the first real "hiccup" of Peter Sands, the Global Fund's new CEO.

## GF - From Davos, the Power of Public-Private Partnerships

<https://www.theglobalfund.org/en/blog/2018-01-26-from-davos-the-power-of-public-private-partnerships/>

It all started with this raving piece on ‘the Power of PPPs’.

*“The power of public-private partnerships – the very essence of the Global Fund – was on display this week at the World Economic Forum’s Annual Meeting in Davos. **Three of the world’s leading private companies in their fields – Lombard Odier, HEINEKEN and Unilever – announced partnership agreements with the Global Fund toward a common goal: improving public health and ending HIV, tuberculosis and malaria as epidemics. ...”***

See also [Lombard Odier and the Global Fund Join Forces to Expand Private Investment In Global Health](#).

## Reuters – Health campaigners decry global HIV fund's deal with Heineken

[Reuters](#);

It took a while, certainly compared to the immediate backlash Tedros faced after his Mugabe ambassador decision, but then the commotion started. However, the **backlash seems to focus most on the partnership with Heineken**, for now.

*“International health campaigners and alcohol concern groups called on a major global HIV and malaria fund on Thursday to end immediately a partnership it had signed with the Dutch brewer Heineken. In an **open letter** to the director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, an alliance of more than 2,000 health organizations voiced “deep concern” and said the deal would only help Heineken broaden its marketing reach. “Transnational corporations producing and aggressively marketing alcohol rely on the harmful use of alcohol for their sales and profits,” the letter said. It accused companies such as Heineken of undermining and subverting evidence-based alcohol policy implementation “at the same time as they expand distribution networks and marketing to grow their market in low-and middle-income countries”. ..... It was signed by Katie Dain of the NCD Alliance, which groups 2,000 health organizations from around the world, by Kristina Sperkova of the anti-alcohol group IOGT International, and by Sally Casswell of the Global Alcohol Policy Alliance....”*

You find the **open letter** [here](#).

Below we give a short **overview of tweets from global health people – who focus not just on Heineken, as you will notice.**

*“There is a real tension between **Heineken & Coca Cola** leading #globalhealth initiatives & the on-ground reality of what is sickening and killing the most people in LMICs”*

**Pam Das** – “I wouldn't be so quick to condemn. Heineken have a very strong record supporting their employees and families with HIV/AIDS since 2001. They were one of the first companies to offer ARTs. Coca cola on the other hand, I am less familiar with!”

**Anthony Costello** - “And British American Tobacco claim great things with their employees as well. [http://www.bat.com/group/sites/UK\\_\\_9D9KCY.nsf/vwPagesWebLive/DO964UGU/\\$file/Sustainable\\_Agriculture\\_and\\_Farmer\\_Livelihoods\\_Focus\\_Report\\_2017.pdf](http://www.bat.com/group/sites/UK__9D9KCY.nsf/vwPagesWebLive/DO964UGU/$file/Sustainable_Agriculture_and_Farmer_Livelihoods_Focus_Report_2017.pdf) ... But Heineken is 2nd largest alcohol brewer in the world, expanding massively into emerging markets. A huge conflict of interest.”

**Katie Dain** - “So many reasons why this is a VERY bad idea 4 #globalhealth. @GlobalFund & @PeterASands take a step back & think again. Your p’ship is w/ an industry actively opposing ur “common goal” of public health, & contributing 2 global #NCD epidemic & driving up #NCD risk in LMICs.”

**Our favourite tweet of the week** came from “**Health in Myanmar**” - “It is a busy week for @PeterASands making deals for the @GlobalFund with companies that contribute to producing ill health. First @CocaColaCo and @Unilever for HER and now @Heineken for the last mile.”

**Richard Horton** - “There are many good reasons why those concerned about health will feel uncomfortable with this photograph. The friends you keep say a lot about who you are. Be careful Global Fund.”

**David Legge (PHM)** totally nailed it with a series of 3 tweets, from PMAC (where Peter Sands also gave a talk):

“The @GlobalFund partners with **Lombard Odier** to create new financial products to enable #TNCs to avoid tax while contributing to GF. Reducing corporate tax a further assault on public revenues and public funding for #UHC. @PHM urges @GlobalFund to reconsider.”

“The @GlobalFund partners with **Heineken** to draw on its expertise in marketing alcohol assist the GF in its ‘last mile’ distribution. In return the GF gives legitimacy to the #alcohol industry to protect it from health oriented regulation. @PHM calls on GF to reconsider.”

“The @GlobalFund partners with **#Unilever** to boost soap sales and handwashing incl in cities which lack clean water and drainage. In return GF provides a cleansing sparkle to Unilever junk food brands which contribute to the #NCDs epidemic. @PHM calls on GF to reconsider.”

**Anthony Costello** - “In 2016 the Global Fund received \$9,800 million from tax payers + Foundations. The private sector gave \$18.7 million total. So what do tax payers think about this not-for-profit doing deals with alcohol multinationals and Swiss private banks loaded with African flight capital?”

**Remco van de Pas**, Dutch colleague & well known fan of Heineken – “@g2h2 Heineken in Africa: A Multinational Unleashed "collaborates with dictators, authoritarian governments, war criminals, using a Belgian operating company to avoid tax; linked to human rights violations, high-level corruption." <https://www.amazon.co.uk/Heineken-Africa-Multinational-Olivier-Beemen/dp/1849049025> ...”

*"The privatisation of global health. "The partnership will look, for example, at structures that allow investors to share a proportion of the gains they receive from putting their capital to work." Global Fund links with Swiss private bank."*

**"Health in Myanmar"** again: *"How **interesting to see some @WHO staff \*enraged\*** about the @PeterASands @GlobalFund gaffe on partnerships with @CocaColaCo, @Unilever, and @Heineken."*

And **Robert Marten** is worried about the Global Fund's initial response to the commotion:

*"This **initial response from the @globalfund is worrying, and raises even more concerns. I fear they are not taking this issue "seriously" enough.**"*

See also **"US alcohol policy"** : *"Agreed. Vague references to an internal review process by "senior managers" are no more reassuring than Heineken's empty claim to promote "moderate" drinking. Research has found such messages to be strategically ambiguous, at best."*

For some reads of the past few years on the disastrous impact of the alcohol industry on public health, see for example:

Plos Med Editors (2011) - [Let's Be Straight Up about the Alcohol Industry](#)

Devi Sridhar in Nature (2012) - [Health policy: Regulate alcohol for global health](#)

WHO Bulletin Roundtable (2012) - [Global Fund collusion with liquor giant is a clear conflict of interest.](#)

## More analysis & news from Davos

See also last week's IHP news. Other reads/analysis/news from Davos that we didn't cover yet last week:

### IPS-News - Tackling Inequality – The Myth that Davos Can Change the World

<http://www.ipsnews.net/2018/01/myth-davos-can-change-world/>

Recommended read, see also this week's intro. *"Ben Phillips, Launch Director at the Nairobi-based Fight Inequality Alliance, told IPS: "**Davos is over. This is not merely to say that the private helicopters have taken their charges back to private airstrips for their onward journey home. This year, 2018, was the nail in the coffin for the idea that Davos could change the world.**" He described the Davos Forum as a "**speed-dating club for plutocrats and politicians**". **But the idea that it will be a force for a more equal society is dead, he added...."***

A tweet from **Branko Milanovic**, underscoring this:

*“Also think there is like 0 justification for those who work on ineq & poverty to be at Davos. (Same for international organizations.) It has produced 0 results & simply gives an unwarranted relevance to the gathering. ”*

## **Devex - New initiative leverages technology and philanthropy to reinvent community health care**

<https://www.devex.com/news/new-initiative-leverages-technology-and-philanthropy-to-reinvent-community-health-care-91878>

*“... Raj Panjabi, the founder of **Last Mile Health**, has joined Chuck Slaughter, the founder of Living Goods, a nonprofit organization that has built a distribution platform for lifesaving products, for an announcement on Wednesday at the World Economic Forum Annual Meeting in Davos, Switzerland. A coalition of partners from philanthropy and business are committing \$50 million to support these two social entrepreneurs to deploy 50,000 community health workers to provide digitally enabled, door-to-door care to 35 million people. ...”*

It even includes **Richard Branson**: “... Virgin’s Richard Branson, Jeff Skoll, the first president of eBay and founder and chair of the Skoll Foundation, and Christopher Hohn, the investor who set up the Children’s Investment Fund in London, and the Elmo Foundation, are pledging \$50 million in a challenge grant to kick off a shared campaign to deploy 50,000 of these community health care workers to reach 34 million people across 6 countries. ...”

Some quick links from/on Davos:

- **Julia Gillard & dr Tedros** in a Devex Op-Ed - [Building a shared future in a fractured world starts with education and health](#) Probably the case Tedros would have made if he had gone to Davos.
- IISD - [WEF Launches Partnerships on Circular Economy, Oceans, Skills Development](#)

There were also quite some discussions on migration, gender and health, with a particular look at the need for better data.

- **WEF** - [What just happened? The biggest stories from Davos 2018](#)

What the organizers probably consider as the main stories from Davos 2018.

- **Devex** - [Impossible Foods: On the menu in Davos, on a mission to scale globally](#)

**“Impossible Foods** — who supplied the “meat” for the meals — is a Silicon Valley-based company known for the plant-based Impossible Burger. Its key ingredient is soy leghemoglobin, which releases a protein called heme when it breaks down, making the product taste and even bleed like real meat. **Investors include Bill Gates and Vinod Khosla**, just two examples of a growing number of billionaires who are putting their money behind so called “alt meat



companies.” Devex sat down with Pat Brown, the Stanford University biochemist and founder and CEO of the company, who talked about his **mission to make the global food system more sustainable....”**

- **WEF (blog) - [How to do business with doughnuts](#)** Kate “Doughnut” Raworth was also in Davos. In this blog, she describes what it takes to become a ‘Doughnut business’: “...To become a Doughnut enterprise – one whose core business activity helps to meet the needs of all within the means of the planet – it’s clear that **companies need to align all five of these design traits**, from purpose through to finance, so that they can deliver generative results...”
- Devex - [Tony Blair says improving governance is key to development](#)

“...Over the past decade, Blair has launched a number of organizations including the Africa Governance Initiative, the Tony Blair Faith Foundation, and the Initiative for the Middle East. But the explosion of populism, from Brexit in the U.K. to the 2016 presidential elections in the U.S. to developments across the European continent, has put the organizations’ work in defense of globalization under pressure. Blair decided to bring these organizations together, and add a platform to build a policy agenda for the center ground, under this new nonprofit entity, the **Tony Blair Institute for Global Change....”** Tony Blair & a nonprofit entity, that doesn’t seem to go well together, but not everything the man says is rotten. (Deep in my heart, I’ve always had a bit more respect for Tony than for Gerhard 😊)

## People’s Health Movement – Global Steering Council meeting (Bangkok) & coming up 4<sup>th</sup> PHA (Bangladesh)

The PHM Global Steering Council met in Bangkok, from 28-31 January, ahead of PMAC.

Among others, you find already information on the upcoming **Fourth People’s Health Assembly, in Dhaka, Bangladesh (15-19 November) [here](#)**. With proposed activities & main axes.

Global Health Watch 5 was also launched.

## PMAC 2018 (Bangkok) – (29 Jan-3 Feb) (ongoing)

<http://pmac2018.com/site/home>

From the chairs’ message: “**2018 marks the centenary of the Great Influenza Pandemic of 1918/1919 – an event that resulted in an estimated 50 to 80 million deaths, more than 5% of the world’s population. ... This year’s Prince Mahidol Awards Conference [will] provide an important setting for fostering policy and strategic action by engaging multi-sectoral experts in zoonosis and AMR, as well as climate change and related environmental fields from across the public and private sectors, international organizations, foundations, academics and non-governmental organizations, as well as critical players in Global Health Security. ...**”

The theme, this year is: **“Making the World Safe from the Threats of Emerging Infectious Diseases”**.

Stay tuned for the **Bangkok statement**, [A Call to Action On Making the World Safe from the Threats of Emerging Infectious Diseases](#)

Below a **short overview of some of the tweets on the opening day’s panel speeches**. Among others, we recommend the tweets of [Gavin Yamey](#) & Fran Baum on PMAC:

*“@DrTedros of @WHO **“primary health care and health security are two sides of same coin”**. Absolutely. #PMAC2018”*

*“**Recently we begun an exercise with the @WellcomeTrust of mapping the capacities of all countries to contribute to a global “health reserve force” that can be deployed anywhere in the world within 72 hours to respond to emergencies.**”—@DrTedros #PMAC2018*

*“**We need global Health security For All, especially the most vulnerable** @DrTedros “*

*“**You’re healthy because your neighbor is healthy” @MSF calls for focusing the global #healthsecurity agenda on existing threats, starting from #tuberculosis @StopTB #PMAC2018***

*#TatayMercedes of @MSF asks at #PMAC2018 **“why is #TB not considered the public health emergency of today?”***

*“**Dame Sally Davies, one of world’s most impressive voices on AMR, says we in public health community are preaching to converted** #PMAC2018”*

*New @GlobalFund director **Peter Sands says pandemics & AMR are “the neglected dimension of global health security”** #PMAC2018*

*“**He says the pillars of preparedness are national capacity, scientific innovation, & global coordination. All are found lacking.** #pmac2018”*

*“**Strong stuff from Sands on morally dubious aspects of rich nations being worried abt. protecting themselves from outbreaks from poor nations”***

*“**The missing point is the critical linkage between human and animal surveillance. @PeteSalama : the aim of #OneHealth to fill that gap.** @WHO #PMAC2018 @FarahDakhallah”*

*"Why is plenary 0 not discussing corporate accountability asks Delen de la Paz of @PHMglobal her question remains unanswered but #PMAC2018 must confront this vital issue"*

*"People's Health Movement: "How do we make sure corporations are accountable within the current environment?" No response from the panel... #PMAC2018"*

*"#PMAC2018 Dr. Delen de la Paz of @PHMglobal challenges panel on ending the pandemic era: Why such focus on technology instead of primary healthcare? How do we hold industry accountable as orgs like the @GlobalFund receives money from corporations? #PHMovement #PHC #Health4All"*

*"If you never wonder why we don't seem to have enough funds for good quality Public Health and education services then think about 'generous corporate philanthropist' who give the money they should have given in tax #pmac2018"*

*"#PMAC2018 Larry Brilliant: The Final Mile (community worker tackling endemic diseases) needs to be balanced with the First Mile (jump of pathogen from animal to the first human). Or we will lose the opportunity."*

*"Oyewale Tomori says that we need to implement good governance. After all, health is political! #PMAC2018 #globalhealth"*

*"This was a storming speech, the most provocative so far at #PMAC2018. Outbreaks are strongly related to weak governance."*

**Gavin Yamey – "OK, went to a session on financing pandemics at #PMAC2018. Key messages?**  
1/Finance ministers in audience said their health ministers are not coming to them w/ pandemic preparedness high on priority list. That's got to change.

2/ Financing of health security is by definition a public good and should be publicly financed; domestic economic growth should be accompanied by increased health spending, which in turn further boosts economy

3/ Several speakers & audience members stressed importance of (a) linking health security to UHC & including it in 'essential package' of preventive services, (b) including health security in medium/long term financial planning

4/DAH has a critical, catalytic role in financing preparedness (tomorrow I'll present findings of our new study on DAH flows to health security); but long term sustainable financing will be domestic.

**To be continued, clearly...**

## Trump & global health

### KFF (issue brief) - A Check Up on U.S. Global Health Policy, After One Year of the Trump Administration

<https://www.kff.org/global-health-policy/issue-brief/a-check-up-on-u-s-global-health-policy-after-one-year-of-the-trump-administration/?platform=hootsuite>

Great overview, also looking ahead to what 2018 might bring (for the US & global health (governance/financing)).

As for the Donald, he gave his **State of the Union** this week. It looks as if Obamacare is not anymore in his sight (cfr Vox), so from our angle the most important news was probably this **foreign aid related concern**: cfr Devex - [In State of the Union, Trump unearths old US aid restrictions](#)

*“U.S. foreign aid did not garner much attention in President Donald Trump’s first State of the Union speech. But after hearing Trump’s brief remarks on assistance spending, development advocates might have preferred if he skipped over the issue entirely. While few expected Trump to champion major new initiatives in his first such address, they also hoped the president might steer clear of inflicting any more pressure on U.S. global development efforts than his proposals to slash funding already have. Instead **the president resurfaced a proposal endorsed by members of the Tea Party to limit U.S. aid to “America’s friends” — presumably countries that vote with the U.S. at the United Nations....**”* See also UN Dispatch - [In the State of the Union Address, Trump Sought to Peg US Foreign Assistance to How a Country Votes in the UN](#).

We also recommend the following longread in **American Affairs** – [“From Progressive Neoliberalism to Trump—and Beyond”](#) (by Nancy Fraser)

## Politico – CDC director who traded tobacco stock resigns

<https://www.politico.com/story/2018/01/31/cdc-director-resigns-over-financial-conflicts-380206>

More news from “Trumpland”:

*“President Donald Trump’s top public health official resigned Wednesday amid mounting questions about financial conflicts of interest. Dr. Brenda Fitzgerald’s resignation comes one day after POLITICO reported that one month into her tenure as CDC director, **she bought shares in a tobacco company**. Fitzgerald had long championed efforts to cut tobacco use, which is the leading cause of preventable death....”*

*“... The Trump administration’s top public health official **bought shares in a tobacco company one month into her leadership of the agency charged with reducing tobacco use** — the leading cause of preventable disease and death and an issue she had long championed. ...”*

I have to admit, after one year Trump, no headline can still really shock. See also **Vox** - [The scandal that just forced the CDC director to resign, explained](#) Apparently, Brenda had a history of investing in tobacco companies : ) The article also stresses that her resignation comes at a difficult time for CDC.

Speaking of which, the **Washington Post** reported "[CDC to cut global disease outbreak prevention by 80 percent](#)". (see also the WSJ from a few weeks ago)

*"Four years after the United States pledged to help the world fight infectious disease epidemics like Ebola, the **Centers for Disease Control and Prevention is dramatically downsizing its epidemic prevention activities in 39 out of 49 countries because money is running out, U.S. government officials said.**"*

*"... **The CDC plans to narrow its focus to 10 "priority countries,"** starting in October 2019, the official said. They are: India, Thailand and Vietnam in Asia; Jordan in the Middle East; and Kenya, Uganda, Liberia, Nigeria and Senegal in Africa; and Guatemala in Central America. **Countries where CDC is planning to scale back include some of the world's hot spots for emerging infectious disease, such as China, Pakistan, Haiti, Rwanda, and the Democratic Republic of Congo...**"*

Yes, that IS shocking.

In a piece in The Hill, **Tom Frieden encourages Secretary Azar** to appoint fast a replacement given the precarious times CDC, the US & the world are in. See a tweet by Ilona Kickbusch: ".@DrFrieden urges Secretary Azar to quickly appoint a leader who will fulfill CDC's mission by basing decisions on science, leading the agency effectively, and protect CDC so CDC can protect all of us. This is of high national and #globalhealth relevance."

## Global Humanitarian crisis

Reads & links from this week:

### Guardian – Unicef appeals for record \$3.6bn as wars trigger desperate need

<https://www.theguardian.com/global-development/2018/jan/30/un-unicef-childrens-agency-appeal-record-36bn-wars-trigger-desperate-need>

*"The UN's children's agency has launched its biggest emergency appeal for funding, warning that conflict is creating unprecedented levels of need. **Almost one in four children live in a country affected by conflict or disaster, according to Unicef, which has appealed for \$3.6bn (£2.6bn) to provide emergency assistance in 2018...."***

Guardian - ['Price of conflict is too high': hunger at crisis levels in eight countries](#)

*"The number of hungry people living in conflict zones is rising, with eight countries recording crisis or emergency levels of food insecurity in at least a quarter of their people, food agencies warned*

**the UN security council on Monday.** In Yemen, 17 million people, or 60% of the population, are facing acute food insecurity, while in South Sudan, the figure is 4.8 million or 45% of its people. The other countries ranked as having the highest proportions of food insecure people were Syria, Lebanon, Central African Republic, Ukraine, Afghanistan and Somalia, according to a **report by the World Food Programme and the Food and Agriculture Organisation....**”

Guardian - ['A crisis for human rights': new index reveals global fall in basic justice](#)

“Fundamental human rights are reported to have diminished in almost two-thirds of the 113 countries surveyed for the 2018 Rule of Law Index, amid concerns over a worldwide surge in authoritarian nationalism and a retreat from international legal obligations....”

PRI - [Saudi Arabia promises \\$1.5 billion in aid to Yemen — but it's still bombing the country.](#)

## World Cancer Day (4 February)

See an **Oxfam blog** for some of the stakes: [It's time to bring down the price of medicines](#)

“**Sunday 4th February is #WorldCancerDay and the theme is #WeCanICan** – a message uniting the world in the fight against cancer. **Indeed, the world must unite to stop high prices being charged for medicines, which prevent patients from getting the treatment that can save their lives.** People across the globe need to unite to push for tough actions by governments and UN bodies to change the system that leads to high medicine prices....”

PS: “...**The fight for access to cancer medicines is inextricably linked to a wider access to medicines fight: the fight to ensure public health has supremacy over profit. Oxfam advocates for governments to adopt the recommendations of the UN High Level Panel on Access to Medicines (HLP) , which tackle the issues caused by the current R&D model that prioritises profit over public health....**”

Ahead of **World Cancer Day**, there were a number of **important publications**:

**Lancet – Global surveillance of trends in cancer survival 2000–14 (CONCORD-3): analysis of individual records for 37 513 025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)33326-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)33326-3/fulltext)

From the press release on the CONCORD-3 study: “**Global improvement in cancer survival but international differences are still very wide.**” “Cancer survival is generally increasing, even for some of the more deadly cancers such as liver and lung, according to the largest and most up-to-date study of population-based survival trends (2000–2014), covering countries that are home to more than

*two-thirds of the world's population. But survival trends vary widely, and there **are wide and persistent disparities between countries, particularly for some childhood cancers....**"*

Coverage in Reuters - [Global cancer survival rates improve, but wide gaps remain](#)

Focusing on the results for **children**, "... While brain tumor survival in children has improved in many countries, the study showed that for children diagnosed as recently as 2014, five-year survival is twice as high in Denmark and Sweden, at around 80 percent, as it is in Mexico and Brazil, at less than 40 percent. This gap was most likely due to variations in the availability and quality of cancer diagnosis and treatment services, the researchers said. **"Despite improvements in awareness, services and treatments, cancer still kills more than 100,000 children every year worldwide,"** said Michel Coleman, a professor at the London School of Hygiene & Tropical Medicine who co-led the research...."

*"... The researchers noted that in some parts of the world, estimation of survival is limited by incomplete data and by legal or administrative obstacles to updating the cancer records with a patient's date of death. **In Africa, they said, as many as 40 percent of patient records did not have full follow-up data, so survival trends could not be systematically assessed....**"*

On the latter issue, do read the **Lancet Comment** - [Achieving better cancer intelligence for global cancer control](#)

### **Lancet Comment – The global fight against cancer: challenges and opportunities**

Rifat Atun & F Cavalli; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30156-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30156-9/fulltext)

Must-read. *"By 2030, the number of cancer cases is projected to increase to 24.6 million and the number of cancer deaths to 13 million. Worldwide, health systems, especially in low-income and middle-income countries (LMICs), are ill prepared to manage the increasing cancer burden. Globally, there is a shortfall in coverage of cancer services for prevention, screening, treatment, and palliative care...."* The authors list **ten challenges** in the fight against cancer:.... As for solutions, the **"World Oncology Forum, which brought together stakeholders in 2013 and called for accelerating the fight to stop cancer, met at the end of 2017 to consider solutions and identified five main areas of action to address these ten challenges and reinvigorate the fight against cancer. ..."**

### **Lancet Oncology series**

<http://www.thelancet.com/series/global-oncology>

"A four-part Series in The Lancet Oncology discusses cancer surveillance and control efforts to help tackle the growing cancer burden in low-income to middle-income countries."

## Key publications of the week

### Lancet – Status and drivers of maternal, newborn, child and adolescent health in the Islamic world: a comparative analysis

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30183-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30183-1/fulltext)

From the press release: ***“Muslim-majority countries have higher maternal, stillbirth, newborn and child mortality rates compared to the global average and compared to non-Muslim-majority countries, highlighting the impact of conflict and political instability on health outcomes for women and children, according to new research published in The Lancet. There is no indication that religion affects health outcomes, and the findings of the study point to issues such as conflict, migration, political instability and government effectiveness, as key drivers of differences in maternal and child mortality...”***

You might also want to read the accompanying Comment & Call to action (by Amina J Mohammed)- [A call to action: improving women's, children's, and adolescents' health in the Muslim world](#)

### Lancet Review – Countdown to 2030: tracking progress towards universal coverage for reproductive, maternal, newborn, and child health

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30104-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30104-1/fulltext)

Also published in **The Lancet** this week: the **first comprehensive report of Countdown to 2030**, tracking global progress toward SDG targets on universal coverage for reproductive, maternal, newborn, child, and adolescent health and nutrition.

***“... Three main conclusions emerge from our analysis of intervention coverage, equity, and drivers of reproductive, maternal, newborn, and child health (RMNCH) in the 81 Countdown countries. First, even though strong progress was made in the coverage of many essential RMNCH interventions during the past decade, many countries are still a long way from universal coverage for most essential interventions. Furthermore, a growing body of evidence suggests that available services in many countries are of poor quality, limiting the potential effect on RMNCH outcomes. Second, within-country inequalities in intervention coverage are reducing in most countries (and are now almost non-existent in a few countries), but the pace is too slow. Third, health-sector (eg, weak country health systems) and non-health-sector drivers (eg, conflict settings) are major impediments to delivering high-quality services to all populations...”***

### Multi-disease testing offers new ways to streamline disease management, Unitaïd report says

<https://unitaid.eu/news-blog/multi-disease-testing-offers-new-ways-streamline-disease-management-report-says/#en>

***“Innovators are responding to the world’s growing co-infection crisis by developing devices that can quickly, accurately diagnose multiple diseases at a time. Unitaïd’s [new landscape report](#),***



launched today, profiles more than 95 such devices, already on the market or in development, all of which address at least one of Unitaid's key disease areas—HIV, hepatitis C (HCV), tuberculosis (TB) and malaria. "The abundance of new, multi-disease technologies is poised to streamline the way diseases are diagnosed," said Unitaid Executive Director Lelio Marmora. "Global health is moving away from the long-used strategy of separate tests for separate diseases, separate clinics and separate testing labs...."

## WHO Bulletin (February issue)

<http://www.who.int/bulletin/volumes/96/2/en/>

This month's WHO Bulletin is a must, with among others, **a number of articles related to PMAC 2018 theme on emerging infectious diseases and AMR:**

" *Economic case for preventing emerging infectious diseases*

- *Quantities of antibiotics used on Thai poultry farms*
- ***Implementing the International Health Regulations***
- *Predicting economic and human losses from pandemics*
- *Stringent quality assurance measures to curb antimicrobial resistance*
- *The determinants of the inappropriate use of antibiotics*
- *Interview: new global network needed for response*

We certainly also want to draw your attention to the **Editorial** by **Etienne Langlois et al** - [Qualitative evidence to improve guidelines and health decision-making](#).

"...the Alliance for Health Policy and Systems Research and the WHO Department of Reproductive Health and Research have supported the **development of a new approach called GRADE-CERQual (Grading of Recommendations Assessment, Development and Evaluation-Confidence in the evidence from reviews of qualitative research)**. The GRADE-CERQual approach is used to describe how much confidence decision-makers and other users can place in findings from qualitative evidence syntheses by transparently assessing methodological limitations, coherence, adequacy and relevance.<sup>8,9</sup> The approach is similar to GRADE, which is widely used to assess how much confidence to place in review findings on the effectiveness of health interventions. New guidance on how to apply the GRADE-CERQual approach is now available as a special series of articles to support stakeholders conducting reviews of qualitative research and using their findings to inform decision-making..." For the series itself:

### Implementation science - Applying GRADE-CERQual to Qualitative Evidence Synthesis Findings

<https://implementationscience.biomedcentral.com/articles/supplements/volume-13-supplement-1>

"The **GRADE-CERQual ('Confidence in the Evidence from Reviews of Qualitative research')** **approach** helps decision makers use syntheses of qualitative research by indicating how much confidence they should place in each finding. CERQual has been developed by an international team

*of qualitative researchers, as a subgroup of the GRADE (Grading of Recommendations Assessment, Development, and Evaluation) Working Group ([www.gradeworkinggroup.org](http://www.gradeworkinggroup.org)). The series is intended primarily for those undertaking qualitative evidence syntheses or using their findings in decision-making processes, but is also relevant to guideline development agencies, primary qualitative researchers and implementation scientists and practitioners.”*

For more info on the background of this series, see also (WHO) [New series published to support the use of qualitative research in decision-making](#).

## African Union summit (Addis, 28-29 Jan)

### IISD – AU Summit Focuses on African Transformation, Coordination of Sustainable Development Agendas

<http://sdg.iisd.org/news/au-summit-focuses-on-african-transformation-coordination-of-sustainable-development-agendas/>

**Overall report** – and well worth a read, among others to know what **Kagame** (new chair of the AU) said in his opening remarks.

“... Heads of State and Government from 55 AU member States participated in the meeting, which convened from 28-29 January 2018, in Addis Ababa, Ethiopia. The Summit focused on the **theme, ‘Winning the Fight against Corruption: A Sustainable Path to Africa’s Transformation.’** “... On the sidelines of the meeting, **the AU and the UN signed a framework agreement on the 2030 Agenda and Agenda 2063**, which aims to contribute to people-centered and planet-sensitive structural transformation in Africa....”

### African heads of state endorse new measurement of progress on neglected tropical diseases

[Eureka!ert:](#)

“Today, at the 30th African Union Heads of State Summit, **the African Leaders Malaria Alliance (ALMA) added neglected tropical diseases (NTDs) to its annual scorecard on disease progress.** The scorecard is personally reviewed by African heads of state every year, **putting NTDs alongside malaria and maternal and child health as top health priorities for the continent....”**

“The malaria epidemic remains Africa's major health care challenge, the AU and WHO said on Friday on the sidelines of the AU summit.”

### UN News - In Addis Ababa, Guterres says partnership with African Union is fundamental to work of the UN

<http://www.un.org/apps/news/story.asp?NewsID=58490#.Wm68767ibIU>

See also [At African Union Summit, Guterres lauds strong AU-UN partnership, outlines areas for more cooperation.](#)

## African human rights body urges renewed efforts on human rights in response to HIV

[http://www.unaids.org/en/resources/presscentre/featurestories/2018/january/20180130\\_african-human-rights](http://www.unaids.org/en/resources/presscentre/featurestories/2018/january/20180130_african-human-rights)

*“On 27 January, the African Commission on Human and Peoples’ Rights (the African Commission) launched a groundbreaking report, **HIV, the law and human rights in the African human rights system: key challenges and opportunities for rights-based responses**. The report addresses the key human rights challenges in the response to HIV, including inequality and discrimination towards people living with HIV, access to treatment and restrictive intellectual property regimes, conflict and migration, coercive HIV testing and counselling, restrictions on civil society and the criminalization of people living with HIV and key populations...”*

Coverage in Xinhua News - [Women, youth, sex workers most affected by HIV in Africa: report](#)

## DFID

### Devex – New DFID leadership team sets out priorities

<https://www.devex.com/news/new-dfid-leadership-team-sets-out-priorities-91997>

*“Penny Mordaunt and Matthew Rycroft outlined their priorities Wednesday in their first appearance together as secretary of state and permanent secretary of the United Kingdom Department for International Development. Speaking in an evidence session before the International Development Committee in the House of Commons, Mordaunt was pressed on issues including the national interest agenda, tied aid, and multilateral reforms...”*

## AMR

### WHO - High levels of antibiotic resistance found worldwide, new data shows

<http://www.who.int/mediacentre/news/releases/2018/antibiotic-resistance-found/en/>

Press release on the **first GLASS report**: *“WHO’s first release of surveillance data on antibiotic resistance reveals high levels of resistance to a number of serious bacterial infections in both high- and low-income countries. **WHO’s new Global Antimicrobial Surveillance System (GLASS)** reveals widespread occurrence of antibiotic resistance among 500 000 people with suspected bacterial infections across 22 countries...”* *“The **most commonly reported resistant bacteria** were *Escherichia coli*, *Klebsiella pneumoniae*, *Staphylococcus aureus*, and *Streptococcus pneumoniae*, followed by *Salmonella spp.* The system does not include data on resistance of *Mycobacterium tuberculosis*,*

which causes tuberculosis (TB), as WHO has been tracking it since 1994 and providing annual updates in the Global tuberculosis report...”

## Lancet Infectious diseases - WHO Global Antimicrobial Resistance Surveillance System early implementation 2016–17

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30060-4/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30060-4/fulltext)

With some more background on GLASS & early implementation. “On Oct 22, 2015, WHO launched the **Global Antimicrobial Resistance Surveillance System (GLASS)**, the **first global collaborative effort to standardise antimicrobial resistance surveillance**. GLASS supports the strategic objective of WHO's Global Action Plan on antimicrobial resistance to strengthen the evidence base. GLASS provides a standardised approach to the collection, analysis, and sharing of antimicrobial resistance data by countries, and seeks to document the status of existing or newly developed national surveillance systems...”

Coverage of the report in **IP-Watch**, for example - [WHO Antibiotic Resistance Data Shows Worrying Trend; Industry Ready To Help](#)

“[Today], the World Health Organization released its first set of surveillance data on antibiotic resistance. The data shows that resistance to antibiotics is growing among the world’s most common bacteria, in both high- and low-income countries. Industry announced that it is in the process of making its surveillance data available. ... .. **Meanwhile, an alliance of industries seeking to help curbing antimicrobial resistance announced today that many of its members are collecting surveillance data on antibiotic resistance, and plan to share them openly.** The **AMR [Antimicrobial resistance] Industry Alliance** said [today] in a statement that many alliance members are collecting surveillance data to better understand incidence rates of resistance to various antibiotics. Those companies, the AMR Industry Alliance said, are “currently, or planning to, openly share their surveillance data externally...”

## Cidrap – New group aims to boost global AMR surveillance

<http://www.cidrap.umn.edu/news-perspective/2018/01/new-group-aims-boost-global-amr-surveillance>

“UK-based charitable organization the **Wellcome Trust has announced the launch of a new effort** to help countries track, share, and analyze information about antimicrobial resistance (AMR).

**SEDRIC (Surveillance and Epidemiology of Drug-Resistant Infections Consortium)** will bring together international experts in infectious diseases, epidemiology, and human and animal health to identify gaps in AMR surveillance, help countries strengthen and sustain their capacity to collect data on drug-resistant pathogens, and improve global coordination. The group will provide technical expertise and knowledge to help improve surveillance networks and look at how technology can be used to better understand resistance mechanisms and how infections spread...” Will be **chaired by Sharon Peacock**.

See also [the Wellcome Trust](#).

And this, from the sidelines of the PMAC conference - [Southeast Asia a 'hotspot' for antibiotic abuse, FAO official says](#).

## Access to medicines

### BMJ Global Health - Estimated costs of production and potential prices for the WHO Essential Medicines List

A Hill et al; <http://gh.bmj.com/content/3/1/e000571?cpetoc>

This study was commissioned by WHO. Some of the finding & recommendations:

Findings: “... *The methodology presented in this study can be used to reliably estimate the generic price that can be achieved if profit margins are competitive, for a wide range of medicines. We show that prices could fall for most essential medicines in the UK and South Africa, and for nearly half of essential medicines in India. This suggests that even for old and widely used medicines, continued efforts should be made to encourage competitive supply. ....*” **Recommendations for policy:** “*This methodology can be used by governments and international institutions to inform price negotiations. Cost of production analysis could be incorporated into government tenders, health technology assessments and medicine price negotiations, allowing a reduction of information asymmetry.*”

### DNDi - Sanofi, DNDi seek European Medicines Agency review for sleeping sickness treatment

<https://www.dndi.org/2018/media-centre/press-releases/sanofi-dndi-seek-ema-review-for-sleeping-sickness-treatment/>

“*Sanofi has asked the European Medicines Agency (EMA) to review fexinidazole for the treatment of sleeping sickness. Fexinidazole is being developed in collaboration with the Drugs for Neglected Disease initiative (DNDi). It would be the first all-oral treatment under investigation for Trypanosoma brucei gambiense human African trypanosomiasis (g-HAT), commonly known as sleeping sickness....*”

## UHC

### Business Today - India launches world's biggest healthcare program: 10 things to know about 'Modicare'

<http://www.businesstoday.in/union-budget-2018-19/news/union-budget-2018-modicare-india-healthcare-national-health-protection-scheme/story/269396.html>

See also Livemint - [Budget 2018: Jaitley announces health insurance cover of Rs5 lakh for India's poorest](#)

*“Hundred million poor and vulnerable families will get insurance cover of as much as Rs5 lakh each under a National Health Protection Scheme unveiled by finance minister Arun Jaitley in his budget speech on Thursday. The insurance scheme, billed as the world’s largest government-funded healthcare programme and seen as a **precursor to universal health coverage**, can be used to **pay for hospitalisation and treatment in secondary and tertiary care facilities.**”*

**Rob Yates:** *“Oh no India announces a national health insurance scheme but only for hospital care. India needs PHC! @DrTedros”*

### **Lancet (review) – Health systems development in Thailand: a solid platform for successful implementation of universal health coverage**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30198-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30198-3/fulltext)

By some of the usual suspects, **Viroj T** (*the rest is too hard to pronounce*) et al.

For a **Perspective** in the Lancet of Viroj, see [“Viroj Tangcharoensathien: master carpenter of Thai health care”](#).

### **WB – UHC coverage study series No 26: Going universal in Africa: How 46 African countries reformed user fees and implemented health care priorities**

D Cotlear et al : <https://openknowledge.worldbank.org/bitstream/handle/10986/29177/122811-WP-RDC-Going-Universal-in-Africa-pages-fixed-PUBLIC.pdf?sequence=1>

**Rob Yates** again: *“Wow a World Bank report celebrating the removal of health care user fees in Africa – by the organization that imposed health care user fees in Africa!”*

Check out also **UHC2030’s latest newsletter** especially for this nice **report on the Tokyo UHC forum – Mobilising global leaders for universal health coverage. Tokyo, Japan.** We recommend especially the section ‘Talk is finally turning into action’ with an overview of some of the recent UHC achievements & commitments so far.

**Guardian - [Rwanda becomes first poor country to provide eye care for all](#)**

*“Rwanda has become the first low-income country to provide universal eye care for its 12 million population. The government has **partnered with the organisation Vision for a Nation (VFAN) to train more than 3,000 eye care nurses based in 502 local health centres, prescribing glasses and referring those with serious eye problems to national clinics. Nurses have visited each of Rwanda’s 15,000 villages....”***

## PBF debate continued

A few more reads on the PFB debate from this week:

**Stat News** - [Pay for performance: a dangerous health policy fad that won't die](#)

Op-Ed focusing on the US.

**Tweet from Sebastian Bauhoff** in response:

*"My reading is that the impact (as measured/measurable) of PBF in low- and middle-incomes is mixed. But that doesn't mean it's bad and we should stop. It's a tool to be used with caution. Many practitioners agree it's not a silver bullet. Stop the hype but don't totally abandon."*

*"Useful summary and good points. I am also skeptical of general prescriptions but there is scope for tailored PBF in low-resource countries. Context and programs are quite different from the US or UK: more basic, focused on increasing (yes!) volume, and sending money to frontline."*

And a read from a few months ago already:

**Jacky Mathonnat et al (CERDI)** - [How a Results-Based Financing approach can contribute to the health Sustainable Development Goals Policy-oriented lessons: what we know, what we need to know and don't yet know](#)

Granted, this sort of title reminds me of somebody who didn't exactly inspire "sustainable development" in Iraq.

## Malaria

**Devex** - [Gates vs. Malaria: How Bill Gates aims to win the fight of his life](#)

Bill Gates spoke to Devex at the World Economic Forum's annual meeting in Davos, talking about the science and technology behind the push to eradicate malaria parasites. Recommended 'big picture' read on Gates' view of the fight ahead in the coming decades. Including on **which donors he'd like to bring in**. Among them: **China**.

You might also want to read **Bill Brieger's** take - [Climate Changes Many Things Including Malaria](#). In the short article, he examines how climate change could affect malaria control and elimination strategies.

## Lancet Infectious Diseases - Origins of the current outbreak of multidrug-resistant malaria in southeast Asia: a retrospective genetic study

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30068-9/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30068-9/fulltext)

*“Genetic study provides an indepth analysis of the rapid emergence of resistance to dihydroartemisin and piperazine in Plasmodium Falciparum in Cambodia.”*

Cfr the press release:

**“Rapid spread of multidrug-resistant malaria in southeast Asia demands urgent action”.**

*“Genetic surveillance should be incorporated into malaria control programmes to improve treatment and reduce risk of drug-resistant major outbreaks. The current spread of multidrug-resistant malaria in southeast Asia is likely to be the result of two mutations combining in 2008, according to a retrospective genetic study published in The Lancet Infectious Diseases journal. The study shows how the multidrug-resistant parasite gained increased biological fitness, spreading rapidly through the region unnoticed for 5 years until the outbreak became apparent in 2013. The authors warn that malaria programmes should closely monitor genetic mutations to mitigate the possibility of the parasite becoming untreatable. ...”*

## NCDs

### WHO - WHO Independent Global High-level Commission on NCDs

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

The names of the proposed Commissioners of the WHO Independent High-level Commission on NCDs were published on 1 February 2018 with the view to afford the public a period of two weeks to provide information on any conflicts of interests related the proposed Commissioners being considered for appointment. Interesting list of ‘high-level’ people. Including **Jack Ma** even!

A couple of tweets:

*“Strong commission on #NCDs announced by WHO, with current and past Heads of State, respected academic & professional voices, & @ncdalliance. Given multisectoral nature of issue, missed opportunity to also have mayoral, youth & non-health representation?”*

*“Chairs the President of Uruguay Tabare Vasquez and @SaniaNishtar are going to have to work quickly with their fellow commissioners to produce a first draft in six weeks for the Independent High Level Commission on #NCDs.”*

WHO also published the [timeline](#) for the work of the WHO Independent HL Commission on NCDs.

As well as [the preparatory process](#) leading to the HL Meeting on NCDs at the UN.



On the latter, **Kent Buse** sparked a small **Twitter chat**:

**Kent Buse:** “My *elevator pitch for Heads of State to #NCDs #HLM3* 1. Establish multi-sector platforms chaired by Head of State/Gov't 2. Introduce legislation to curb NCDs - based on @WHO Best Buys 3. Commit to inclusive annual reviews of progress”

Some reactions to Kent’s tweet: “Agree, depending on how long one had in the elevator; one could present the evidence of the costs of inaction on #NCDs in terms of lost productivity & social care costs.”

“The message on need for #SharedResponsibility & #GlobalSolidarity which pushed global fight against #infectious diseases needs to inspire #NCD #HLM3 too.”

## Blended Finance

**Devex – OECD seeks common ground on 'blended finance'**

<https://www.devex.com/news/oecd-seeks-common-ground-on-blended-finance-91979>

“The Organisation for Economic Co-operation and Development launched a first attempt to standardize and define the term “blended finance” at a conference in Paris, France, on Monday. The **Blended Finance Conference** — attended by 150 delegates from the public, private, and philanthropic sectors — was the first of what is to be an annual event, as the development sector increasingly looks to blended finance, impact investing, and green finance as part of the solution to the \$2.5 trillion shortfall to meeting the SDGs....”

A background document on the objectives of this one-day conference: [Private finance for sustainable development: New approaches in development finance: the need for mobilisation towards greater transformation and impact.](#)

For the OECD’s **five blended finance principles**, see [OECD blended finance principles.](#) (must-read!!)

Make sure you also read “[Is blended finance a silver bullet or a double-edged sword?](#) »

“More debate on the interaction between aid and the private sector is needed, but must be led by the voices and priorities of the poorest people, says **Polly Meeks** of **Eurodad.**”

## CGD (blog) - A New Agenda for the MDBs: Five Practical Reforms

Mark Plant; <https://www.cgdev.org/blog/new-agenda-mdbs-five-practical-reforms>

*“Today, the **Center for Global Development, the Brookings Institution, and the Overseas Development Institute** released **The New Global Agenda and the Future of the MDB System**, a [report](#) we jointly prepared as input to the deliberations of the G20-convened Eminent Persons Group (EPG) on Global Financial Governance. We argue that current global economic challenges require a rethink of the role that multilateral development banks (MDBs) can play in developing countries. Here are **the top five areas where MDB reform is needed to help meet the 2030 Sustainable Development Goals:**”*

*“First, the call to mobilize more development financing (“from billions to trillions”), especially from the private sector, requires **MDBs to increase their catalytic role in finance**..... Second, **MDBs have a critical role to play in financing global public goods (GPGs)**. .... Third, **MDBs need to increasingly tailor their policy advice, instruments, and prices to country circumstances**. ... Fourth, on all these issues, to be effective **MDBs must work together more closely**, using each institution’s regional and technical expertise on a global scale. ... Fifth, for the MDBs to rise to these challenges, the international community needs **to revamp the MDB governance framework** to set clear international priorities, encourage partnership with the private sector, foster cooperation among the MDBs, and marshal more institutional resources to go to developing countries.....”*

## UN international day of zero tolerance for FGM – 6 February

### Lancet (Editorial)- Changing culture to end FGM

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30151-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30151-X/fulltext)

*“...On Feb 6, when the international community convenes to condemn the cruel global problem of FGM, let us look deeper for solutions that can fuel the urgent progress we need: recognising the cultural meanings of FGM, and harnessing culture for change.”*

### Lancet – Offline: Adolescent health—vulnerable and under threat

Richard Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30184-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30184-3/fulltext)

Must-read. **“There is now a dangerous void in political leadership for adolescent health”**, argues Horton, referring to among others the replacement of Ban Ki Moon by Guterres, not a very clear commitment yet from new leadership in health in this respect (at WHO (Tedros), UNICEF (Henrietta Fore), and UNFPA (Natalia Kanem)) & withdrawing funders US & UK. Horton sees hope in a **new Standing Commission on Adolescent Health and Wellbeing** which met in London last week, concluding: **“...A revitalised alliance for adolescent health, electrified by a new coalition of scientists and advocates, could create the political spark needed to reignite this most important movement.”**

## Global health events

### Kent Buse's list of global health events in 2018

Has been updated, and features now **30** global health events. See [#globalhealth18](#).

### Coming up – Feb 14: GLL WEBINAR: Compassion – the heart of quality people-centred health services.

[WHO](#):

*“...This 90-minute webinar explores the role of compassion as a critical pillar of delivering quality people-centred health services...”*

### Coming up - Africa Forum on Quality and Safety in Healthcare February 19-21, 2018 | Durban, South Africa

<http://www.ihi.org/education/Conferences/AfricaForum/Pages/default.aspx>

Will be the first ever Africa Forum on Quality and Safety in Healthcare.

### Coming up (9-11 April)- WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease (NCD) Prevention and Control

<http://who.int/global-coordination-mechanism/activities/dialogues/sustainable-finance/en/>

In **Copenhagen, Denmark**, 9-11 April. *“In preparation for the third High-level Meeting of the UN General Assembly on NCDs in 2018 (UN HLM3), the World Health Organization and the Government of Denmark will convene a Global Dialogue to include WHO Member States, development agencies, UN system organizations, and non-State actors to explore new ways to address the critical gap in financing for national NCD responses. The Conference will be supported by the World Diabetes Foundation, World Economic Forum, NCD Alliance, IFPMA and other non-State partners...”* You find the **objectives** of the Global Dialogue on the website.

## Global governance of health

### Devex – 18 months in, how is WHO's health emergencies program working?

<https://www.devex.com/news/18-months-in-how-is-who-s-health-emergencies-program-working-91956>

Must-read. Excerpts:

*“In 2014, the world was plunged into panic when the Ebola virus spread across countries in West Africa, killing thousands. When the crisis waned, much of the criticism fell on the World Health Organization for its initial response and lack of preparedness. **The agency pledged to do better and launched a new Health Emergencies Programme** that would operate coherently across the three levels of the organization, with a clear set of structure, processes and lines of authority....”*

*...Fast forward to 2017, and the program has made progress in making this a reality, according to a new report by the Independent Oversight and Advisory Committee. The independent body is tasked to monitor and assess WHO's performance in implementing the program, and presented its report to member states at the 142nd executive board session in Geneva....”*

Yet, **significant challenges remain**. Among others:

*“... **Financing is a critical concern**.... (Duh) “... A significant amount of the funding for the WHO Health Emergencies Programme is earmarked, meaning the program is unable to allocate it as needed. It may have attracted as much as \$1 billion in its infancy, but now its coffers are almost empty, says the committee. The Contingency Fund for Emergencies, set up by the World Health Assembly as a readily available source of funding for WHO in case of disease outbreaks and health crises, is also “drying up,” said WHO Director-General Tedros Adhanom Ghebreyesus. The fund never reached its \$100 million potential.*

*... **Peter Salama, head of the program, underscored they need a new financing model to sustain the program's work and capacities.** The program can access funding from the U.N. Central Emergency Response Fund and the World Bank's Pandemic Emergency Financing Facility, but the nature of these two funding platforms are posing limitations for WHO....”*

### WHO's EB142 meeting – Some more analysis & coverage

We flag here some reads (some of them gated, however) which go a bit deeper into some of the agenda items at the EB meeting.

## IP-Watch - “We Must Engage With Industry” – WHO Director Explains Limits On Lobbyists

<https://www.ip-watch.org/2018/01/31/must-engage-industry-director-explains-limits-lobbyists/>

(gated) *“The engagement of actors such as industry, civil society, philanthropy and academia with the World Health Organization has been a subject of controversy, with some of those actors being potentially able to influence the work of the organisation. A framework for engagement with those stakeholders was agreed two years ago. **At last week’s Executive Board meeting, the new WHO director general explained that engagement with those actors, and notably industry, is worth the risk, which he said can be managed.**”*

## IP-Watch – Importance Of Flu Pandemic Preparedness Confirmed By WHO Board Decision

<https://www.ip-watch.org/2018/01/26/importance-flu-pandemic-preparedness-confirmed-board-decision/>

(gated) *“One hundred years after the great Spanish flu pandemic, World Health Organization members [today] underlined their satisfaction with the organisation’s framework to get countries best prepared for the next pandemic: The WHO Executive Board agreed on keeping most of the funds coming to the framework for preparedness measures, and a smaller portion for response measures, unless emergency strikes.”*

## Devex – Member states clash as WHO mulls how to make medicine accessible to all

<https://www.devex.com/news/member-states-clash-as-who-mulls-how-to-make-medicine-accessible-to-all-91961>

(NOT gated) *“World Health Organization member states agree on the importance of access to medicines to achieve universal health coverage, but at the recently concluded 142nd session of WHO’s executive board, it was clear they have different and strong opinions on how to make that happen...”*

## IP-Watch – Snakebite Gets Attention Of WHO Executive Board, Draft Resolution Approved

<https://www.ip-watch.org/2018/01/30/snakebite-gets-attention-executive-board-draft-resolution-approved/>

*“A resolution to address the issue of **snakebites**, mainly in developing countries, was met with undisputed approval last week at the World Health Organization Executive Board. Some countries suggested that **scorpion bites** be mentioned in the resolution, which was deemed premature...”*

Finally, a few interesting **tweets** related to the EB meeting and a 5 K run just before the next World Health Assembly:

*“One more “First” since @DrTedros’ leadership! #Change at @WHO. **For the first time in the history of the Ombudsman in #WHO, the report of the Ombudsman is presented to the #EB142.** A special thanks to the Office of the Director General Office supporting this initiative. “*

*“RT ncdalliance: We’re in! **DrTedros announced today at #EB142 a new annual event on the eve of each #WHA. Starting with #WHA71 WHO will #walkthetalk with a 5K ‘run’ on 20 May 2018 to “create a #movement that engulfs the world” “Be ready to move however you want...***

## **Bloomberg – The World Bank Is Searching for Meaning**

[https://www.bloomberg.com/view/articles/2018-01-29/the-world-bank-is-searching-for-meaning?utm\\_content=bufferf8d15&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](https://www.bloomberg.com/view/articles/2018-01-29/the-world-bank-is-searching-for-meaning?utm_content=bufferf8d15&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

Finally we found something we have in common with the World Bank : )

The article focuses on the likelihood that “Top economist Paul Romer's stormy tenure and departure highlight deeper problems.”

Excerpt, shedding some light on these ‘deeper problems’:

*“...Political motivations or no, however, **the overall usefulness of the Ease of Doing Business rankings is highly questionable.** Many free-market enthusiasts, such as John Cochrane of the Hoover Institution, believe that if countries up their position in the World Bank’s rankings, growth will follow as a matter of course. But the evidence says otherwise. **In 2016, economics student and blogger Evan Soltas measured whether large increases in a country’s position in the rankings were followed by growth. He found no measurable effect, even in the long term, and that taking the World Bank’s advice on structural issues seems to do very little if anything for economic growth.** If Soltas’s result holds -- and given the poor performance of other rankings of business conditions, it seems likely it will -- **it means that the World Bank has been recommending policies based more on faith and assumptions than on real hard evidence.** Since countries often work hard to improve their position in the rankings, this means that **the Bank has probably been squandering its policy clout.** And if reforms intended to climb up the rankings end up making societies less equal, the Bank could even have been having a negative impact on the world’s poor. That would be a mistake along the same lines as the one made by the Bank’s sister organization, the International Monetary Fund, which recommended fiscal austerity policies that it later admitted had hurt the countries they were designed to help.”*

## Bretton Woods Project (Analysis) – The Bank and IMF in 2017: Year in Review

<http://www.brettonwoodsproject.org/2018/01/bank-imf-2017-year-review/>

*“Bank and Fund continue push for privatisation and conditionality, despite rhetoric on inequality and inclusive growth.” Summary of this analysis: “Civil society highlighted divergence between Fund's rhetoric on inequality and its policies; Bank turned to Cascade to de-risk mega-projects in attempt to turn “billions to trillions”; Important first steps by Bank to align its lending policies with Paris Climate Agreement.”*

## Devex – UNICEF's new executive director proposes a shift in priorities

<https://www.devex.com/news/unicef-s-new-executive-director-proposes-a-shift-in-priorities-91927>

*“UNICEF’s new executive director, Henrietta Fore, is proposing a bold new approach for 2018...”*

*“... During her first overseas trip since assuming the role at the start of January, Fore said **she hopes to further blend business and development in the coming year.** The former administrator for the United States Agency for International Development, who most recently served as chairman and chief executive officer of Holsman International, wants to combine her extensive development and corporate experience by connecting the business and nonprofit worlds.... ... “There is so much need in this world, and the private sector businesses have exceptional technologies and data capacities,” Fore told Devex...”*

Can't wait for the movie, “Blend it like Henrietta Fore”.

## UNAIDS underscores its zero tolerance policy for sexual harassment

[http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2018/january/20180131\\_unaids](http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2018/january/20180131_unaids)

Related to the news from last week. *“UNAIDS has a zero tolerance policy for sexual harassment, with clear guidelines and procedures to address allegations and complaints. The organization is committed to having a safe and enabling working environment for its staff...”*

## IISD – Meeting Considers Best Practices for SDG National Reporting Platforms

<http://sdg.iisd.org/news/meeting-considers-best-practices-for-sdg-national-reporting-platforms/>

*“The **UN Statistics Division** organized a meeting of data managers, SDG focal points, and representatives of national statistical offices (NSOs) to examine how countries can establish and manage national reporting platforms. Participants highlighted possible approaches to the challenge of monitoring and reporting on SDG-relevant indicators in a transparent manner.” “...UNSD has noted that many developing countries do not yet have fully functioning platforms.”*

## Global Health Now - Michele Barry: The Need for More Women Leaders in Global Health

[Global Health Now](#);

Interesting interview (in two parts) with **Michele Barry**, director of the Center for Innovation in Global Health and a senior associate dean at Stanford University School of Medicine, **on the Women Leaders in Global Health conference** that brought more than 400 women to **Stanford** last fall.

*“In this 2nd part of her Q&A with Global Health NOW, Barry discusses the Women Leaders in Global Health conference’s origins, future priorities and how to fix “leaks” in the pipeline of promising young women leaders heading to top leadership positions.”*

Read also what she means by the ‘**mezzanine level**’. (and then play Massive Attack)

For somewhat related news, see [A call to action on gender equality in global health](#) (by **Roopa Dhatt** et al).

Check out also a Women in Global Health [pocket guide](#) . *“Women in Global Health and the Global Health Centre at the Graduate Institute, Geneva developed a **Pocket Guide to Gender Mainstreaming for global health workers, Member State delegates, and international organization team leaders and members**. Released at the 142nd session of the WHO Executive Board meeting of the World Health Organisation.”*

## France Diplomatie - Global Fund to Fight AIDS, Tuberculosis and Malaria – Assessment of the “5% Initiative” for the period 2011-2016 (Paris, 30 January 2018)

<https://www.diplomatie.gouv.fr/en/french-foreign-policy/health-education-gender/events/article/health-global-fund-to-fight-aids-tuberculosis-and-malaria-assessment-of-the-5>



Tatarataaa....! This press release from the 'French Diplomacy' starts a **public feedback period** on the assessment of the French government's so called "**5% Initiative**" for the period 2011-2016.

*"France is the second largest contributor to the Global Fund to Fight AIDS, Tuberculosis and Malaria and made a commitment in 2011 to respond to requests for technical expertise from French-speaking countries that are recipients of Global Fund grants and reported recurring difficulties in gaining access to the resources of the Global Fund or in ensuring the implementation of the funding received. We therefore decided to **reserve 5% of our contribution for support for the design and implementation of projects and for the assessment of the grants allocated in order to enhance their effectiveness and their impact on health.** After seven years of implementation, the Ministry for Europe and Foreign Affairs wanted to **assess this mechanism** by bringing together its agency, Expertise France, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the ministries responsible for health and research, parliamentarians and the partners engaged in the fight against pandemics, including civil society...."*

## **The Conversation – Top job for South African gives African countries sway at the IMF**

<https://theconversation.com/top-job-for-south-african-gives-african-countries-sway-at-the-imf-90700>

*"South Africa's Reserve Bank Governor, Lesetja Kganyago, has been selected as the first sub-Saharan African to serve as chair of the International Monetary and Finance Committee. The chair is appointed by consensus. The three-year appointment is not only an impressive personal achievement, it's also a significant opportunity for South Africa and the African continent. The finance committee plays an **important role in global economic governance...."***

## **Journal of Global Health – Transitioning financial responsibility for health programs from external donors to developing countries: Key issues and recommendations for policy and research**

S Resch & R Hecht; <http://www.jogh.org/documents/issue201801/jogh-08-010301.htm>

*"In this paper we explain why the transition of financing responsibility for health programs from external donors to domestic governments is picking up momentum; highlight the main challenges that countries and donors face in achieving smooth transitions that preserve health gains; point to the key strategies and tools that should be used in assessing, preparing, designing, and monitoring financial transitions; and finish by outlining a recommended agenda for priority research in this area. We argue that the drivers of transition include health program maturity, economic growth in aid-receiving countries, and slowing growth in levels of international donor assistance for health. We identify several factors that make successful transition especially challenging, such as establishing expectations among all key parties about levels of funding that are reasonable and fair, aligning local and international priorities, mobilizing adequate and sustained domestic funding, and improving efficiency of service delivery. We discuss several important tools available to address these*

challenges and improve the planning and implementation of financial transition, including robust resource tracking, policy modeling and financial forecasting, and analysis of the sustainability of increased domestic financial commitments. We conclude by highlighting key recommended areas for additional research and stakeholder engagement and avenues to pursue in these areas.”

## 2018 Report Tax Justice network

[https://www.icij.org/blog/2018/01/us-switzerland-singled-financial-secrecy-new-index/?utm\\_content=buffer02f46&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](https://www.icij.org/blog/2018/01/us-switzerland-singled-financial-secrecy-new-index/?utm_content=buffer02f46&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

“The 2018 release confirms the long-term picture, that the richest and most powerful countries have continued to pose the greatest global risks.” “... **Switzerland and the United States are the biggest promoters of financial secrecy according to an index published today by the Tax Justice Network (TJN).** The index ranks countries based on their level of secrecy and the percentage of financial services provided to non-residents....”

## Guardian - China rejects claim it bugged headquarters it built for African Union

<https://www.theguardian.com/world/2018/jan/30/china-african-union-headquarters-bugging-spying>

“Beijing dismisses report it put bugs in walls and desks and downloaded data from its servers every night for five years.”

Or as somebody put it on Twitter: “One Road, One Belt, and many Bugs” : )

I’d say: join the club, my Chinese friends. The whole world is doing it. And anyhow, Kagame, the new AU chair, isn’t concerned (anymore).

## Science Daily – Life expectancy gains are slowing in both rich and poor countries

[Science Daily](#);

“Increases in human life expectancy have slowed dramatically across the world since 1950, according to a study from researchers at Johns Hopkins Bloomberg School of Public Health. Although a “ceiling effect” is expected as average lifespan approaches its biological limit, **the study found that the trend towards slower gains -- and even declines -- in lifespan is worst among low-lifespan countries...**”

For the study in **BMC Public Health**, see [The slowing pace of life expectancy gains since 1950](#) (by C Cardona & D Bishai).

*“... The finding does not have a clear explanation, although it shows that progress in health technology since 1950 has not been enough to keep longevity increasing at its historic rates in populations. **“It’s a rebuke to the idea that you can fix global health just by inventing more stuff,”** Bishai says, adding **“New health technology has been essential to making strides in life expectancy, of course, but our predecessors in the 1950s were making faster progress with the basics of soap, sanitation and public health.”...**”*

## Lancet World Report – A new paradigm for the MRC Units in The Gambia and Uganda

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30192-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30192-2/fulltext)

*“Two major medical research institutions in sub-Saharan Africa came under the purview of the **London School of Hygiene & Tropical Medicine (LSHTM)**. The Medical Research Council (MRC) Unit The Gambia and the MRC/Uganda Virus Research Institute (UVRI) Uganda Research Unit transferred to LSHTM from their current positions under the MRC at the beginning of February.”*

## Lancet World Report – Developing countries in the digital revolution

[Developing countries in the digital revolution](#)

*“A **multidisciplinary commission** was launched to question what role developing countries can and should have in the rapidly changing technological landscape. Talha Burki reports.”*

*“On Jan 25, away from the summits in Davos, a group of entrepreneurs, academics, and policy makers met in **Nairobi, Kenya**, to launch a new initiative examining how rapid technological change is likely to affect developing nations. The **Pathways for Prosperity Commission on Technology and Inclusive Development** will be **co-chaired by US philanthropist Melinda Gates, Indonesian Minister of Finance Sri Mulyani Indrawati, and Zimbabwean businessman Strive Masiyiwa**. The **Bill & Melinda Gates Foundation** will provide the funding and the research will be overseen by Oxford University’s Blavatnik School of Government.”*

And a few tweets to finish this section:

**Devi Sridhar** (commenting on collaboration between WHO & the Wellcome Trust) – *“Great to see **@wellcometrust** trust becoming increasingly influential in **#globalhealth** governance & providing a complementary counterweight to the **@gatesfoundation**”*

**Robert Marten**: *“Agreed! But would also recognize **@RockefellerFdn @BloombergDotOrg @SkollGlobal** and **@Hewlett\_Found** as providing necessary alternative views and approaches within **#globalhealth #philanthropy**”*

## Guardian - Amazon and Warren Buffett to create 'reasonable cost' healthcare company

<https://www.theguardian.com/technology/2018/jan/30/amazon-warren-buffett-jp-morgan-healthcare>

*“Amazon is diving into healthcare, teaming up with Warren Buffett’s Berkshire Hathaway and the New York bank JP Morgan to create a company that helps their US employees find quality care “at a reasonable cost” and tackle the “hungry tapeworm on the American economy”. The business giants offered few details on Tuesday and said the project was in the early planning stage. But the move from Amazon, which has long eyed the US’s enormous health market, sent shares in health insurance companies and pharmacy chains into a tailspin....”*

Not everybody is that convinced Amazon & co will be as disruptive towards health care in the US as they’ve been in other sectors, see **Stat News** - [Amazon, two other giants are promising to ‘disrupt’ the health care industry. Health care experts doubt it.](#)

For a different take, see the FT - [US healthcare/Amazon: a very worried tapeworm](#) “Challenge to status quo *may be far worse than pharmaceuticals and insurers fear.*”

## NYT - Amazon Wants to Disrupt Health Care in America. In China, Tech Giants Already Have.

<https://www.nytimes.com/2018/01/31/technology/amazon-china-health-care-ai.html?smid=tw-share>

Cfr a tweet: “In the U.S., Amazon is talking about a new health care initiative. **In China, tech giants are already experimenting with artificial intelligence to fix the country's broken health care system.** My piece with @paulmozur”

*“...Amazon and two other American titans are trying to shake up health care by experimenting with their own employees’ coverage. By Chinese standards, they’re behind the curve. **Technology companies like Alibaba and Tencent have made health care a priority for years, and are using China as their laboratory. After testing online medical advice and drug tracking systems, they are now focused on a more advanced tool: artificial intelligence.** Their aggressive push underscores the differences between the health care systems in China and the United States....”*

## International Journal for Equity in Health - Barriers and facilitators to implementation, uptake and sustainability of community-based health insurance schemes in low- and middle-income countries: a systematic review

R Fadlalla, F El-Jardali et al ; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-018-0721-4>

*“Community-based health insurance (CBHI) has evolved as an alternative health financing mechanism to out of pocket payments in low- and middle-income countries (LMICs), particularly in areas where government or employer-based health insurance is minimal. This systematic review aimed to assess the barriers and facilitators to implementation, uptake and sustainability of CHBI schemes in LMICs....”*

## Save the Children (blog) - Investing in the future: the importance of domestic resources and the role of aid in the financing of health systems

James Sale; <https://blogs.savethechildren.org.uk/2018/01/investing-future-importance-domestic-resources-role-aid-financing-health-system/>

(Recommended) Blog linked to a new **Save the Children Briefing Paper -[The importance of domestic resources and the role of aid in the financing of health systems in low income countries in providing essential services for all](#)**

Sale concludes: *“...If donors are serious about helping countries stand on their own two feet there are three things they must do: (1) Put the development of sustainable domestically sourced health financing systems at the heart of their engagement with low and lower-middle income countries, with the initial target of spending at least 5% of GDP from domestic resources of their health system. (2) Prioritise support in countries where that 5% still cannot reach a minimum of \$86 per capita annual health expenditure, and encourage other donors to adopt this approach too. (3) Ensure that new and evolving development financing mechanisms such as the Global Financing Facility provides truly transformative finance. The GFF has the potential to curb donor reliance, but instead create catalytic financing for health systems – increasing domestic resource mobilisation by working with finance ministries and tax reform experts – and hold governments to account on their commitments to build sustainable domestic health financing structures. In order for this potential to be realised, donors must lean-in.”*

## Shops Plus (Brief) – Integrating family planning in UHC efforts

<https://www.shopsplusproject.org/resource-center/integrating-family-planning-universal-health-coverage-efforts>

*“The global movement to reach universal health coverage presents opportunities to advance family planning goals. The family planning community has a keen interest in whether and how the full range of contraceptive services can be made accessible, particularly to underserved populations such as youth or the poor, within broader initiatives that aim to achieve universal health coverage. **This brief describes common approaches used to finance health within the context of universal health coverage and the significance of these approaches for family planning. The authors focus on the role of private health providers and the mechanisms used to pay them....**”*

PS: **Sustaining Health Outcomes through the Private Sector (SHOPS) Plus** is USAID’s flagship initiative in private sector health.

## The JLN welcomes three new countries, marking 30 members

<http://www.jointlearningnetwork.org/news/the-jln-welcomes-three-new-countries-marking-30-members>

News from a few weeks ago already. *“The Joint Learning Network for Universal Health Coverage (JLN) is pleased to announce three new members to the network: Lao People’s Democratic Republic (PDR), Lebanon and South Africa....”*

## Resyst (Brief) – Using Intersectionality to better understand health system resilience

<http://resyst.lshtm.ac.uk/resources/using-intersectionality-better-understand-health-system-resilience>

*“...This brief outlines the main tenets of intersectionality analysis and its value to health systems research. It then shows how an intersectionality lens is starting to be applied to RESYST research on everyday resilience and the potential of this approach going forward.”*

## Sparrho - Can history improve big bang health reform? Commentary.

Gregory Marchildon; <https://www.sparrho.com/item/can-history-improve-big-bang-health-reform-commentary/1ae8fef/>

*“At present, the professional skills of the historian are rarely relied upon when health policies are being formulated. There are numerous reasons for this, one of which is the natural desire of decision-makers to break with the past when enacting big bang policy change. **This article identifies the strengths professional historians bring to bear on policy development using the establishment and subsequent reform of universal health coverage as an example.** Historians provide pertinent and historically informed context; isolate the forces that have historically allowed for major reform; and separate the truly novel reforms from those attempted or implemented in the past. In addition, the*

historian's use of primary sources allows potentially new and highly salient facts to guide the framing of the policy problem and its solution. **This paper argues that historians are critical for constructing a viable narrative of the establishment and evolution of universal health coverage policies.** The lack of this narrative makes it difficult to achieve an accurate assessment of systemic gaps in coverage and access, and the design or redesign of universal health coverage that can successfully close these gaps.”

## Lancet (Correspondence) – Challenges of measuring the Healthcare Access and Quality Index – Authors' reply

Chris Murray *et al*; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30147-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30147-8/fulltext)

Murray & team respond to a few Letters in the Lancet related to the **Healthcare Access and Quality (HAQ) Index**, developed by the GBD collaboration, and which aims to provide a stronger indication of personal health-care quality and access across 195 countries and territories over time.

## Planetary health

### Guardian – ‘Silver bullet’ to suck CO2 from air and halt climate change ruled out

<https://www.theguardian.com/environment/2018/feb/01/silver-bullet-to-suck-co2-from-air-and-halt-climate-change-ruled-out>

Bad news for the eco-techies: “**Ways of sucking carbon dioxide from the air will not work on the vast scales needed to beat climate change**, Europe’s science academies warned on Thursday. From simply planting trees to filtering CO2 out of the air, the technologies that some hope could be a “silver bullet” in halting global warming either risk huge damage to the environment themselves or are likely to be very costly...”

“...The **new report** is from the **European Academies Science Advisory Council(EASAC)**, which advises the European Union and is comprised of the national science academies of the 28 member states. It warns that **relying on NETs (i.e. negative emissions technologies) instead of emissions cuts could fail and result in severe global warming and “serious implications for future generations” ...**”

### G Monbiot - Stepping Back from the Brink

<http://www.monbiot.com/2018/01/31/stepping-back-from-the-brink/>

Monbiot's take on **Jeremy Lent's "The Patterning Instinct"** - apparently a must-read if we really want to avert planetary disaster. In it, Lent developed a new discipline, **cognitive history** – “An astonishing new field of enquiry explores the deep changes that could avert a planetary disaster.”

“...Lent argues that the peculiar character of Western religious and scientific thought, that has come to dominate the rest of the world, has pushed both human civilisation and the rest of the living world to the brink of collapse. But he also shows how, through comprehending its metaphors and patterns, we can step off our path and develop new trails through the field of grass, leading us away from the precipice at its edge.”

And some quick links:

#### Global Health Now - [Climate Change: When Dengue Reaches Helsinki](#)

Catchy title & ditto article. “... Assessing the future risk of dengue geographic spread of dengue is part of an **international collaboration of 100 modelling groups** called the **Inter-Sectoral Impact Model Intercomparison Project**. Initiated by research institutes in Austria and Germany, the **consortium aims to show how the world will look under different climate-change scenarios**, modeling the effects of different emissions pathways on, for example, fisheries, permafrost, water resources, tropical cyclones and health. ...”

“...At a talk earlier this month at Yale University School of Public Health, Rocklöv showed **dengue maps for 2 possible futures: one in which nations come close to achieving the goals of the Paris climate accord, and one in which global emissions climb at current rates**. Even in the more optimistic scenario (technically, a pathway called RCP 2.6), by the last decade of the 21st century, someone drinking an iced coffee at an outdoor café in Rome or Madrid will risk contracting dengue. The picture is far worse in a future in which emissions have followed current pathways (RCP 8.5). In that scenario, even a sidewalk café as far north as Helsinki or Amsterdam might be plagued in summer by dengue-infected mosquitoes, primarily *Aedes aegypti*, but also *Aedes albopictus*. Both mosquito species also transmit chikungunya, yellow fever and Zika infections...”

#### Vox - [Reckoning with climate change will demand ugly tradeoffs from environmentalists — and everyone else](#)

Put differently, “Being a **climate hawk** is not easy for anyone.” (We know all about it, aspiring to be the Donald Rumsfeld among the climate hawks, but miserably failing.)

#### Guardian - [Air pollution linked to ‘extremely high mortality’ in people with mental disorders](#)

“A major study in Hong Kong shows the risk of death rises sharply on hazy days, when air pollution is much worse.”



## Infectious diseases & NTDs

### CIDRAP – Malaria in pregnancy now complicated by drug resistance

<http://www.cidrap.umn.edu/news-perspective/2018/01/malaria-pregnancy-now-complicated-drug-resistance>

*“Malaria is one of the most preventable causes of adverse pregnancy outcomes, but any gains made in the last decade at preventing the mosquito-borne illness in pregnancy may be lost as **resistance to the prophylactic treatment sulfadoxine-pyrimethamine is rising**. A new series in *The Lancet Infectious Diseases* takes stock of the current challenges facing women at risk of malaria infections in pregnancy....”*

For the new **series in the Lancet Infectious Diseases**, see [Malaria in pregnancy](#).

“...This Series of three reports brings readers up to date on the burden, pathology, costs, prevention, and treatment of uncomplicated and severe malaria during pregnancy.”

### Reuters - How Sanofi's setback could lead to better dengue vaccines

<https://in.reuters.com/article/sanofi-dengue-competitors/how-sanofis-setback-could-lead-to-better-dengue-vaccines-idINKBN1FIOG9>

*“New dengue vaccines being developed by Takeda Pharmaceuticals Co Ltd and U.S. government scientists are poised to provide a safer alternative to Sanofi’s Dengvaxia, according to vaccine experts, because they already take into account some of the issues that sidelined the product last year....”*

In other dengue vaccine news, read this month’s **Lancet Infectious Diseases** editorial – [“The dengue vaccine dilemma”](#).

### Guardian – Forget Ebola, Sars and Zika: ticks are the next global health threat

[https://www.theguardian.com/science/blog/2018/jan/25/forget-ebola-sars-and-zika-ticks-are-the-next-global-health-threat?CMP=share\\_btn\\_tw](https://www.theguardian.com/science/blog/2018/jan/25/forget-ebola-sars-and-zika-ticks-are-the-next-global-health-threat?CMP=share_btn_tw)

*“Ticks carry a wide array of pathogens – and environmental changes mean they are spreading,” argues zoologist **M Kwak**.*

## Democratic Republic of Congo: MSF steps up cholera support

<http://www.msf.org/en/article/democratic-republic-congo-msf-steps-cholera-support>

*“The Democratic Republic of Congo is currently facing its most significant cholera outbreak for 20 years. In 2017, 55,000 people fell ill across 24 of the country’s 26 provinces, and 1,190 died. Medecins Sans Frontieres (MSF) has been at the forefront of the medical and humanitarian response, treating half of cases (around 25,300 people) across the country, especially in the provinces of Kongo Central, Kwilu, Kasai, Haut Lomami, Maniema, Tanganyika, South Kivu, North Kivu, Ituri and Bas-Uélé. The epidemic has now reached the country’s capital, Kinshasa...”*

For other cholera related news, see IRIN - [Southern and East African countries are facing a severe cholera outbreak that is exposing the failure in public sanitation and the impact of government neglect.](#)

## PAHO - Brazil launches world’s largest campaign with fractional-dose yellow fever vaccine

[http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=14065%3Abrazil-launches-worlds-largest-campaign-with-fractional-dose-yellow-fever-vaccine&catid=1443%3Aweb-bulletins&Itemid=135&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=14065%3Abrazil-launches-worlds-largest-campaign-with-fractional-dose-yellow-fever-vaccine&catid=1443%3Aweb-bulletins&Itemid=135&lang=en)

**“Brazil [today] launched a mass immunization campaign that will deliver fractional doses of yellow fever vaccine to residents of 69 municipalities in the states of Rio de Janeiro and São Paulo. The strategic plan for the campaign was developed with support from the Pan American Health Organization (PAHO) and the World Health Organization (WHO). It will be the world’s largest vaccination campaign, to date, using fractional doses of yellow fever vaccine...”**

See also a **Lancet Editorial** this week: [Yellow fever: a major threat to public health](#)

*“The world’s largest fractional-dose vaccination campaign for yellow fever started on Jan 25 in Brazil, with the support of WHO. The campaign attempts to avoid the urban transmission cycle, not seen in the country since 1942. ... **Due to a global shortage of the vaccine, in outbreak emergencies WHO recommends fractional dosing** to protect more people by using less antigen in each dose. “*

*“...epidemics can be prevented if populations are protected by routine immunisation and if mass vaccination campaigns are implemented quickly in response to an outbreak. **A coalition of partners led by WHO, UNICEF, and Gavi, the Vaccine Alliance, aims to eliminate yellow fever epidemics worldwide by 2026.** To achieve this goal, there is an **urgent need for research to clarify the duration of protective levels of immunity provided by fractionated and full-dose yellow fever vaccines** to support development of effective vaccination programmes.”*

## Lancet Infectious Diseases (Comment) – Vaginal microbes, inflammation, and HIV risk in African women

JA Passmore et al ; [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30061-6/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30061-6/fulltext)

Comment linked to a **new study** - [Evaluation of the association between the concentrations of key vaginal bacteria and the increased risk of HIV acquisition in African women from five cohorts: a nested case-control study](#).

*“Women from sub-Saharan Africa have a disproportionately higher risk of becoming infected with HIV than their male counterparts. Having bacterial vaginosis, a heterogeneous vaginal microbial dysbiosis, increases a woman's risk of acquiring HIV infection and the risk of transmitting the virus to their partners or their children during childbirth. Although bacterial vaginosis is highly prevalent and recurrent in reproductive-aged women worldwide, the composition of organisms that constitute this condition might differ regionally and ethnically....”*

Women’s HIV risk seems connected to the presence of 7 species of vaginal bacteria, it appears. But I’m not an expert.

## Stat News - Gilead is accused of an ‘unethical’ access policy for an HIV prevention drug

<https://www.statnews.com/pharmalot/2018/01/26/gilead-hiv-aids-truvada/>

(gated)

News from the US. **“A trio of AIDS advocacy groups is accusing Gilead Sciences (GILD) of drastically limiting a key component of an AIDS prevention treatment in an “unethical” manner that may violate federal guidelines.** At issue is a Gilead drug called **Truvada**, which is combined with one of two other medicines to form nPEP, or non-occupational post-exposure prophylaxis, the term used to describe preventive treatment....”

## BMJ (blogs) - Delamanid—a broken dream for patients with MDR-TB?

Giorgia Sulis (McGill); [BMJ blog](#);

*“After decades of neglect by the drugs industry, the fight against tuberculosis will be even harder now that **delamanid**’s role seems to be rather limited.”*

## SS&M - Unintended consequences of the 'bushmeat ban' in West Africa during the 2013–2016 Ebola virus disease epidemic

J Bonwitt et al; <https://www.sciencedirect.com/science/article/pii/S027795361730758X>

*“Following the 2013–2016 outbreak of Ebola virus disease (EVD) in West Africa, governments across the region imposed a ban on the hunting and consumption of meat from wild animals. This injunction was accompanied by public health messages emphasising the infectious potential of wild meat, or ‘bushmeat.’ Using a qualitative methodology, we examine the local reception and impact of these interventions. ... Our findings underscore the social and political reverberations of hunting proscriptions. Messaging that unilaterally stressed the health risk posed by wild meat contradicted the experiences of target publics, who consume wild meat without incident. This epistemic dissonance radically undercut the effectiveness of the ban, which merely served to proliferate informal networks of wild animal trade and sale—rendering the development of acceptable, evidence-based surveillance and mitigation strategies for zoonotic spillovers almost impossible. Further, the criminalisation of wild meat consumption fuelled fears and rumours within communities under considerable strain from the health, social, and economic effects of the epidemic, entrenching distrust towards outbreak responders and exacerbating pre-existing tensions within villages. These unintended consequences are instructive for public health emergency response and preparedness. While wild meat is a risk for zoonotic infection, mitigating those risks entails interventions that fully take into account the local significances of hunting—including a communicative engagement that is designed, validated, and continually refined before emergency situations. Ultimately, our research questions the value of legal sanctions as a means of behavioural change in an emergency context.”*

## SS&M – Media coverage of the Zika crisis in Brazil: The construction of a ‘war’ frame that masked social and gender inequalities

B Ribeiro et al; <https://www.sciencedirect.com/science/article/pii/S0277953618300236>

*“Between 2015 and 2016, Zika became an epidemic of global concern and the focus of intense media coverage. **Using a hybrid model of frame and social representations theory, we examine how the Zika outbreak was reported in two major newspapers in Brazil: O Globo and Folha de São Paulo.** The analysis of 186 articles published between December 2015 and May 2016 reveals a dominant ‘war’ frame supported by two sub-frames: one focused on eradicating the vector (mosquito) and another on controlling microcephaly, placing the burden of prevention on women. Scientific uncertainties about the virus and its relationship to microcephaly coupled with political uncertainties in Brazil increased the power of the war frame. **This frame gave prominence and legitimacy to certain representations of disease management during the crisis, masking social and gender inequalities.** We show how the cartography of the disease overlaps with that of poverty and regional inequality in Brazil to argue that addressing socio-economic aspects is essential, but normally neglected, in media communications during disease outbreaks like Zika.”*

## UN News – South-East Asia region aims to close immunity gap, wipe out measles by 2020 – UN health agency

<http://www.un.org/apps/news/story.asp?NewsID=58513#.WnK6Eq7ibIU>

*“The so-called ‘big six’ countries in the World Health Organization’s (WHO) South-East Asia region are **meeting** [today] in **New Delhi** on an **accelerated strategy to wipe out measles and rubella in the next three years by targeting as many as 500 million children with vaccines**. “Eliminating measles would avert half a million deaths, while controlling rubella and Congenital Rubella Syndrome (CRS) would promote health of pregnant woman and the infants they give life to,” said Dr. Poonam Khetrupal Singh, Regional Director for the World Health Organization (WHO) South-East Asia, referring to the **‘big six;’ Bangladesh, India, Indonesia, Myanmar, Nepal and Thailand....”***

## Stat News - Not just Zika: Other mosquito-borne viruses may cause birth defects, study suggests

[Stat News](#) ;

*“When scientists discovered that the Zika virus was causing birth defects, it seemed to catch the world off guard. The mosquito-borne virus could slip from mother to fetus and damage the developing brain, leaving newborns with a range of serious complications. But what if other viruses spread by insects also pose a threat to fetuses? **On Wednesday, scientists reported** that two viruses, **West Nile and Powassan**, attacked mouse fetuses when pregnant mice were infected, killing about half of them. The viruses also successfully infected human placental tissue in lab experiments, an indication that the viruses may be able to breach the placental barrier that keeps many maternal infections from reaching the fetus....”*

## Global Partnership of Zero leprosy

<https://www.zeroleprosy.org/>

Launched last week, see the [press release](#).

*“... Ahead of **World Leprosy Day on Sunday 28 January 2018**, several leading leprosy groups have joined forces to **launch a Global Partnership for Zero Leprosy** to accelerate progress towards a world without leprosy, also known as Hansen’s disease. The Global Partnership for Zero Leprosy brings together organizations including the **Novartis Foundation, the International Federation of Anti-Leprosy Associations (ILEP), the International Association for Integration, Dignity and Economic Advancement (IDEA), as well as national leprosy programs, with support from the World Health Organization (WHO)**. The **secretariat** for the partnership will be hosted by the Task Force for Global Health in Decatur, GA, USA....”*

## AMR

### FIND (report) – Accelerating diagnostics use to prevent AMR

[https://www.finddx.org/wp-content/uploads/2018/01/FIND\\_AMR-Strategy-PRINT.compressed.pdf](https://www.finddx.org/wp-content/uploads/2018/01/FIND_AMR-Strategy-PRINT.compressed.pdf)

FIND's latest (20 p) report, focusing on diagnostics. No surprise if you know that FIND stands for the 'Foundation for Innovative New Diagnostics'. It's a global nonprofit organisation that helps to develop diagnostic tests for poverty-related diseases. In this case, they zoom in on AMR.

PS: for a short report on a local FIND meeting in Cape Town from this week, see [Global push to track 'superbugs'](#).

FIND also announced [Four New Collaborations To Address AMR](#) (see IP-Watch)

*"...The four new collaborations are with "BD (Becton, Dickinson and Company); Fondation Botnar; the Global Antibiotic Research & Development Partnership (GARDP), a joint initiative by the World Health Organization (WHO) and the Drugs for Neglected Diseases initiative (DNDi); and the South African Medical Research Council (SAMRC)...."*

### The bureau of investigative journalism : A game of chicken – How Indian poultry farming is creating global superbugs

[The bureau of Investigative journalism](#)

Apparently **colistin** is all over the Indian growing poultry industry.

## NCDs

### The Wire - Tobacco-Funded Organisation Refuses to Answer if its Funder Will Stop Making Cigarettes

<https://thewire.in/218414/tobacco-funded-organisation-refuses-answer-funder-will-stop-making-cigarettes/>

Short report in the Wire related to the news from last week. *"The deans of 17 US universities put out a statement this week saying they reject research grants on smoking from a Philip Morris-*

*funded foundation, owing to its direct links with the tobacco industry. They did, however, indicate that they may revisit this position, if more details on the independence of this foundation become persuasively clear....”*

*“...Such “engagement” with his foundation might in time become possible, as the 17 deans also ended their letter saying that **they seek answers to four questions which will “determine whether to consider revisiting this position.”** Yach did not answer queries by *The Wire* regarding when PMI might stop making and marketing cigarettes, which is one of the four questions raised by the 17 universities in their letter....”*

## Guardian - UK accused of hypocrisy on overseas tobacco control

[https://www.theguardian.com/business/2018/jan/27/british-embassies-promote-tobacco-abroad-hypocrisy?CMP=share\\_btn\\_tw](https://www.theguardian.com/business/2018/jan/27/british-embassies-promote-tobacco-abroad-hypocrisy?CMP=share_btn_tw)

*“The UK government is lobbying on behalf of UK-based tobacco giants operating overseas, despite spending millions of pounds trying to curb smoking rates abroad. Freedom of information requests reveal that the **Foreign Office and the Department for International Trade have been championing the interests of British American Tobacco.** This is despite the government being forced to draw up new guidelines for UK embassy staff after it emerged in 2012 that the UK ambassador had been lobbying the Panama government on behalf of BAT....”*

## Health Policy & Planning – Global tobacco control and economic norms: an analysis of normative commitments in Kenya, Malawi and Zambia

R Lencucha, R Labonté et al; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czy005/4833987?redirectedFrom=fulltext>

*“Tobacco control norms have gained momentum over the past decade. To date 43 of 47 Sub-Saharan African countries are party to the Framework Convention on Tobacco Control (FCTC). The near universal adoption of the FCTC illustrates the increasing strength of these norms, although the level of commitment to implement the provisions varies widely. However, tobacco control is enmeshed in a web of international norms that has bearing on how governments implement and strengthen tobacco control measures. Given that economic arguments in favor of tobacco production remain a prominent barrier to tobacco control efforts, there is a continued need to examine how economic sectors frame and mobilize their policy commitments to tobacco production. **This study explores the proposition that divergence of international norms fosters policy divergence within governments. This study was conducted in three African countries: Kenya, Malawi, and Zambia.** These countries represent a continuum of tobacco control policy, whereby Kenya is one of the most advanced countries in Africa in this respect, whereas Malawi is one of the few countries that is not a party to the FCTC and has implemented few measures. .... **Our analysis suggests that commitments to tobacco control have yet to penetrate non-health sectors, who perceive tobacco control as largely in conflict with international economic norms.** The reasons for this perceived conflict seems to*

include: (1) an entrenched and narrow conceptualization of economic development norms, (2) the power of economic interests to shape policy discourses, and (3) a structural divide between sectors in the form of bureaucratic silos.”

And some quick links related to the tobacco control fight:

#### Foreign Policy - [Iran Is Losing Its Jihad on Tobacco](#)

“... More than a decade ago, Iran passed one of the world’s most comprehensive anti-smoking laws. The 2007 law bans smoking in closed places such as buildings, hotels, restaurants, and cars. Iran scored nine out of 10 in the World Health Organization’s latest tobacco report, which evaluates a country’s laws, cessation efforts, and other anti-tobacco measures. “We’ve seen a drastic change,” pulmonologist Mohammad Reza Masjedi, the head of the Iranian Anti-Tobacco Association, told Foreign Policy. “Due to education campaigns and media coverage, those buildings are smoke-free.” **Yet after 11 years, tobacco use in Iran remains almost the same as when the law first passed.** Iran’s anti-smoking efforts reflect the wider difficulties faced by the government: Tobacco use is a deeply ingrained habit, and appeals to Islamic values, which had an impact on other social issues years ago, have failed to win over the population. Whether it is smokers or protesting workers, the government now has a harder time exercising control...”

I’m not quite sure I’d link these two (smoking & protesting in Iran), but anyway, worth a read.

#### The Conversation - [Why the e-cigarette industry needs global regulations](#) (by T Jain)

“**an industry that emerged as a potential alternative to traditional tobacco, and was once populated with smaller independent manufacturers, is now dominated by Big Tobacco.** The reason is clear: E-cigarettes are now a multi-billion dollar industry and present a massive growth potential of double digits annually. By controlling this business, **Big Tobacco** effectively controls its own competition. Today, some of the most popular e-cigarette brands are owned by Big Tobacco, leading to the **industry’s partial transformation into Big Vape.** Given the explosion of e-cigarettes, the increase in the unregulated manufacturing of e-liquids in China and their questionable impact on health, there has been **mounting pressure to regulate them just as traditional tobacco products are....**”

[Sweden moves to ban smoking in public places](#) Not quite sure where you can find healthier air than in Scandinavia, but well, all bits help..

## Malnutrition Deeply – Taxing the world out of obesity

<https://www.newsdeeply.com/malnutrition/articles/2018/01/26/taxing-the-world-out-of-obesity>



(recommended) With the view of nutrition experts. ***“Taxes on sugary beverages have become a popular approach for countries looking to reduce overweight and obesity. But it is a problem that will require more than one solution.”***

*“...Experts are quick to caution, though, that **taxes on sugary beverages alone are not a panacea**. So even as they applaud the rising price of soda, they are also pushing for a suite of interventions that include warnings on labels, restricted marketing to children and replacing those unhealthy options – including sugary drinks – with more nutritious alternatives....”*

## **NPR Goats & Soda – Africa Is Suffering A Silent Crisis Of Stroke**

[NPR Goats & Soda](#):

Excerpt:

*“...Doctors found that Agyemang's stroke was hemorrhagic, meaning that a blood vessel in his brain burst from excessive pressure. **In the U.S., this type of stroke is rare; nearly 90 percent of strokes in the U.S. are "ischemic,"** meaning they're caused by a clot or other blockage of a blood vessel in the brain. But **according to a new study, the largest-ever of stroke patients in Africa, up to one-third of strokes in this area of the world are hemorrhagic.** And while the survival rate for ischemic strokes is around 80 percent, for hemorrhagic strokes the odds of survival are only 50/50. Agyemang is lucky to be alive. **The study surveyed 2,000 stroke patients in Ghana and Nigeria** (including Agyemang) to better understand what factors are most likely to put people at risk. **The results were released Friday at the International Stroke Conference in Los Angeles and will be published next month in the peer-reviewed journal The Lancet.** Researchers already knew that the overall rate of stroke in Africa is among the world's highest, with around 316 new cases each year per 100,000 people. (The U.S. rate, by comparison, is around 246 new cases per 100,000 people, according to the CDC.) But the study sheds new light on the prevalence of hemorrhagic stroke....”*

## **Health Policy (Editorial) - Tackling the challenge of multi-morbidity: Actions for health policy and research**

A Tschichristas et al; [http://www.healthpolicyjrnl.com/article/S0168-8510\(17\)30336-6/fulltext](http://www.healthpolicyjrnl.com/article/S0168-8510(17)30336-6/fulltext)

Editorial linked to a new **special issue**.

Some quick links then:

**The Conversation** - [How neoliberalism is damaging your mental health](#)

Some articles you just don't have to read – as from the title you already wholeheartedly agree. Still, the fans of Paul Verhaeghe will certainly also want to read this piece (by **Ruth Kain**).

Guardian - [Alzheimer's hope as scientists unveil blood test for early signs](#).

Finally, a tweet:

*“East #Africa #NCD charter calls to **incorporate NCDs in all #development plans**, I ncrease budget allocation to health, fully implement #tobacco and #alcohol control policies @ncdalliance”*

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

### Guardian – Nestlé under fire for marketing claims on baby milk formulas

[https://www.theguardian.com/business/2018/feb/01/nestle-under-fire-for-marketing-claims-on-baby-milk-formulas?CMP=share\\_btn\\_tw](https://www.theguardian.com/business/2018/feb/01/nestle-under-fire-for-marketing-claims-on-baby-milk-formulas?CMP=share_btn_tw)

*“The Swiss multinational Nestlé has been accused of violating ethical marketing codes and manipulating customers with misleading nutritional claims about its baby milk formulas. A **new report by the Changing Markets Foundation** has found that Nestlé marketed its infant milk formulas as “closest to”, “inspired by” and “following the example of” human breastmilk in several countries, despite a prohibition by the UN’s World Health Organisation (WHO). The study, which analysed over 70 Nestlé baby milk products in 40 countries, also found that Nestlé often ignored its own nutritional advice in its advertising...”*

### BMJ Global Health – Rowing against the current’: the policy process and effects of removing user fees for caesarean sections in Benin

JP Dossou et al; <http://gh.bmj.com/content/3/1/e000537>

*“In 2009, the Benin government introduced a user fee exemption policy for caesarean sections. We analyse this policy with regard to how the existing ideas and institutions related to user fees influenced key steps of the policy cycle and draw lessons that could inform the policy dialogue for universal health coverage in the West African region...”*

## Lancet Global Health (Comment) – Can integrated interventions create the conditions that support caregiving for better child growth?

P Menon et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30028-7/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30028-7/fulltext)

Comment linked to two studies just published in the Lancet - [Effects of water quality, sanitation, handwashing, and nutritional interventions on diarrhoea and child growth in rural Bangladesh: a cluster randomised controlled trial](#) and [Effects of water quality, sanitation, handwashing, and nutritional interventions on diarrhoea and child growth in rural Kenya: a cluster-randomised controlled trial](#).

*“...The two studies were well designed and conducted in contexts where the burden of malnutrition is high and water quality, sanitation, handwashing, and nutrition practices are inadequate. We congratulate the study teams for their ambitious efforts at developing, implementing, and evaluating this set of integrated interventions that target major risk factors for poor child growth (water quality, sanitation, and nutrient intake) in tight timeframes and in two different contexts. The findings offer important lessons in intervention delivery and uptake and they force us to think about the implications of what integrated interventions aim to do...”*

And a quick (and repulsive) link:

Guardian - ['She clearly has no idea': Kenyan doctor condemned over bid to legalise FGM](#)

Other link:

Intrahealth (blog) - [383,000 Women in Francophone West Africa Started Using Modern Contraception in 2017](#) With some info on the Ouagadougou Partnership.

## Access to medicines

### Health Poverty Action (Brief) - Building a 21st Century Approach to Drugs

<https://www.healthpovertyaction.org/speaking-out/rethink-the-war-on-drugs/building-21st-century-approach-drugs/>

Focus on the UK, but obviously with broader relevance. *“The ‘war on drugs’ was built on shaky foundations. Now, countries around the world from Canada, to Uruguay, Portugal and many US states are beginning to dismantle it piece by piece. The collapse of ‘war on drugs’ is good news for people and communities around the world, providing us with the opportunity to build a new approach to drugs that prioritises, promotes and protects human health and well-being. This shift,*

*from a criminal justice approach to health-based policy making, is essential if we want to take drug policy into the 21st century. It is time for the UK to catch up, and develop and promote appropriate, evidence-based, and sustainable alternatives both in the UK and globally..."*

## **IP-Watch - The Top 5 Issues In EU Medicines Policy For 2018 (Including IP)**

<https://www.ip-watch.org/2018/01/30/top-5-issues-eu-medicines-policy-2018/>

We quite enjoyed reading issue 5, **"The Empire strikes back: pharmaceutical companies attempt to silence "dissident" voices."** *"...There is a **breakdown in communications between the pharmaceutical industry and Ministers of Health in Europe**. The newly-deployed tactic of public, personalised attacks on national decision-makers who express concerns over high prices of medicines, reveal a change in the industry's lobbying strategy that might damage the relationship irreparably..."*

## **Vox - Donald Trump promised to fight Big Pharma. He never did.**

<https://www.vox.com/policy-and-politics/2018/1/30/16896434/trump-drug-prices-year-one>

Piece written ahead of the Donald's State of the Union. Well worth a read.

## **Newcastle University (press release) - Lack of essential and affordable medicines in India revealed**

<http://www.ncl.ac.uk/press/articles/latest/2018/01/drugavailabilityinindia/#.Wm9TByVldV0.twitter>

*"Research has revealed the shocking lack of access to essential medicines in India, despite thousands being approved in an attempt to generate wider availability."*

*"**Researchers at Newcastle University, UK and in Mumbai, India publishing in the Journal of Global Health**, found that policy to open up the market has generated a large number of brands of medicines, but there are still not enough available in the pharmacies. **This study assessed the rational use – those drugs shown to be safe and effective with good evidence – and availability of six essential medicines in 124 private pharmacies in Maharashtra State, India**. In theory, competition within India's vast market for generic drugs should ensure that essential medicines are available in private retail outlets at a price people can afford. However, the study found that despite there being multiple approved products listed in India databases, few were available in private pharmacies at a price people could afford...."*

And a quick link on the latest idea to **combat counterfeit drugs** in developing countries – **digital fingerprints**. See this [new paper](#) by researchers at the University of Copenhagen.

## Human resources for health

### International Journal of Health Planning & Management - Why do people become health workers? Analysis from life histories in 4 post-conflict and post-crisis countries

Sophie Witter et al; <http://onlinelibrary.wiley.com/doi/10.1002/hpm.2485/full>

*“While there is a growing body of literature on how to attract and retain health workers once they are trained, there is much less published on what motivates people to train as health professions in the first place in low- and middle-income countries and what difference this makes to later retention. In this article, we examine patterns in expressed motivation to join the profession across different cadres, based on 103 life history interviews conducted in northern Uganda, Sierra Leone, Cambodia, and Zimbabwe. A rich mix of reported motivations for joining the profession was revealed, including strong influence of “personal calling,” exhortations of family and friends, early experiences, and chance factors. Desire for social status and high respect for health professionals were also significant. Economic factors are also important—not just perceptions of future salaries and job security but also more immediate ones, such as low cost or free training. These allowed low-income participants to access the health professions, to which they had shown considerably loyalty. The lessons learned from these cohorts, which had remained in service through periods of conflict and crisis, can influence recruitment and training policies in similar contexts to ensure a resilient health workforce.”*

And a **tweet** by Health Workers 4 All: **“Global “health reserve force” promoted by @WHO @DrTedros: the needed last resort or distracting attention and resources from building strong national health systems and workforces? What do you think?”**

### Accountability Research Center and Averting Maternal Death and Disability (Report) – Report on the Think-In on Community Health Worker Voice, Power and Citizen’s right to health

Martha Schaaf, Steph Topp et al; <http://accountabilityresearch.org/publication/report-on-the-think-in-on-community-health-worker-voice-power-and-citizens-right-to-health/>

« **Community health workers (CHWs)** are increasingly put forward as a remedy for lack of health system capacity, including addressing challenges associated with low health service coverage and with low community engagement in the health system. CHWs are often explicitly mandated or implicitly expected to enhance or embody health system accountability to the populations they serve. While definitions vary, CHWs are generally community-based workers who: are members of the

communities where they work; are (at least in part) selected by the communities they serve; and are required to represent and/or deliver health services (WHO, 2007). CHWs are also commonly envisioned as being answerable to the community for their activities, and they often perform a linking function between communities and the health system (WHO, 2007). **In June of 2017, thirty researchers, health advocates, and program implementers from eight countries attended a two-day ‘think-in’ at American University. While many country experiences were discussed, the meeting focused in particular on the experiences of Brazil, India, South Africa, and the United States. These countries were selected because, with the exception of the United States, they have large, scaled-up CHW programs where there have been at least some instances of CHWs facilitating—or demanding—greater health system accountability. »**

## Miscellaneous

### Economist – A revolution in health care is coming: Welcome to Doctor You

<https://www.economist.com/news/leaders/21736138-welcome-doctor-you-revolution-health-care-coming>

In this week’s Economist issue. “... Yet radical change demands a shift in emphasis, from providers to patients and from doctors to data. That shift is happening...” The article also has some attention for some of the possible drawbacks of this transformation. Still, it ends on an optimistic note: “Trust in Doctor you”. (I certainly hope I’ll get paid like one too, then : )

### ODI (Working paper) - Exploring the links between Chinese foreign policy and humanitarian action: multiple interests, processes and actors

M Hirono; <https://www.odi.org/publications/11035-exploring-links-between-chinese-foreign-policy-and-humanitarian-action-multiple-interests-processes>

“China’s emergence as a global player often brings with it accusations that its humanitarian action will be used as a disguise, or a means, to expand its power. But this paper demonstrates that such accusations are overly simplistic. Rather, **China’s engagement in humanitarian aid derives from a very complex array of national interests and processes, paths and actors in foreign policy-making.** China’s integration into the international humanitarian system is welcome news to people in need as well as to more ‘traditional’ donors in the Development Assistance Committee (DAC) because integration can facilitate better coordination with other international humanitarian actors. But the current lack of collaboration between DAC donors and China could lead to a disproportionate focus on a small number of countries with which China happens to want to improve bilateral relations; to uncoordinated efforts within a particular area of humanitarian crisis; and to increased mistrust between DAC donors and China. Although China sees increasing the quantity and quality of its assistance as furthering its national interests, giving priority to improving diplomatic relations through the provision of humanitarian aid can lead to preferential treatment for some recipients over

others or missed opportunities to assist in other humanitarian crises. However, the pluralisation of actors involved in humanitarian action represents an enormous opportunity, as more civil society actors and commercial companies participate in operations with more resources, local knowledge and individual contacts. **In order to identify ways in which China and ‘traditional’ humanitarian actors can work together more effectively and efficiently, this paper asks the central question: how does China’s foreign policy shape its engagement in humanitarian action? It also proposes a series of recommendations to the Chinese humanitarian community and DAC donors.”**

In related news, see also a **CSIS report** - [China’s Belt and Road Initiative: Five Years Later](#) (focusing on the economic dimensions).

## FT - Cloning breakthrough heralds China’s scientific rise

<https://www.ft.com/content/76e62672-02a5-11e8-9e12-af73e8db3c71>

*“Unhindered by regulation, the country’s researchers excel in controversial biotech. “  
“As a statement of intent, it could hardly have been more dramatic. Last week, scientists in China announced they had cloned monkeys. It is the first time that the technique used to create Dolly the sheep has been applied successfully to primates.... .. **But China is also raising eyebrows for its use of cash incentives: many institutions pay scientists for papers published. The country’s most prolific scholars are pocketing amounts akin to City of London bonuses.***

*“...The adorable face of a baby monkey is perhaps the most eye-catching symbol of a nation intent on academic dominance. **China is pursuing a policy called World Class 2.0, an attempt to catapult six universities into the league of top global institutions by 2020. The Thousand Talents programme, meanwhile, is luring international professors with generous packages and a \$160,000 golden hello. That the country is raising its research game is clear from another measure.** China has overtaken the US when it comes to the total number of scientific publications: 426,000 to 409,000, in 2016. The US, though, still triumphs when it comes to highly cited papers (a measure of influence)....”*

## CGD (policy paper) - Structuring and Funding Development Impact Bonds for Health: Nine Lessons from Cameroon and Beyond

R Oroxom, A Glassman et al; <https://www.cgdev.org/publication/structuring-funding-development-impact-bonds-for-health-nine-lessons>

*“Despite the considerable interest in Development Impact Bonds (DIBs), only a few have reached the implementation phase. The lack of publicly available information on DIBs that have failed to come to fruition, as well as the limited documentation on the negotiation processes underlying impact bonds more generally, limits the development community’s ability to address issues in the impact bond market. **We use information from stakeholder interviews to describe the design of one DIB (“the cataract bond”) in-depth and use lessons from a range of impact bonds to develop recommendations for potential partners to future DIBs.** Lessons from the set of impact bonds reveal a need to reset expectations, particularly around the time and effort needed to develop and market a*

*DIB. In addition, interviewees stressed the need for better data on current investment practices and the importance of leveraging the flexibility of the DIB model.”*

And some quick links:

- Devex – [“New venture fund aims to make supply chains more ethical”](#).

There’s something in the title of this article that sounds a bit funny but I can’t put my finger on it.

- Tufts (Discussion paper) - [Persistent Global Acute Malnutrition](#)

*“A discussion paper on the scope of the problem, its drivers, and recommendations for policy, practice, and research.”*

- ODI (report) – [Informal is the new normal: improving the lives of workers at risk of being left behind](#) (by E Stuart et al)

*“The adoption of the Sustainable Development Goals (SDGs) has given a new urgency to efforts to confront deficits in employment. We take up the call to improve the working conditions of informal workers who face being left behind given that processes of formalisation are unlikely to incorporate them in the near term in many countries. Indeed, there is evidence that levels of informal employment are increasing. We stress the heterogeneity of the informal workforce in terms of, firstly, different types of workers (e.g. contributing family workers, homeworkers, informal wage workers and own-account workers) and, secondly, patterns of vulnerability, highlighting gender.”*

- Open Pharma (blog) - [Time to embrace change in medical publishing?](#)

In the words of moderator **Richard Smith**, *“Pharma companies are set to join other funders like Wellcome and Gates in promoting open access and other innovations in science publishing.”*

- **Kaushik Basu** (former chief economist of the WB), in Project Syndicate - [Africa’s Arrival](#)

*“According to a new report by the African Development Bank, the continent’s 54 countries grew by 2.2%, on average, in 2016, and 3.6% in 2017; in 2018, the AfDB report predicts, growth will accelerate to 4.1%, supported by some of the world’s fastest-growing economies. **Has Africa’s moment finally arrived?...**”*

And one important paragraph: *“...**More broadly, many African countries need to find ways to create more employment – and fast.** The share of the working-age population is rising faster in Africa than in any other region. This “demographic dividend” has immense potential. But if job creation stalls, the unemployed or under-employed are likely to become frustrated – a recipe for conflict....”*



- **Devex - Doubts emerge over UK pledge to Global Partnership for Education**

<https://www.devex.com/news/doubts-emerge-over-uk-pledge-to-global-partnership-for-education-91998>

*“Doubts have emerged over how much the United Kingdom is willing to pledge to the **Global Partnership for Education at its funding conference this week**, after the Secretary of State for International Development gave a muted response on the issue....”*

**The GPE replenishment conference takes place in Dakar, Senegal, “...where advocates hope she could announce big commitments in funding for the multistakeholder education partnership. The GPE is asking donors to commit \$3.1 billion to fund its activities up to 2020 and has specifically requested \$500m from the U.K. — historically its biggest backer — over that period. Most funding announcements are expected on Friday afternoon....”**

## Emerging Voices

This week (on February 1) the **EV/HRH2030 [webinar](#)** took place with some info for potential EV applicants for the **Liverpool EV venture**.

Stay tuned also for a **Twitter Chat** to come, on **Saturday February 10**, with questions EV applicants might still have. Starting at **10AM Eastern Time, or 3 pm GMT**. **#EV2018**

## Research

### **Journal of Technology in Human Sciences - Data Science: A Powerful Catalyst for Cross-Sector Collaborations to Transform the Future of Global Health—Developing a New Interactive Relational Mapping Tool (Demo)**

B Bulc et al ; <http://www.tandfonline.com/doi/abs/10.1080/15228835.2017.1417954>

*“The increasingly complex and rapidly changing global health and socioeconomic landscape requires fundamentally new ways of thinking, acting, and collaborating to solve growing systems challenges. Cross-sectoral collaborations between governments, businesses, international organizations, private investors, academia, and nonprofits are essential for lasting success in achieving the Sustainable Development Goals (SDGs), and securing a prosperous future for the health and well-being of all people. **Our aim is to use data science and innovative technologies to map diverse stakeholders and their initiatives around SDGs and specific health targets—with particular focus on SDG 3 (Good Health & Well Being) and SDG 17 (Partnerships for the Goals)—to accelerate cross-sector and multidisciplinary collaborations. Initially, the mapping tool focuses on Geneva, Switzerland as the world center of global health diplomacy with over 80 key stakeholders and influencers present.***

As we develop the next level pilot, we aim to build on users' interests, with a potential focus on non-communicable diseases (NCDs) as one of the emerging and most pressing global health issues that requires new collaborative approaches. Building on this pilot, we can later expand beyond only SDG 3 to other SDGs."

## Globalization & Health – Saving Lives at Birth; development of a retrospective theory of change, impact framework and prioritised metrics

M Lalli et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0327-z>

*"Grand Challenges for international health and development initiatives have received substantial funding to tackle unsolved problems; however, evidence of their effectiveness in achieving change is lacking. A theory of change may provide a useful tool to track progress towards desired outcomes. The **Saving Lives at Birth partnership** aims to address inequities in maternal-newborn survival through the provision of strategic investments for the development, testing and transition-to-scale of ground-breaking prevention and treatment approaches with the potential to leapfrog conventional healthcare approaches in low resource settings. **We aimed to develop a theory of change and impact framework** with prioritised metrics to map the initiative's contribution towards overall goals, and to measure progress towards improved outcomes around the time of birth...."*

## Global Public Health – Human rights and political crisis in Brazil: Public health impacts and challenges

Monica Malta; <http://www.tandfonline.com/doi/full/10.1080/17441692.2018.1429006>

*"In 31 August 2016, Brazilian president Dilma Rousseff was impeached and replaced by her vice president Michel Temer. **Herein, we examine how the conservative agenda of Mr Temer and his supporters is influencing key decisions in the human rights and public health arena in Brazil.** The government's austerity agenda includes severe cuts in critical areas such as health, education and science, jeopardising well-known strategies such as the Brazilian Public Health System (SUS) and nationwide cash transfer program, 'Bolsa Familia' – both benefited millions and were the largest of their kind in the world. Mr Temer's decisions show not only severe cuts in critical areas but also a political agenda that clearly demonstrates a broad shift away from the progressivism and social agenda presented and supported by its predecessors. Most vulnerable groups such as the LGBTQ community, women, people who use drugs and disenfranchised communities have been severely affected. Mr Temer's administration is putting Brazil far from its once nationwide goal to foster free and universal health care access and social equity for all its citizens. The near future for Brazil is unknown, but both national and international communities anticipate severe problems within the national human rights arena, if nothing changes."*

## **SS&M – Understanding the micro and macro politics of health: Inequalities, intersectionality & institutions - A research agenda**

<https://www.sciencedirect.com/science/article/pii/S027795361830025X>

*“This essay brings together intersectionality and institutional approaches to health inequalities, suggesting an integrative analytical framework that accounts for the complexity of the intertwined influence of both individual social positioning and institutional stratification on health. This essay therefore advances the emerging scholarship on the relevance of intersectionality to health inequalities research. We argue that intersectionality provides a strong analytical tool for an integrated understanding of health inequalities beyond the purely socioeconomic by addressing the multiple layers of privilege and disadvantage, including race, migration and ethnicity, gender and sexuality. We further demonstrate how integrating intersectionality with institutional approaches allows for the study of institutions as heterogeneous entities that impact on the production of social privilege and disadvantage beyond just socioeconomic (re)distribution. This leads to an understanding of the interaction of the macro and the micro facets of the politics of health. Finally, we set out a research agenda considering the interplay/intersections between individuals and institutions and involving a series of methodological implications for research - arguing that quantitative designs can incorporate an intersectional institutional approach.”*