

# IHP news 456 : The power of TTTs

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The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

*I'm afraid it'll be a makeshift IHP newsletter this week, as I've just moved house and – in the words of this week's editorialist, **Clara Affun-Adegbulu**, moving house seems to “have affected my body & soul”. Not sure what she meant by that (as my soul is probably doomed anyhow), but as my colleague Remco chuckled, “one really shouldn't replant old trees”. That I can confirm now.*

*So before getting to this week's IHP news & publications, I'll just mention a few facts & figures for the many diehard sports fans among you (thx to my Twitter feed). “Shocking fact of the morning from @owenbarder - the @WHO annual budget to cope with a global flu outbreak is smaller than the university of Michigan's football coach salary.” Another one, for the many admirers of Kevin Debruyne & Vincent Kompany: “[Manchester City's annual defence spending now exceeds that of 52 actual countries](#)”. Clearly, humanity is (still) getting its priorities right. After all, Manchester City needs a strong defence.*

*Against this backdrop, next time there's a huge outbreak (let alone a global pandemic), I'd suggest the WHO communication team tries out a new approach, specifically for citizens in richer countries: instead of rather dull press conferences on the state of affairs on the outbreak, why not go for some teasing tweets by Dr Tedros (“TTTs”) himself, under the motto ‘never waste a good crisis’?*

*In the morning, he would tweet for example: “The health contingency fund, sadly, is empty once again. The world could have paid for it if Neymar actually had been taxed just 0.01 % more. We, at WHO, totally understand that, though. Neymar is a lot more fun to watch than Ebola.” In the afternoon: “Corpses are piling up in New York due to the latest outbreak. Shit happens if you fund basketball stars and hedge fund managers better than global health security.” And a late evening tweet, also targeting American citizens: “Hey guys, we have another pandemic heading for mankind. Judging from your country's budget, it appears the US will nuke the germs coming in our direction, and give the rest of them a royal tax cut. But at least you'll have tanks on the streets for your Washington Parade!” Etc.*

*If I understand well, Dr Tedros & team are [aiming for](#) “innovative resource mobilization strategies” to finance the 13<sup>th</sup> GPW. So here you go.*

*Enjoy your reading.*

*The editorial team*

## ***Table of Contents:***

<b><i>Featured Article .....</i></b>	<b><i>3</i></b>
Highlights of the week .....	4
Global health events .....	21
Global governance of health.....	22
UHC .....	29
Planetary health.....	30
Infectious diseases & NTDs .....	32
AMR.....	35
NCDs.....	37
Sexual & Reproductive / maternal, neonatal & child health .....	39
Access to medicines .....	42
Human resources for health .....	44
Miscellaneous .....	45
Emerging Voices.....	48
Research.....	49

## Featured Article

### Caring for the Carers: The Occupational Hazard of Being a Healthcare Professional in Nigeria

**Clara Affun-Adegbulu**

*Intern and Researcher, Health Policy Unit, ITM, Belgium  
Masters (MPH) student, University of Vienna, Austria*

Two weeks ago, Nigerian Twitter was in uproar over the death of a certain [Ahmed Victor Idowu](#). He was a House Officer (i.e. a qualified doctor practising under supervision in hospital in the first couple of years after graduation) who died from Lassa Fever contracted in the line of duty.

Lassa fever, for the uninitiated among us, is [according to the WHO](#) an acute viral haemorrhagic illness that is transmitted to humans via contact with food or household items contaminated with rodent urine or faeces. Endemic in Benin, Ghana, Guinea, Liberia, Mali, Sierra Leone, and Nigeria, the virus is spread between humans through direct contact with the blood, urine, faeces, or other bodily secretions of an infected person. Health workers caring for Lassa fever patients are at higher risk of infection, especially if they use improper barrier nursing and infection prevention and control practices.

Dr Idowu's case is not unique; the Nigerian medical cadre has suffered a spate of losses from Lassa Fever in the past months, however, his death has once again thrown the spotlight on the poor use of Personal Protective Equipment (PPE) by health care professionals in Nigeria. Health workers cite a lack of supplies as a reason for this, while the government blames the workers themselves, for not practising proper infection control.

This article is however not about attributing blame or playing the game blame, and it is not about Lassa Fever or even about Nigeria. Rather, it is about the occupational hazards that (far too many) health workers in low-income and middle-income countries (LMICs) face in the carrying out of their duties.

When I think back to my study abroad elective in Bangladesh, and remember that one of my jobs as a second year nursing student included the cleaning up of theatres post-op (mopping up bodily fluids, etc), and the washing and autoclaving of used gloves, bandages and other (normally single-use) equipment, I cringe at the thought of how I exposed myself to so many risks. I also realise however, that as a British student who was only there for a brief period of time, I was luckier than many of my fellow medical and paramedical colleagues who were exposed to the same risks, day in and day out.

In the global health community, conversations about human resources for health are usually centred around "brain drain", urban-rural distribution, the quality of training and education, and other such issues.

Yet many health workers are lost, because they must work on the frontlines without the right supplies or equipment, and in so doing, put their own lives at risk in their bid to help others. This is particularly galling, because in many LMICs, the occupational hazards faced by such people are not recognised; in

Nigeria for instance, [the hazard allowance for a doctor is just N5000](#), or about £1. It is understandable then that during infectious disease outbreaks, some people simply decide to stay away from work, [as was recently the case at the Federal Teaching Hospital Abakaliki, where doctors and nurses fled the hospital over another outbreak of Lassa fever in the state](#). This of course puts already struggling systems under more pressure, and undermines efforts to contain infections and safeguard the health of the population.

Everyone agrees that promoting and maintaining global health security starts with infection containment within national borders, yet in a globalised world where people are constantly on the move, this is a very lofty goal indeed. To improve the chances of reaching this nigh-impossible goal, health care workers, particularly in LMICs, must be trained in good infection prevention and control practices, supplied with PPE and taught to use them. Hazard allowances should also be increased for workers who must risk their lives, at least during periods of infectious disease outbreaks.

In order to achieve global health security, the global health community should perhaps focus a bit less on the bigger, more “sexy” interventions, and more on less glamorous ones like the provision of gloves and other protective equipment to frontline workers in the remotest corners of the world. After all, a chain is as strong as the weakest link.

## Highlights of the week

### HP&P supplement – Beyond Gross National Income: Innovative methods for global health aid allocation

[https://academic.oup.com/heapol/issue/33/suppl\\_1](https://academic.oup.com/heapol/issue/33/suppl_1)

A must-read supplement.

Start with the editorial by Jesse Bump, [Global health aid allocation in the 21st century](#).

*“The ways multilateral agencies allocate support are idiosyncratic, include opaque judgments made with undisclosed criteria, and lead to results that are not widely disclosed. This presents deep challenges for accountability and legitimacy, and raises serious questions about how well the needs of recipient countries are assessed and addressed. The stakes are very high, and the underlying issues are very important. These include how agencies define need, determine eligibility, and decide what support to provide to whom. The governance of these processes is also crucial. However, allocation has attracted very little scrutiny. The present special issue, **Beyond Gross National Income: Innovative methods for global health aid allocation**, represents the efforts of independent academics to bring attention to allocation processes and provide ideas and insights to improve debate around it....”*

*“...The articles presented here represent a shared conviction that public discussion is an essential element in the legitimacy of these processes and that scholarly examination can contribute new ideas to make them more equitable, more efficient and more able to meet the needs of LMICs and their citizens. **The ideas we explore here first took shape as part of the conversation begun by the Equitable Access Initiative (EAI)**, which was convened in 2015–2016 by Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, TB and Malaria; UNAIDS; the United Nations Development Programme; the United Nations Population Fund; UNITAID; UNICEF; the World Bank; and the World Health Organization. The convening agencies were motivated to explore classification schemes because in the past many have relied heavily on Gross National Income per capita (GNIpc) as a primary indicator of need and capacity, but there are now many reasons to revisit this practice...”*

The supplement should keep you fairly busy this weekend.

## Global Fund & Heineken partnership

The controversy on the GF's engagement with *“the beer that refreshes the parts other beers cannot reach”* continued this week, even if the Global Fund's official response was utterly disappointing. (see also last week's IHP news)

Some reads:

### BMJ Opinion - Managing the conflicts between private interests and public responsibility

David Legge, Ronald Labonté & David Sanders; <http://blogs.bmj.com/bmj/2018/02/08/managing-the-conflicts-between-private-interests-and-public-responsibility/>

PHM Global are about the only ones zooming not just in on the GF's partnership with Heineken, but also on the partnerships with Lombard Odier & Unilever. And rightly so.

*On a side note, although all three (wise) gentlemen are role models of mine (and sadly, very much out my league), I do think Women in Global Health might want to pay a bit more attention to PHM Global's gender bias : )*

### Guardian - Not remotely refreshing: global health fund rebuked over Heineken alliance

[https://www.theguardian.com/global-development/2018/feb/02/global-health-fund-rebuked-over-heineken-alliance-aids-tuberculosis-malaria?CMP=tw\\_t\\_a-global-development\\_b-gdnddevelopment](https://www.theguardian.com/global-development/2018/feb/02/global-health-fund-rebuked-over-heineken-alliance-aids-tuberculosis-malaria?CMP=tw_t_a-global-development_b-gdnddevelopment)

Was nice to see that the Guardian Development also picked up the commotion.

[African groups sign Global Fund protest letter on Heineken partners](#)

African health advocacy organizations also joined the global campaign.

## GFO new issue -New partnerships involving the Global Fund announced at Davos

<http://www.aidspace.org/node/4512>

This article (from the new GFO issue) gives a great overview of what the 3 new PPPs entail. Check out also the rest of the new Global Fund Observer issue, including "[Challenges remain in the 'inherent structure and paradigm' of the Global Fund, study says.](#)"

## BMJ - Sixty seconds on . . . Heineken

<http://www.bmj.com/content/360/bmj.k557>

Recommended short read.

**Excerpts**, for the ones among you who don't have access to BMJ:

*"It's in the news because it is to provide logistics experts to the Global Fund to Fight Aids, Tuberculosis, and Malaria to help it deliver health supplies and medicines to remote communities in Africa. So, quite literally helping to refresh parts other beers cannot reach? Absolutely. The partnership is starting in the Democratic Republic of Congo (DRC), Nigeria, and South Africa—countries where, according to the fund, there are challenges in the supply chain and where "expertise in demand forecasting and quality control during shipment can make a significant difference in delivering on time."*

*"Does Heineken align with the Global Fund's values? The fund describes such public-private partnerships, unveiled at last month's meeting of the global elite in Davos, as the "very essence" of what it does."*

*"In a statement, the fund said its senior managers had thoroughly reviewed the "risks and benefits" of the partnership before approving it. It says that Heineken was an early adopter of policies to promote HIV awareness, prevention, and treatment for its employees in Africa. "*

**Some tweets** then from insiders/global health observers on the Heineken controversy:

*"What is the role of @DutchMFA and @MarijkeWijnroks in forging partnership between @GlobalFund @Heineken during transition period? Example of commercial determinants of health #CDOH, a concept that extends to trade promotion?"*

[http://www.theheinekencompany.com/media/media-releases/press-releases/2011/03/1501990 ...](http://www.theheinekencompany.com/media/media-releases/press-releases/2011/03/1501990...) "

**Els Torreelle (MSF)** *"The result of a chronically underfunded global health sector: unsavory alliances with business. Or how else to consider alcohol company @Heineken partnering with @GlobalFund"*

**Robert Marten** - *"Big thanks to @NorwayMFA @NorwayUN @NorwayInGeneva for speaking out against harmful practices @GlobalFund, raising the bar on #multilateralism, safeguarding #SDGs 3.4 (#NCDs ) and 3.5 (#HarmfulUseOfAlcohol), and implementing resolution WHA63.13."*

*"Bravo #Norway, one of the @globalfund largest supporters! Board Member Jon Lomoy says, "The Norwegian authorities cannot support this type of partnership with an alcohol company. This is not compatible with our development policy.""*

## Devex - Peter Sands calls on countries to reform taxes to free up funding for health

<https://www.devex.com/news/peter-sands-calls-on-countries-to-reform-taxes-to-free-up-funding-for-health-92007>

Meanwhile, **Peter Sands** didn't really respond to the commotion. He just ignored it, basically, also in his speech at the PMAC conference in Bangkok.

In this **interview with Devex**, he emphasized the following: *"While new financial instruments can help address critical gaps in health care funding, **the global health community also needs to be more focused on taxes and helping countries mobilize domestic resources for basic health care services**, Peter Sands, the incoming executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, told Devex. "I think people in the world of global health need to be thinking about and talking about taxes rather more than we do, because if you have a country that is only mobilizing — in terms of fiscal mobilization, i.e. tax revenues — a single digit percentage of GDP, it's extremely unlikely they will be able to sustainably finance a health system delivering even the basics to all its population," he told Devex in a recent interview. **Countries need to plan for self reliance, rather than on international development assistance as a way to fund their health systems, and to get there, need to work on tax raising and tax deployment strategies**, Sands said. Once the basics are covered, other finance — be it private finance or insurance — can be brought in to support other aspects of health systems, he added. In order to do that **countries and organizations such as the Global Fund, need to get better at communicating the economic or investment case for funding disease prevention and eradication...."***

For his speech at PMAC, in which he outlined **5 key messages for the global health community** when it comes to addressing infectious diseases, see [Making the World Safe from the Threats of Emerging Infectious Diseases](#). (recommended)

## PMAC 2018 in Bangkok

For the **Statement & call to action**, see [A Call to Action on making the world safe from the threats of Emerging Infectious Diseases](#).

Make sure you also have a look at the ppt “**Synthesis, conclusions & recommendations**”. Focus on drivers, cost of inaction for Emerging Infectious Diseases & AMR; solutions; and cross-cutting recommendations.

Including **the last slide with some overall conclusions**: “*Economic investment for preventing EID and AMR • Strengthen economic evidence base, e.g. cost of inaction (“hidden losses”), calculate Return on Investment • Scale economically informed innovations, e.g. land-use planning that accounts for economic impact of disease emergence from disrupted landscape • Incentivize risk mitigation, e.g. incorporate epidemic risk profiles into macro-economic analyses and bond ratings • Mobilize funds: domestic and ODA • Keep pandemics and AMR at top of the agenda: G7, G20, Global Health Security Agenda.*”

## More analysis of ‘Modicare’ announcement last week

I personally wouldn’t want Modi to “take care” of me, but hey, I’m not an Indian citizen. Some more analysis:

### Lancet World Report – National Health Protection Scheme revealed in India

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30241-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30241-1/fulltext)

*“A new health insurance scheme announced in the Union Budget 2018/19 draws praise and also concern about limits to implementation. Patralekha Chatterjee reports from Delhi.”*

**BBC News** - [India healthcare: Will the 'world's largest' public scheme work?](#)

**The Wire** - [Why the Poor Will Not Be the True Beneficiaries of the ‘World’s Largest Health Programme’](#)

**Srinath Reddy’s take** - [Budget 2018: India is inching towards universal health coverage](#) & [National Health Protection Scheme: Why insurance can’t replace primary healthcare](#).

**Reuters** - [India's 'Modicare' to cost about \\$1.7 billion a year: sources](#)

Meanwhile, in other public health news related to India, Times of India reported: “**PHFI can get (again) foreign funds, but has to report use to Centre**” [“The home ministry order allowing the Public Health Foundation of India \(PHFI\) to receive foreign contributions once again, albeit with its prior nod, also comes with the rider that it report the utilisation of all the foreign funds to the health ministry on a quarterly basis. ...”](#)



Cfr a poignant tweet: “Basically this govt harassed, bullied & ruined the institutional capacity at @thePHFI Then found they had nothing on them that sticks... And now they can go back to work...”

## PBF debate continued

A must-read from this week, even if it’s in French (translation might follow later):

Serge Mayaka - [Financement basé sur la performance: parlons-nous de la même chose?](#)

Serge is from the DRC and has, among others, done a PhD related to the PBF discourse & controversy, as well as the implementation in various contexts.

## Yaws

Lancet (study) - [Re-emergence of yaws after single mass azithromycin treatment followed by targeted treatment: a longitudinal stud](#)

*“A longitudinal study assesses the long-term efficacy of WHO’s elimination strategy of using single-dose azithromycin against the re-emergence of yaws, an infectious disease causing chronic disfiguring ulcers.”*

From the press release:

***“The Lancet: WHO strategy to eradicate yaws should be revised to achieve elimination, study suggests. First evidence of antibiotic resistance in yaws bacteria highlights need for robust vigilance and improved laboratory surveillance. ”***

*“In 2012, WHO began rolling out its strategy to eradicate yaws—a bacterial disease of the skin, bones, and joints that has re-emerged over the past 20 years in tropical parts of Africa, Asia, and South America. However, new research assessing the long-term efficacy of this approach in a high-endemic community in Papua New Guinea, reveals that the strategy needs to be revised to achieve yaws elimination. In the study, elimination efforts were hampered by the relapse of untreated latent infections (where bacteria are present but do not show noticeable symptoms) in individuals who were absent at the time of mass treatment, and to a lesser extent, by the re-introduction of yaws cases from in-migration. The **findings, published in The Lancet, also provide the first evidence of emerging drug-resistance**, with bacteria resistant to azithromycin, the first-line antibiotic for yaws treatment. ...”*

Doesn’t look good. Coming soon to a theatre near you, the movie, “Yaws’.

## International Day of Zero Tolerance against FGM – 6 February

UN News - With rising number of girls at risk, world in 'race against time' to end female genital mutilation – UN

[http://www.un.org/apps/news/story.asp?NewsID=58537#.Wnq\\_t67ibIU](http://www.un.org/apps/news/story.asp?NewsID=58537#.Wnq_t67ibIU)

*“Female genital mutilation is a violent act that, among other things, causes infection, disease, childbirth complications and death, said the **Executive Directors of the United Nations Population Fund (UNFPA) and UN Children's Fund (UNICEF) in a joint statement for the International Day of Zero Tolerance for Female Genital Mutilation (FGM).***

*... “Around the world, momentum to eliminate female genital mutilation is building. Political will, community engagement and targeted investment are changing practices and changing lives,” they added. **In countries where both agencies work jointly to end FGM, girls are one-third less likely today to undergo the harmful practice than in 1997.** Since 2008, more than 25 million people in some 18,000 communities across 15 countries publicly disavowed the practice, and globally its prevalence has declined by nearly a quarter since 2000. “... ... Girls who are not subjected to the practice tend to grow up to be healthier and have healthier children, they elaborated, pointing out that they are often “better educated, earn higher incomes and are more empowered to make decisions about their own lives.” The UN agencies also noted that the countries committed to changing the harmful practice reap commensurate benefits. “**This is the good news,**” they continued. “**Yet, population trends in some of the world's poorest countries where female genital mutilation persists threaten to roll back our progress.**” **By 2030, more than one-third of births globally will be in the 30 FGM countries – requiring accelerated progress to protect millions at risk....”***

Some other reads related to this Day of zero tolerance for FGM:

**WHO - [Working to end myths and misconceptions about female genital mutilation](#)** WHO tackled some of the myths around FGM. Among others: “One such myth that families and individuals often wrongly believe, is that FGM would be safer if carried out by a health care provider. Some health care providers are also under the misconception that by carrying out FGM they are preventing harm to girls or women. This could not be further from the truth. There is no medical justification for FGM, and medical practitioners carrying out FGM on girls and women are causing only harm.”

**WB's Investing in Health** blog (by Quentin Wodon)- [Ending Female Genital Mutilation \(FGM\) across generations](#) Blog related to a recent WB event on FGM.

*“...One presentation was based on work I did with a colleague using Demographic and Health Surveys for six African countries. **We looked at the transmission of FGM from one generation to the next in two separate ways: through support among women for the practice, and through decisions by mothers on whether to have their daughters cut....”***

## IP-Watch - Gavi-Harvard Study Shows Vaccines Will Save Tens Of Millions From Poverty

<https://www.ip-watch.org/2018/02/05/gavi-study-shows-vaccines-will-save-tens-millions-poverty-due-high-costs/>

*“Vaccination will help prevent some 24 million people from falling into poverty by 2030 in addition to saving millions of lives, shows a new study co-authored by Harvard University and Gavi, the Vaccine Alliance.”*

For the new study in *Health Affairs*, by Angela Chang (EV 2016) et al, see [The Equity Impact Vaccines May Have On Averting Deaths And Medical Impoverishment In Developing Countries](#).

## WHO update

After WHO’s EB142 meeting, there are still a number of very interesting reads, analyses, interviews with Tedros, ... that you should go through:

Tedros gave a **press conference** this week. Coverage:

### VOA - WHO to Set Up Health Reserve Army to Tackle Emergencies

[VOA](#);

(recommended)

*“The director general of the World Health Organization, Tedros Adhanom Ghebreyesus, said he is **establishing** what he calls **a health reserve army to tackle emergencies and newly emerging diseases**.... ... What he envisions, he said, is the **commitment of 50 countries** that will have thousands of trained health workers on hand, ready to respond rapidly to medical emergencies wherever they occur. He said he expects countries to cover their own expenses and help those that are unable to do so.”*

**On the Mugabe appointment:** *“...The WHO chief said the appointment was made in good faith, but he acknowledged the impact it had on the organization and voiced regret. He added it is time to put the controversy behind him, however, and get on with the urgent health issues at hand.”*

### IP-Watch – WHO Director Presents The Press With Progress Report, Answers Tough Questions

<https://www.ip-watch.org/2018/02/07/director-general-presents-press-progress-report-answers-tough-questions/>

(gated) *“Following a promise made at the beginning of his tenure to meet with the press regularly, World Health Organization Director General Tedros Adhanom Ghebreyesus (Dr Tedros) held a press conference [today] to paint a picture of what has been done under his leadership for the last seven months. He highlighted the establishment of the WHO General Programme of Work for 2019-2023, the quest for a new resource mobilisation strategy, measures taken on emergencies, and the push for universal health coverage. He also answered questions about the WHO nomination of President Mugabe that was cut short, and an appointment in his leadership team.”*

### 3-part Interview Tedros with Devex

Part 1, 2 & 3 were all published this week. They are all **must-reads**:

Devex - ['What worries me is not the money for WHO' — Tedros](#)

*“... But he said **he worries for others, such as the Global Fund and Gavi, the Vaccine Alliance, and whether they can access the money needed sustain their life saving work.** What worries me is not the money for WHO. What worries me is the resources for the global health agenda,” he said in the interview. **“We need to help them have successful replenishments,** so we have enough resources to address the global health agenda.” ...”*

Devex - [Tedros on combatting sexual harassment at WHO](#)

*“There have been four cases of sexual harassment reported in the World Health Organization in 2016, **according to an internal audit report** presented to the World Health Assembly in May 2017. At a time when the issue is gripping all industries, Devex asked Director-General Tedros Adhanom Ghebreyesus what steps he plans to take to combat sexual harassment at his organization....”*

Devex - <https://www.devex.com/news/q-a-tedros-on-internal-policies-staff-engagement-and-legacy-91944>

(absolute must-read!!!) *“As part of our exclusive interview with the WHO aid chief, Devex sat down with Tedros to learn more of his plans for the organization, how he aims to move forward with his gender parity goals amid a new United Nations policy that could affect succession planning, what his plans are to promoting a more open recruitment process at the organization, and what legacy he intends to leave WHO.”*

*Excerpts: “...The second thing maybe would be **the transformation plan.** In order to achieve this very ambitious GPW, we need a transformed WHO. And that’s why we have a new architecture, a new transformation plan, to really change WHO, not only the processes and business model, but even the culture of WHO. The transformation plan indicates that as soon as the transformation agenda we have outlined is over in a year or two, then that will lead us into **installing a strategic unit in WHO, like the brain of WHO, that will help WHO change on a regular basis.** If you like, something that will **bring continuous improvement in WHO.** The third part is we’re **developing a new strategy and investment case.** Then if I may add one more thing, **our focus will be on emergency.... And in 2018, we will be very very aggressive in advocating for universal health coverage and strong***

*health systems, because we can only get a guarantee when we have strong systems actually to prevent epidemics and manage them....”*

*“When you look back to your term years from now, **what legacy would you like to leave WHO?** Two things: One is on **universal health coverage**. I hope by then we will have incredible consensus and progress on health system strengthening, and a focus on primary health care and prevention. This is one. Second is a **strong WHO, especially on emergency preparedness and response**. ...”*

## Other reads related to the EB142 and/or WHO

- The Wire – [Battle for Access to Medicines and vaccines takes centre stage at WHO](#)

Part two of **Priti Patnaik**’s excellent series on the EB142.

- Devex - [Internal 'dysfunction' poses threats to WHO mission](#)

*“The World Health Organization needs to invest more in its staff, particularly in leaders’ managerial skills, the organization’s ombudsman told member states during the 142nd session of the executive board held last month in Geneva, Switzerland, from Jan. 22-26. The recommendation is based on the number of cases which ombudsmen have been receiving that point to “**dysfunctional**” relationships between managers and staff across the three country, regional, and headquarters levels of the organization. Managers may have the necessary technical skills and capacity, but they often lack the interpersonal skills required to ensure effective communication within their teams, have constructive conversation about performance, and resolve conflicts when they arise. **The ombudsman said the problem is “most strongly felt” in WHO country offices, and therefore can have an impact on how an office functions and its effectiveness....”***

- WHO interim organigram at WHO headquarters ( [as of 21 December 2017](#) )

Check it out.

- [Wellcome Trust is now in official relations with the World Health Organization](#) “ Wellcome has been admitted as a non-state actor in official relations with the World Health Organization (WHO) by the WHO's Executive Board.” (as is the case for a few other organizations)

## BMJ Global Health – Queen bee in a beehive: WHO as meta-governor in global health governance

Sara van Belle et al; <http://gh.bmj.com/content/3/1/e000448>

The (brand new) take of my colleagues **Sara Van Belle, Remco van de Pas & Bruno Marchal**. Now unofficially also labelled the ‘Beyoncé paper’. Let’s see how WHO performs on Instagram in the years to come : )

# Global Health Security

## BMJ News - US public health agency to cut global surveillance by 80%

<http://www.bmj.com/content/360/bmj.k590>

As already reported last week, *“The US Centers for Disease Control and Prevention (CDC) will cut back its global epidemic surveillance and prevention efforts by 80% because it is running out of funds allocated during the 2014 Ebola epidemic”*

See also **The Atlantic** - [The CDC Is About to Fall Off a Funding Cliff.](#)

**“A group of more than 200 global health organizations wrote a letter to Health and Human Services Secretary Alex Azar on Monday expressing grave concerns about the scale-back of the global health security programs.”**

## Harvard Global Health Institute- Global Monitoring of Disease Outbreak Preparedness: Preventing the Next Pandemic

[https://globalhealth.harvard.edu/files/hghi/files/global\\_monitoring\\_report.pdf](https://globalhealth.harvard.edu/files/hghi/files/global_monitoring_report.pdf)

*“... Recognizing the value of such a monitoring mechanism, **scholars from the Harvard Global Health Institute (HGHI) and Georgetown University**, with input from scholars from around the globe, **have developed a global monitoring framework**. In April of 2017, HGHI and the National Academy of Medicine (NAM) convened more than 50 leading experts from around the world to review a draft monitoring framework with qualitative and quantitative indicators across a range of content areas. ... .. Because infectious disease outbreak preparedness is inherently multisectoral and requires both the private and public sectors, the monitoring framework had to reflect a “whole of society” approach. The proposed framework is meant to serve as a starting point which will evolve over time in response to experience and inputs from stakeholders as the monitoring work begins. The report that came out of the April 2017 workshop, entitled “Global Monitoring of Disease Outbreak Preparedness: Preventing the Next Pandemic,” incorporates comments and feedback from the workshop, suggestions that followed from workshop participants, and input from other outside experts, totaling more than 350 unique comments. ... .. **The proposed framework is divided into four separate, interrelated domains: 1. Strengthening public health core capacity as a foundation; 2. Improving science, technology, and access; 3. Reinforcing risk analysis and incentives for action; and 4. Strengthening global mechanisms (such as the UN and WHO).***

For the **summary**, see [here](#).

## Devex – CEPI, a year in: How can we get ready for the next pandemic?

<https://www.devex.com/news/cepi-a-year-in-how-can-we-get-ready-for-the-next-pandemic-91987>

*“...In Davos, Devex spoke with some key stakeholders involved in CEPI’s formation to get a sense of progress so far and what more is needed.”*

And **WHO** just published its 2018 annual list of priority infectious diseases which are the most likely to create epidemics - <http://www.who.int/blueprint/priority-diseases/en/>.

“... The second annual review occurred in February 2018. Experts consider that given their potential to cause a public health emergency and the absence of efficacious drugs and/or vaccines, there is an urgent need for accelerated research and development for\*: Crimean-Congo haemorrhagic fever (CCHF); Ebola virus disease and Marburg virus disease; Lassa fever; Middle East respiratory syndrome coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS); Nipah and henipaviral diseases; Rift Valley fever (RVF); Zika; Disease X”

“Disease X represents the knowledge that a serious international epidemic could be caused by a pathogen currently unknown to cause human disease, and so the R&D Blueprint explicitly seeks to enable cross-cutting R&D preparedness that is also relevant for an unknown “Disease X” as far as possible.”

## GroKo in Germany & global health

Not everybody is happy with the GroKo in Germany – I personally have zero confidence in Schulz - (and the new Grand Coalition still has to await the vote from the base, early March), but **Ilona Kickbusch** already flagged global health implications:

*“Confirming support for #globalhealth in German coalition agreement #GroKo - support for other global health organisations and global health research also in the agreement”*

*“German coalition agreement explicitly mentions strong support for @who #HealthSecurity and #UHC”*

## Brave New World of development financing

The term ‘Brave New World of development financing’ comes from Kent Buse (on Twitter).

A few must-reads:

### Jon Shaffer – The De-socializing of Jim Kim?

<http://somatosphere.net/2018/02/the-de-socializing-of-jim-kim.html>

Without any doubt, one of the reads of the week.

Excerpt: “...Functionally, Kim’s social strategy—dubbed **The Human Capital Project**—is about naming and shaming countries that choose not to invest in their population’s human capital. One could view this as **a form of reverse-structural adjustment**: decisions to increase public investment in health and education are rewarded by better loan terms and larger loan volumes from financial institutions,

with the World Bank as the key arbiter. Kim went on, “We have to first create an environment where it’s inevitable that they will invest in people, but then we also have to do it in a way that they are convinced that they are not going to lose an election... But, I feel I have a moral responsibility to reveal to leaders and ministers of finance that if they don’t invest in their people they’re going to be in big trouble.” ***Is The Human Capital Project an attempt at the financialization of global governance, writ large? Perhaps...***”

## Impact Alpha - What we know about Abraaj’s \$1 billion health fund —and its dispute with the Gates Foundation and other investors

<https://news.impactalpha.com/what-we-know-about-abraajs-1-billion-health-fund-and-its-dispute-with-the-gates-foundation-and-17f1abb6c2a4>

Must-read as well. “Arif Naqvi is suddenly playing defense while **building 21st-century health networks for megacities of the global South.**” Naqvi looked slicker than slick at a recent WEF event (which also featured Bill Gates) on the ‘next global health era’, but apparently he has grand plans, for NCDs prevention & treatment (and for making heaps of money out of it).

“...In that seemingly shared vision, **private capital would be harnessed for the growing health needs of emerging middle-class consumers in cities like Karachi, Lagos and Mumbai.** The Gates Foundation had made the first \$100 million commitment to Abraaj’s \$1 billion Growth Markets Health Fund, and helped to bring in other investors after an earlier meeting between Naqvi and Gates in 2012....”

“... **The Abraaj Growth Markets Health Fund is aiming to build hub-and-spoke, geographically clustered health systems in 10 high-growth, high-need cities in Africa and South Asia.** By 2050, the global population is expected to be nearly 10 billion people. The world’s biggest cities are expected to be Mumbai, Delhi, Dhaka, Kinshasa, Kolkata and Lagos, all with populations well above 30 million. If the Abraaj Growth Markets Health Fund executes, its hospitals could be treating 14 million patients a year by 2020 and employing more than 50,000. The system could include 275 diagnostic centers for pathology and imaging services. The idea is to link networks of health services in urban clusters, driving both better health and lower costs through large-scale investments. **A global health platform for the megacities of Africa and South Asia** would provision whole health systems for cities, sometimes from scratch, but more likely by integrating existing assets....”

Now there seems to be a bit of an issue between Abraaj & the Gates Foundation (and a few other “stakeholders”).

See also [Leading Private Equity Firm Accused of Misusing Funds](#) (NYT)

And [Devex](#) – “**The Dubai-based private equity fund Abraaj is pointing to the results of a forensic accountant review, which found no evidence of misused funds.** The New York Times reported last week that investors including the Gates Foundation and World Bank have raised concerns about a \$1 billion health care fund that they have supported — in particular, questioning why \$200 million had not been spent. “KPMG has now completed its findings and reported that all such payments and receipts have been verified, in line with the agreed upon procedures performed, and that unused capital was returned to investors,” Abraaj said in a statement to the Financial Times.”



We also want to refer here to **a few tweets from Charles Kenny** (CGD):

Kenny: *"I do think there's a bigger role for private sector in development, but history of rapidly growing countries over last 50 years isn't one dominated by private health, education, and infrastructure provision... (1/2)"*

He was reacting to: *"@JimYongKim: There should be a new ethics of global development that includes the private sector because it's the only way to get to the kind of volume we need to #endpoverty #cgdtalks "*

Kenny: *"I worry that the incredible ambition of SDGs => perceived instant need for \$ trillions, and as only private sector has trillions spare => "let's have private provision of everything" as answer to the problem --but that isn't really the way things work (2/2)"*

## Brookings Institution – The link between foreign aid and domestic spending

Homi Kharas et al; [Brookings](#);

Interesting finding, countering Angus Deaton's piece from a few weeks ago in the NYT: *"Countries that spend more domestically (on social spending) also spend more on foreign aid. "*

**"...The real constraint on both domestic social spending and aid is political will, not finance. Policymakers, as well as civil society, need to look hard at the evidence of impact and then play a part in ensuring that the political system delivers money to programs that reduce poverty at home and abroad..."**

## CGD – Tax and Development: Beyond the Big Numbers

Maya Forstater; <https://www.cgdev.org/blog/tax-and-development-beyond-big-numbers>

**"In New York, on Valentine's Day, 450 tax professionals will gather for a major conference on tax and development. The Platform for Collaboration on Tax, a joint effort of the IMF, OECD, World Bank, and the UN, will bring together finance ministers and senior tax officials, development agencies, foundations, International NGO leaders, academics, researchers, and tax professionals from the private sector, around the role of tax in advancing progress towards the Sustainable Development Goals. This gathering—perhaps the largest and most diverse of forum on tax and development—reflects the increasing attention on tax for development, and the critical role that international civil society have played in pushing it up the agenda...."**

Maya Forstater gives some key messages of her **new policy paper** - [Tax and Development: New Frontiers of Research and Action](#) – in this blog post.

## NCDs

### NYT - In Sweeping War on Obesity, Chile Slays Tony the Tiger

<https://mobile.nytimes.com/2018/02/07/health/obesity-chile-sugar-regulations.html>

Who among you wouldn't want to slay "Tony the Tiger"?

Encouraging news from Chile: *"New regulations, which corporate interests delayed for almost a decade, require explicit labeling and limit the marketing of sugary foods to children."*

"They killed Tony the Tiger. They did away with Cheetos' Chester Cheetah. They banned Kinder Surprise, the chocolate eggs with a hidden toy. **The Chilean government, facing skyrocketing rates of obesity, is waging war on unhealthy foods with a phalanx of marketing restrictions, mandatory packaging redesigns and labeling rules aimed at transforming the eating habits of 18 million people.** Nutrition experts say **the measures are the world's most ambitious attempt to remake a country's food culture, and could be a model for how to turn the tide on a global obesity epidemic** that researchers say contributes to four million premature deaths a year...."

### Big Tobacco funding & Foundation for a Smoke-Free World update

### Science – Big tobacco's offer: \$1 billion for research. Should scientists take it?

<http://www.sciencemag.org/news/2018/02/big-tobacco-s-offer-1-billion-research-should-scientists-take-it>

Euhm, no?

Still, "...Derek Yach says industry and scientists should **work together on "harm reduction" strategies for reducing tobacco's health risks....**"

So if you do feel tempted anyway (*we're all short of cash these days, except if your name is Jeff, Jack or Mark*), what are the (many) risks in taking some of the money?

And, "...The big question is how many researchers will want a share of PMI's \$1 billion. "I would be very surprised if reputable researchers applied," says Martin McKee of the London School of Hygiene & Tropical Medicine. **But Yach says he's already received 50 to 60 proposals from around the world, including from U.S. medical schools. The foundation will issue a formal call for proposals for centers of excellence after a workshop later this month, and expects to award its first major grants within a few months....**"

# Planetary health

## The Conversation - Is it possible for everyone to live a good life within our planet's limits?

Daniel O'Neill; <https://theconversation.com/is-it-possible-for-everyone-to-live-a-good-life-within-our-planets-limits-91421>

*"Imagine a country that met the basic needs of its citizens – one where everyone could expect to live a long, healthy, happy and prosperous life. Now imagine that same country was able to do this while using natural resources at a level that would be sustainable even if every other country in the world did the same. Such a country does not exist. Nowhere in the world even comes close. In fact, if everyone on Earth were to lead a good life within our planet's sustainability limits, the level of resources used to meet basic needs would have to be reduced by a factor of two to six times. These are the **sobering findings of research that my colleagues and I have carried out, recently published in the journal Nature Sustainability....**"* Summary of a new paper from Leeds University.

*"Humanity faces the challenge of how to achieve a high quality of life for over 7 billion people without destabilizing critical planetary processes. Using indicators designed to measure a 'safe and just' development space, **we quantify the resource use associated with meeting basic human needs, and compare this to downscaled planetary boundaries for over 150 nations.** We find that **no country meets basic needs for its citizens at a globally sustainable level of resource use. Physical needs such as nutrition, sanitation, access to electricity and the elimination of extreme poverty could likely be met for all people without transgressing planetary boundaries. However, the universal achievement of more qualitative goals (for example, high life satisfaction) would require a level of resource use that is 2–6 times the sustainable level, based on current relationships.** Strategies to improve physical and social provisioning systems, with a focus on sufficiency and equity, have the potential to move nations towards sustainability, but the challenge remains substantial."*

Apparently, **Vietnam** comes closest.

For more analysis of this great paper, see **Anthropocene magazine** [Is the doughnut economy just pie in the sky?](#).

And make sure you check out **the interactive database** to see how your own country is doing (vs planetary & social boundaries, and vs other countries).

## NPR Goats & Soda - Few Groups Reject Abortion-Restricted U.S. Global Health Funds

[NPR Goats & Soda](#);

*"The Trump administration has released its first assessment of the impact of the president's decision to reinstate the "Mexico City policy," which cuts off U.S. aid to international groups unless they promise not to provide or promote abortion, even with non-U.S. funding sources. **The review***

*finds that so far practically all grantees have agreed to those conditions. But opponents of the policy caution that the administration's statistics offer too incomplete a picture to draw conclusions about the policy's impact. According to the administration's review, since the policy was put in place just over half of the nearly 1,300 affected global health grants have come up for renewal — and **only four organizations have opted to decline the money.** However, it's unclear what share of U.S. aid funding those groups represent. ... **At least two of the groups that declined funding — Marie Stopes International and International Planned Parenthood Federation — are major providers of health services to poor people worldwide....***

See also AP - [US says abortion gag rule cost only 4 organizations funding.](#)

Some more detail also in Devex - ['Global gag rule' at 6 months](#) "...the review argues that relatively few prime and subcontractors declined to comply with the PLGHA policy. **The Planned Parenthood Federation of America described this finding — and the review in general — as “misleading,”** pointing out that two of the prime contractors who refused to comply are the International Planned Parenthood Federation and Marie Stopes International, which are both major health service providers....”

## Malaria

Devex - New campaign seeks to reignite political support for the fight against malaria

<https://www.devex.com/news/new-campaign-seeks-to-reignite-political-support-for-the-fight-against-malaria-92030>

“...Wednesday marked the **launch of the campaign #MalariaMustDie.** Following the 2017 World Malaria Report, which revealed how progress against malaria is stalling and could reverse, **a coalition of organizations and celebrities are calling upon leaders to prioritize the fight against the disease or risk a resurgence.** ... The #MalariaMustDie campaign launches **ahead of the Commonwealth Heads of Government Meeting,** which will bring leaders from 52 nations to London, United Kingdom, **this April,** as 90 percent of Commonwealth citizens live in malaria-affected countries....” David “metrosexual” Beckham was around at the launch.

In other malaria related news, the [Gates Foundation hired a new malaria program director](#) A model(er), apparently.

## Mosquito emoji

<https://hub.jhu.edu/2018/02/08/mosquito-emoji-approved/>

*“The **mosquito emoji** is coming to your smartphone this summer. **The Unicode Consortium, the nonprofit governing body responsible for determining which emoji are added each year, announced in a blog post Wednesday that it had approved 157 new characters for release in June***

*2018. The new emoji are expected to start showing up on mobile devices in August or September. The mosquito emoji was proposed last year by the Johns Hopkins Center for Communication Programs and the Bill & Melinda Gates Foundation. The idea was to make it easier for people to communicate about the public health hazards of the most dangerous animal on Earth—which spreads diseases like malaria, Zika, dengue, and yellow fever, contributing to several million deaths and hundreds of millions of illnesses every year.”*

## Global health events

### JLN – overview of list of upcoming events on UHC & Health for all

<http://www.jointlearningnetwork.org/events>

Check it out!

### Thomson Reuters Foundation – Urban leaders and activists gear up for bigger role in global development

<https://www.reuters.com/article/us-global-cities-forum/urban-leaders-and-activists-gear-up-for-bigger-role-in-global-development-idUSKBN1FQ277>

*“The world’s largest conference on cities [opens on Wednesday] as policymakers and activists strive to drive forward an ambitious 20-year road map for sustainable urban development. More than 20,000 delegates are expected at the ninth World Urban Forum (WUF) in Kuala Lumpur, where Maimunah Mohd Sharif will make her first public appearance as executive director of UN-Habitat, the United Nations’ agency in charge of cities. Delegates hope to push forward the New Urban Agenda, a non-binding agreement adopted by over 160 countries in 2016 to steer cities growing at breakneck pace on a path toward sustainability....”*

### Coming up: webinar HS Governance collaborative (23 February) – From frameworks to practices: an interactive session on experiences of subnational governance in LMICs

[Register for the webinar:](#)

With the likes of Lucy Gilson, Helen Schneider et al.

## Coming up later this year: First WHO Global Conference on Air Quality and Health

**30 October-1 November**, in Geneva (WHO headquarters).

See also WHO's environmental newsletter, focusing on EB142 & environment & health:

***"Health, environment and climate change report at the 142nd session of the WHO Executive Board received overwhelming support from Member States. The Member States supported the development of a draft action plan for a platform to address the health effects of climate change, initially in small island developing states; and **comprehensive global strategy on health, environment and climate change, to be considered by the Seventy-second World Health Assembly in May 2019** and ensure regional commitments and contributions to the strategy. For the EB decision, see [here](#). "***

And a tweet:

***"This International Women's Day, March 8th 2018, we'll be launching the inaugural #GH5050 report. Very grateful to our hosts @UCLGenderHealth and our wonderful panel of experts @feminineupheave @jocalynclark @JeremyFarrar @nicolambrewer. #SaveTheDate #Accountability #IWD2018"***

## Global governance of health

### CGD (WP)– Measures of Global Public Goods and International Spillovers - Working Paper 474

Charles Kenny et al ; <https://www.cgdev.org/publication/measures-global-public-goods-and-international-spillovers>

Recommended. *"This paper attempts a first-cut listing of global public goods and international spillover activities, as well as providing some data on their global distribution alongside basic correlational analysis. Few if any goods are "pure" global public goods and there is a spectrum of the extent of spillovers. Some global public goods are not well measured. The listing is far from exhaustive, nor is it based on rigorous selection criteria. But it does suggest considerable diversity in trends, levels and sources of public good and spillover activities."* For health, see p. 13-20.

### EAT - WHO's Alessandro Demaio Appointed CEO of EAT

<http://www.eatforum.org/article/whos-alessandro-demaio-appointed-ceo-of-eat/>

*“Sandro encapsulates the essence of EAT: a visionary thinker who is led by science, a relationship-builder who dares to be disruptive,” said Gunhild A. Stordalen, President and Founder of EAT....”* We’re talking here about one of the Elon Musks in global health, it seems : ) But then again, not everybody is a fan of Elon Musk, see **Pierre Massat** (in a brand new IHP blog) - [Do you like zombie movies?](#)

As a reminder: *“The **EAT Foundation** builds on the work of the EAT Initiative, created by the Stordalen Foundation and Stockholm Resilience Centre in 2013. Together with the Wellcome Trust, they launched the EAT Foundation in March 2016. The EAT foundation’s ambition is to reform the global food system and enable us to feed a growing global population with healthy food from a healthy planet.”*

## Global Public Health - Health systems flattening: the failed promises of decentralisation in Mozambique

J C Reed; <http://www.tandfonline.com/doi/full/10.1080/17441692.2018.1436719>

*“Over the past decade, health systems strengthening (HSS) has become a global health imperative. As an answer to the influence of large-scale initiatives and NGOs, HSS represents a backlash against disease-specific projects and funding. Depicted as a positive evolution, HSS advertises local autonomy, and a turn away from donor-driven agendas. Central to this shift was the hope that ‘vertical’ funding, especially for HIV/AIDS, could be better used to build up the ‘crumbling core’ of health infrastructure in sub-Saharan Africa. **As part of the change in Mozambique, HIV specialty clinics known as ‘day hospitals’ were decentralised (closed down) nationwide.** Done in the name of efficiency and increased treatment coverage, the full impacts of this remain uncharted. **In this article, I critique the ethical adequacy of HSS as a reorganising principle, pointing out the pursuit not of robust health systems, but of easily monitored ones instead.** Occurring alongside performance-based financing, HSS invites the removal of specialty services, exposing health systems to additional shaping by outside forces. **Based on ethnography with HIV support groups, I suggest HSS was an inevitable policy choice, but partially coercive.** Such changes are neither counter-hegemonic nor capable of ameliorating foreign distortions in the developing world.”*

## Devex – DFID seeks to tackle declines in global budget transparency

<https://www.devex.com/news/dfid-seeks-to-tackle-declines-in-global-budget-transparency-92047>

*“The United Kingdom Department for International Development has launched a new focus on transparency in its work with developing countries, aiming to open up their budgets to public scrutiny and better oversight. Harriett Baldwin, joint minister of state for DFID and the Foreign & Commonwealth Office, set out the new agenda on Wednesday, **inaugurating a “taxation and finance unit” within DFID,** which will “sharpen the focus on transparent and effective public expenditure,” including work on improving the transparency of extractive industries in developing countries, she said in a speech....”*

## Politico – Tillerson scales back State Department restructuring plan

<https://www.politico.com/story/2018/02/07/tillerson-state-department-restructuring-downsizing-397612>

“After stiff resistance from diplomats and lawmakers, the secretary of state is lowering expectations.”

## Christian Science Monitor - Can foreign policy be feminist? Sweden says yes.

<https://www.csmonitor.com/World/Africa/2018/0207/Can-foreign-policy-be-feminist-Sweden-says-yes>

Interesting, nuanced read, focusing on Sweden’s feminist foreign policy. *“Over the last three years, other countries have begun to emulate Sweden’s feminist experiment; Canada, for instance, announced its own “feminist international assistance policy” last year. But it has also raised difficult questions about how far it is possible to balance idealism and realpolitik in the world of global diplomacy, and who benefits. Saying you want your country’s foreign policy to be built on an idealistic vision of equality between the sexes is one thing. Actually carrying that out in the coldly pragmatic, and deeply male-dominated, world of geopolitics – that is entirely another....”*

## Social Science & Medicine – Effects of donor proliferation in development aid for health on health program performance: A conceptual framework

S W Pallas et al;

<https://www.sciencedirect.com/science/article/pii/S0277953617300047?via%3Dihub>

*“Development aid for health increased dramatically during the past two decades, raising concerns about inefficiency and lack of coherence among the growing number of global health donors. However, **we lack a framework for how donor proliferation affects health program performance to inform theory-based evaluation of aid effectiveness policies.** A review of academic and gray literature was conducted. Data were extracted from the literature sample on study design and evidence for hypothesized effects of donor proliferation on health program performance, which were iteratively grouped into categories and mapped into a **new conceptual framework.** In the framework, increases in the number of donors are hypothesized to increase inter-donor competition, transaction costs, donor poaching of recipient staff, recipient control over aid, and donor fragmentation, and to decrease donors' sense of accountability for overall development outcomes. There is mixed evidence on whether donor proliferation increases or decreases aid volume. **These primary effects in turn affect** donor innovation, information hoarding, and aid disbursement volatility, as well as recipient country health budget levels, human resource capacity, and corruption, and the determinants of health program performance. The net effect of donor proliferation on health*



*will vary depending on the magnitude of the framework's competing effects in specific country settings. The conceptual framework provides a foundation for improving design of aid effectiveness practices to mitigate negative effects from donor proliferation while preserving its potential benefits.”*

## Devex - China emerges as a serious player in humanitarian aid

<https://www.devex.com/news/china-emerges-as-a-serious-player-in-humanitarian-aid-90974>

*“China is becoming a bigger player in humanitarian aid and emergency relief, but it is still not entirely clear how much this engagement is growing, and how it is driving its work forward...”* With some background on two more or less recent papers in this regard. Well worth a read. And do brush up on your mandarin too while you’re at it.

## Guardian – UN 'grossly mishandled' inquiry into alleged sexual assault, say campaigners

<https://www.theguardian.com/global-development/2018/feb/07/un-inquiry-alleged-sexual-assault-campaigners>

***“A UN agency has “grossly mishandled” an investigation into claims of sexual harassment and assault by a high-ranking official, claims the campaign group Code Blue in an open letter to António Guterres, the UN’s secretary general. Last week, UNAids concluded that allegations against Luiz Loures, an assistant secretary general of the UN, and deputy executive director of programme at UNAids, were not substantiated. It is understood that the complainant alleged Loures sexually harassed her, and sexually assaulted her in a lift while away on work travel. In a letter addressed to Guterres, Code Blue alleged that the investigation was undermined by a conflict of interest, with the executive director of UNAids, Michel Sidibé, acting both as a witness and as the “final decision-maker” in the case. The group called for Guterres to review the allegations and hand the investigation over to an “external, neutral and independent body”....”***

It inspired the following **tweet from Anthony Costello**: *“All UN agencies need to move fast to improve responses to sexual harassment complaints and to improve prevention, messaging and protection of whistleblowers.”*

## Wellcome Trust - £10 million to fund new urban health project in ten cities

<https://wellcome.ac.uk/news/%C2%A310-million-fund-new-urban-health-project-ten-cities>

*“Wellcome is launching a £10 million research partnership across four continents to help improve understanding of how countries can create healthier cities and protect the planet. The partnership is a network of experts from science and other disciplines working closely with ten cities around the world. It will be led by Mike Davies, Professor of Building Physics and Environment at University College London, and Majid Ezzati, Professor of Global Environmental Health at Imperial College London. The aim is to provide evidence to help policy makers and governments act to improve population health and protect the planet in a way that minimises health inequality. The cities involved are: London (UK), Rennes (France), Beijing and Ningbo (China), Nairobi and Kisumu (Kenya), Dhaka (Bangladesh), Vancouver (Canada), and Accra and Tamale (Ghana)....”*

## UN News - Development indicators trending downward for world's poorest countries, UN warns

<http://www.un.org/apps/news/story.asp?NewsID=58531#.WniZMq7ibIU>

*“The least developed countries (LDCs) – nations categorized as requiring special attention from the international community – will fall short of goals set out in the 2030 Agenda for Sustainable Development unless urgent action is taken, new United Nations analysis has revealed. The analysis by the UN Conference on Trade and Development (UNCTAD) also highlights that LDC growth averaged five per cent in 2017 and will reach 5.4 per cent in 2018, below the seven per cent growth envisaged by Target One of Sustainable Development Goal 8 on promoting sustained, inclusive and sustainable economic growth....”*

See also IISD - [UNCTAD Report Assesses LDC Progress Towards SDGs](#).

## Washington Post- CDC employees are delighted that their acting director is back in charge

[Washington Post](#);

*“It took several hours Wednesday before employees at the Centers for Disease Control and Prevention heard who was going to run the nation’s leading public health agency. **Brenda Fitzgerald** had just resigned after barely six months in the job because of conflicts over financial interests. When the notice finally went out on the CDC’s internal announcement board that **the principal deputy director, Anne Schuchat, 58, with nearly three decades of CDC experience, would be taking over (again) as acting director**, employees were very happy to hear the news....”*

## UN Foundation (blog) – A new WHO: The ambitious transformation of the WHO

John Lange; <http://unfoundationblog.org/new-ambitious-transformation-world-health-organization/>

Widely retweeted by the (many) friends of Tedros, as you can imagine. (PS: Ambassador John E. Lange (Ret.) serves as the United Nations Foundation's Senior Fellow for Global Health Diplomacy)

## Zero draft Global Compact for Migration (as of 5 Feb)

[http://refugeesmigrants.un.org/sites/default/files/180205\\_gcm\\_zero\\_draft\\_final.pdf](http://refugeesmigrants.un.org/sites/default/files/180205_gcm_zero_draft_final.pdf)

A tweet: "Yesterday saw the publication of the zero draft of the Global Compact for #Migration. **Health barely gets a mention and Universal Health Coverage is not mentioned at all.**"

For some coverage on where we are in the process now, see Devex - [New UN global compact on migration moves ahead](#).

## GOP lawmakers take aim at WHO agency over Roundup ingredient

<https://wtop.com/national/2018/02/gop-lawmakers-take-aim-at-cancer-research-group-over-roundup/>

"Republican lawmakers are threatening to cut off U.S. funding for the World Health Organization's cancer research program over its finding that the active ingredient in the herbicide Roundup is probably carcinogenic to humans...."

See also **Science News** - [Under fire by U.S. politicians, World Health Organization defends its claim that an herbicide causes cancer](#).

## Counterpunch – New evidence of Africa's systematic looting from an increasingly schizophrenic World Bank

Patrick Bond; <https://www.counterpunch.org/2018/02/05/new-evidence-of-africas-systematic-looting-from-an-increasingly-schizophrenic-world-bank/>

"A brand new World Bank report, **The Changing Wealth of Nations 2018**, offers evidence of how much poorer Africa is becoming thanks to rampant minerals, oil and gas extraction. Yet Bank policies and practices remain oriented to enforcing foreign loan repayments and transnational corporate (TNC) profit repatriation, thus maintaining the looting...."

## GFF – GFF engagement with CSOs

[https://www.globalfinancingfacility.org/sites/gff\\_new/files/CSOs\\_EN\\_Web.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/CSOs_EN_Web.pdf)

2 pager – factsheet on the role civil society organizations play in the Global Financing Facility.

## New Book – Global Health Governance in International Society

Jeremy Youde; <https://global.oup.com/academic/product/global-health-governance-in-international-society-9780198813057?cc=au&lang=en&>

But don't get it via Amazon : )

And some quick links:

South China Morning Post - [Veteran Hong Kong officials among new faces to be named to China's top political advisory body](#)

*"Veteran Hong Kong officials including ex-World Health Organisation head Dr Margaret Chan Fung Fu-chun are expected to be among the new national committee members of China's top political advisory body in its next five-year term, sources said...." "Move to include likes of ex-WHO head Margaret Chan seen as enabling Beijing to hear more of city's views on integrating with mainland"*

Nice one: **Margaret Chan Fung Fu-chun**. Sounds like some sort of global health kungfu fighter.

Finally, a few tweets related to a high-level global health events (scheduling) discussion in New York this week:

*"Negotiations on **dates for #HLM1 on #EndTB** will start this Friday and will be followed by negotiations on **dates for #HLM3 on #NCDs**. There is a **once-in-a-lifetime chance for #UNGA to convene both meetings back-to-back** + raise priority given to #HealthForAll on agenda of leaders.*

**Ilona Kickbush**, for one, doesn't think back-to-back meetings are a good idea:

*"I think it's a disadvantage to have more than one #GlobalHealth issue go to #UNGA - the strategic benefits of when and why to go to #UNGA must be discussed @WHO for the future"*

## Results for Development - Q&A: What is strategic purchasing for health?

Cheryl Cashin et al; [http://www.r4d.org/blog/qa-strategic-purchasing-health/?utm\\_content=bufferb21e5&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](http://www.r4d.org/blog/qa-strategic-purchasing-health/?utm_content=bufferb21e5&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

« In this Q&A, R4D's **Cheryl Cashin**, managing director, and **Nathaniel Otoo**, senior fellow, break down strategic purchasing — one way to get more value for money spent on health. They also provide some examples of strategic purchasing in practice and explain how countries can improve the quality of care and services they provide — and ensure more people have access to them — with limited funds. It sounds lofty, but **strategic purchasing is at the heart of a new initiative**, the **Strategic Purchasing Africa Resource Center (SPARC)**, which aims to build capacity in sub-Saharan Africa and move countries closer to universal health coverage.”

## BMJ (Analysis) - Research in health policy making in China: out-of-pocket payments in Healthy China 2030

Wei Fu et al; <http://www.bmj.com/content/360/bmj.k234>

“Wei Fu and colleagues discuss the use of research to help develop evidence based health policies in China.”

At least they don't have to use Twitter to get the attention of “The One on top”.

## BMJ (blog) - Doctors and patients heading in opposite directions

Richard Smith; <http://blogs.bmj.com/bmj/2018/02/01/richard-smith-doctors-and-patients-heading-in-opposite-directions/>

No, Richard Smith doesn't mean here that doctors are earning big bucks while patients are typically losing big bucks in their encounters. “Doctors and patients are heading in opposite directions: patients increasingly have multiple conditions, while doctors are specialising not just in organ systems but in parts of organs. What are the consequences of this divergence?...” Interesting blog.

## BMJ Global Health - Applying a health system perspective to the evolving Farmácia Popular medicines access programme in Brazil

Vera Luiza, M Bigdeli et al ; [http://gh.bmj.com/content/2/Suppl\\_3/e000547](http://gh.bmj.com/content/2/Suppl_3/e000547)

« The **Farmácia Popular Program (FPP)** launched a subsidy system in Brazil, but in coexistence with the ongoing regular governmental access to medicines (Unified Health System (SUS) dispensings) mechanisms, causing overlaps in terms of financing and target population. This characteristic is quite different from most countries with medicines cost-sharing schemes. This paper aims to analyse the FPP under a health systems perspective considering the different health system levels....”

## Planetary health

### Does the Pope like the SDGs? Considering the 2030 Agenda through the lens of Laudato Si’

<https://cafodpolicy.wordpress.com/2018/02/05/does-the-pope-like-the-sdgs-considering-the-2030-agenda-through-the-lens-of-laudato-si/>

“Graham Gordon, CAFOD’s Head of Policy, introduces a paper which explores the relationship between the Sustainable Development Goals and Pope Francis’s encyclical on the environment and development, *Laudato Si’*.”

### Guardian - Global use of mosquito nets for fishing 'endangering humans and wildlife'

<https://www.theguardian.com/environment/2018/jan/31/global-use-of-mosquito-nets-for-fishing-endangering-humans-and-wildlife>

**#unintendedconsequences** “**Anti-malarial mosquito nets are being used to catch fish around the world, according to the first global survey, risking harm to people and fish stocks.** More research is urgently needed to assess these impacts, say the scientists, but they also caution that the draconian bans on mosquito net fishing seen in some countries may cause more harm than good, particularly where people rely on the fish caught to survive....”

“... The researchers found mosquito net fishing is seen across the globe. East Africa had the greatest concentration, but the practice was also seen from Bangladesh to the Philippines and Papua New Guinea. It was reported in both freshwater, as seen in Africa’s great lakes and in Nepal, and in the sea, in west Africa....”

## WEF - Bill Gates is planning to strip CO2 from the air and turn it into clean fuel

[https://www.weforum.org/agenda/2018/02/bill-gates-to-strip-co2-from-air-for-clean-fuel?utm\\_content=buffer205c4&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](https://www.weforum.org/agenda/2018/02/bill-gates-to-strip-co2-from-air-for-clean-fuel?utm_content=buffer205c4&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

*“Could the future of clean energy be to turn air into petrol? It may sound too good to be true, but Microsoft co-founder Bill Gates and his partners are experimenting with a technology that could potentially help stop global warming as well as provide clean fuel. At their facility in Squamish, western Canada, engineers have already succeeded in extracting CO2 from the air and using it to produce a mix of petrol and diesel. They hope to eventually replicate the process on an industrial scale, the Guardian [reports](#)....”*

## EU will only make trade deals with nations that ratify Paris climate agreement

<https://thinkprogress.org/eu-paris-us-decd4aad9145/>

That means, not with the US – as long as the Donald is in charge. *“The European Union will no longer make trade deals with the United States if President Trump follows through on withdrawing from the Paris climate agreement, according to a French official whose comments were endorsed by the European Commission....”*

## Devex - 'Sustainability revolution' is progressing quickly, regardless of politics, Gore says

<https://www.devex.com/news/sustainability-revolution-is-progressing-quickly-regardless-of-politics-gore-says-92046>

Gore sounds upbeat, already for a few years actually.

## Assessing the degrowth discourse: a review and analysis of academic degrowth policy proposals

<http://eprints.whiterose.ac.uk/112000/>

*“Debates around ecological and social limits to economic growth and new ways to deal with resource scarcity without compromising human wellbeing have re-emerged in the last few years, especially with the increasing calls for a degrowth approach. In this paper, a framework is developed to support a systematic analysis of degrowth in the selected academic literature. This article attempts*

to present a clearer notion of what degrowth academic literature has been exploring, by identifying, organizing and analysing a set of proposals for action retrieved from a selection of articles. The framework is applied to classify these proposals according to their alignment to ecological economics policy objectives (sustainable scale, fair distribution, and efficient allocation), type of approach (top-down versus bottom-up), and geographical focus (local, national, or international). ... The proposals identified align with three broad goals: (1) Reduce the environmental impact of human activities; (2) Redistribute income and wealth both within and between countries; and (3) Promote the transition from a materialistic to a convivial and participatory society. The findings indicate that **the majority of degrowth proposals are national top-down approaches, focusing on government as a major driver of change, rather than local bottom-up approaches**, as advocated by many degrowth proponents. The most emphasised aspects in the degrowth literature are related to **social equity**, closely followed by **environmental sustainability**. Topics such as population growth and the implications of degrowth for developing nations are largely neglected, and represent an important area for future research. Moreover, there is a need for a deeper analysis of how degrowth proposals would act in combination."

And some quick links:

#### [A Ticking Time Bomb of Mercury Is Hidden Beneath Earth's Permafrost](#)

"When the mercury's rising in your thermometer, it may also be rising in the ocean. According to a **new study published Feb. 5 in the journal *Geophysical Research Letters***, there may be more than 15 million gallons (58 million liters) of mercury buried in the permafrost of the Northern Hemisphere — roughly twice as much mercury as can be found in the rest of Earth's soils, ocean and atmosphere combined. And if global temperatures continue to rise, all that mercury could come pouring out...."

#### IPS - [Create "Sponge Cities" to Tackle Worsening Floods](#)

We all know Sponge Bob, but apparently China is taking the lead when it comes to 'Sponge Cities'.

## Infectious diseases & NTDs

### Al Jazeera - Cholera in a time of neoliberalism

Jonathan Kennedy; <http://www.aljazeera.com/indepth/opinion/cholera-time-neoliberalism-180205094227518.html>

One of the reads of the week.

"...As **cholera** has been more or less eliminated from Europe and North America, **the pandemic has until now received relatively little attention from global health actors**. But at the end of last year, the **Global Task Force on Cholera Control** - a WHO-led coalition of UN agencies, NGOs, and academic



*institutions - **vowed to reduce cholera cases by 90 percent by 2030.** The historical record suggests that **achieving this aim is possible:** Cholera was the chief public health problem for European governments in the mid-1800s, but had all but disappeared by the turn of the century. **Nevertheless, the WHO et al must overcome some massive obstacles if they are to achieve their objective. ....***

*“... Cholera disappeared from Europe because increasingly strong and well-resourced states intervened to improve the living conditions of the urban working class. **Many states in the Global South have neither the will nor the capacity to build water, sanitation and health systems. Moreover, it is unlikely that donor countries will help because they are far more concerned with the potential threat posed by airborne diseases such as Ebola.** Challenging this iniquitous neoliberal system is beyond the remit of global health actors, but as long as it prevails their role will be limited to treating the symptoms of our sick society. In this sense, **it is quite likely that unless there is a tremendous political change in the Global South, the WHO and its partners will be unable to eradicate cholera in the coming decades.**”*

## **Next plague outbreak in Madagascar could be 'stronger': WHO**

<https://www.timeslive.co.za/news/africa/2018-02-07-next-plague-outbreak-in-madagascar-could-be-stronger-who/>

*“The World Health Organization chief Wednesday said a deadly plague epidemic appeared to have been brought under control in Madagascar, but warned the next outbreak would likely be stronger. “The next transmission could be more pronounced or stronger,” WHO Director-General Tedros Adhanom Ghebreyesus told reporters in Geneva, insisting that “the issue is serious.”...*

## **Lancet Global Health (blog) - Recommitting to children in the 2018 global AIDS agenda**

C Lyons; <http://globalhealth.thelancet.com/2018/01/30/recommitting-children-2018-global-aids-agenda>

*Strong case for **paediatric HIV to move up higher the global agenda:** “... Recent steps towards improving paediatric ARV access and treatment, scaling up early infant diagnosis, and amplifying Africa-based advocacy are encouraging. If global leaders follow through on these key initiatives, we soon could—and should—usher in the first AIDS-free generation. Yet if we fail to deliver the necessary resources and political will, we may be facing another year of bad news for children. Let us learn from 2017 and, as we look ahead, approach the paediatric HIV agenda before us with the urgency it deserves and the tenacity it requires. ”*

## UNAIDS - African first ladies and the African Union launch Free to Shine

[http://www.unaids.org/en/resources/presscentre/featurestories/2018/february/20180106\\_OAFLA](http://www.unaids.org/en/resources/presscentre/featurestories/2018/february/20180106_OAFLA)

UNAIDS report on this news from the AU summit of a few weeks ago: *“First ladies across Africa are spearheading a campaign to stop children acquiring HIV, prevent AIDS-related deaths and keep mothers healthy across Africa. The **Free to Shine campaign** was launched by the Organisation of African First Ladies Against HIV/AIDS (OAFLA) and the African Union on the sidelines of the 30th Ordinary Session of the African Union in Addis Ababa, Ethiopia....”*

## Nature (News) - Health officials push for vaccine against neglected tropical virus

<https://www.nature.com/articles/d41586-018-01637-7>

Advocates are attempting to accelerate the development of a vaccine for chikungunya, a “disabling disease, which is endemic in the tropics and sub-tropics — regions that are home to some 1.3 billion people. **Epidemiologists, vaccine developers and regulators are meeting in New Delhi on 5–6 February** to review the latest data on vaccine candidates, and to consider how to get the promising ones to market....”

## Dengue vaccine, Sanofi & Philippines

Some reads from this week:

Reuters - [Philippines says anti-dengue vaccine may be connected to three deaths](#)

AFP - [Sanofi rejects refund demand faces Philippine suit over dengue vaccine.](#)

*“French pharmaceutical giant Sanofi on Monday rejected a Philippine government demand to return tens of millions of dollars paid for a dengue vaccine after the programme was suspended over health concerns. The Philippines had asked Sanofi to refund 3.2 billion pesos (\$62 million) spent on injecting more than 830,000 schoolchildren with Dengvaxia after the company said last year the vaccine could worsen symptoms in some cases....”* See also [here](#).

## The conversation - Big strides are being made in the push for affordable, effective antivenoms

A H Laustsen et al; <https://theconversation.com/big-strides-are-being-made-in-the-push-for-affordable-effective-antivenoms-90873>

*“...The World Health Organisation (WHO) is spearheading a global effort to get effective and affordable antivenoms to parts of the world that really need them. It is doing this in several ways, including thorough strict pre-testing for antivenoms whose manufacturers want to release them commercially....”*

## AMR

### BJCP – Threats to global antimicrobial resistance control Centrally approved and unapproved antibiotic formulations sold in India

[http://onlinelibrary.wiley.com/doi/10.1111/bcp.13503/full?utm\\_source=STAT+Newsletters&utm\\_campaign=a4bbda126a-MR&utm\\_medium=email&utm\\_term=0\\_8cab1d7961-a4bbda126a-149865409](http://onlinelibrary.wiley.com/doi/10.1111/bcp.13503/full?utm_source=STAT+Newsletters&utm_campaign=a4bbda126a-MR&utm_medium=email&utm_term=0_8cab1d7961-a4bbda126a-149865409)

New study on the enormous amount of unapproved antibiotics still being sold in India year after year. *“Sales in India of antibiotic (Fixed Dosed Combination) FDCs, including unapproved formulations, are rising. In the context of increasing AMR rates nationally and globally, **unapproved antibiotic FDCs undermine India’s national AMR strategy and should be banned from sale.**”*

### WHO Bulletin – Integrating tuberculosis and antimicrobial resistance control programmes

R Hasan et al; [http://www.who.int/bulletin/online\\_first/BLT.17.198614.pdf?ua=1](http://www.who.int/bulletin/online_first/BLT.17.198614.pdf?ua=1)

*“Many low- and middle-income countries facing high levels of antimicrobial resistance, and the associated morbidity from ineffective treatment, also have a high burden of tuberculosis. Over recent decades many countries have developed effective laboratory and information systems for tuberculosis control. **In this paper we describe how existing tuberculosis laboratory systems can be expanded to accommodate antimicrobial resistance functions.** We show how such expansion in services may benefit tuberculosis case-finding and laboratory capacity through integration of laboratory services. **We further summarize the synergies between high-level strategies on tuberculosis and antimicrobial resistance control.** These provide a potential platform for the integration of programmes and illustrate how integration at the health-service delivery level for diagnostic services could occur in practice in a low- and middle-income setting. Many potential mutual benefits of integration exist, in terms of accelerated scale-up of diagnostic testing towards rational use of antimicrobial drugs as well as optimal use of resources and sharing of experience. Integration of vertical disease programmes with separate funding streams is not without challenges, however, and we also discuss barriers to integration and identify opportunities and incentives to overcome these.”*

## Palliative care for drug-resistant tuberculosis: when new drugs are not enough

J Hughes et al; [http://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(18\)30066-3/fulltext](http://www.thelancet.com/journals/lanres/article/PIIS2213-2600(18)30066-3/fulltext)

*"...In the traditional understanding, palliative care is only instituted in the terminal phase of an illness, once life-prolonging or curative treatment has ended, and the focus is on preparing the patient and family for death. However, **the literature suggests that palliative care is potentially beneficial when introduced at the time of diagnosis of a serious or life-limiting illness. To highlight the benefits of this integrated approach,** we describe here the journey of a young person who, despite having had access to an optimised treatment regimen with new and repurposed second-line TB drugs, finally succumbed to pre-extensively drug-resistant (pre-XDR; resistant to rifampicin, isoniazid, and either a fluoroquinolone or an injectable agent) pulmonary TB at the age of 28 years...."*

*"...This young person's story illustrates the complexity of the challenges associated with managing DR-TB. The concept of palliative care is often misunderstood by health-care workers and policy makers. **Rather than being a strategy to be implemented after all else fails, palliative care encompasses holistic management of the patient right from the diagnosis of a life-limiting illness.** Early management of treatment side-effects and assessment of physical, emotional, and spiritual pain constitute the basis of effective DR-TB care, after the initial diagnostic interventions and treatment decision making. **The principles of basic palliative care can and should be incorporated into the clinical training of all individuals involved in the management of DR-TB"***

This article got quite some coverage in media worldwide.

## Human Resources for Health - Mapping educational opportunities for healthcare workers on antimicrobial resistance and stewardship around the world

Susan Rogers et al; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-018-0270-3>

*"Antimicrobial resistance is an important global issue facing society. Healthcare workers need to be engaged in solving this problem, as advocates for rational antimicrobial use, stewards of sustainable effectiveness, and educators of their patients. To fulfill this role, healthcare workers need access to training and educational resources on antimicrobial resistance. To better understand the resources available to healthcare workers, **we undertook a global environmental scan of educational programs and resources targeting healthcare workers on the topic of antimicrobial resistance and antimicrobial stewardship...."***

## NCDs

### BMJ Global Health - Multimorbidity and out-of-pocket expenditure on medicines: a systematic review

G Sum et al; <http://gh.bmj.com/content/3/1/e000505>

***“Multimorbidity, the presence of two or more non-communicable diseases (NCD), is a costly and complex challenge for health systems globally. Patients with NCDs incur high levels of out-of-pocket expenditure (OOPE), often on medicines, but the literature on the association between OOPE on medicines and multimorbidity has not been examined systematically. A systematic review was conducted ... .. Findings indicated that multimorbidity was associated with higher OOPE on medicines. ... .. More multimorbidities were associated with higher OOPE on medicines as a proportion of total healthcare expenditures by patients. Some evidence suggested that the elderly and low-income groups were most vulnerable to higher OOPE on medicines. With the same number of NCDs, certain combinations of NCDs yielded higher medicine OOPE. Non-adherence to medicines was a coping strategy for OOPE on medicines.” Conclusion: “Multimorbidity of NCDs is increasingly costly to healthcare systems and OOPE on medicines can severely compromise financial protection and universal health coverage. It is crucial to recognise the need for better equity and financial protection, and policymakers should consider health system financial options, cost sharing policies and service patterns for those with NCD multimorbidities.”***

### WHO - Developing global indicators for road safety targets

[http://www.who.int/violence\\_injury\\_prevention/road\\_traffic/road-safety-targets-indicators/en/](http://www.who.int/violence_injury_prevention/road_traffic/road-safety-targets-indicators/en/)

*“Further to the outcomes of the “Meeting of Member States to conclude the work on the development of voluntary global performance targets for road safety risk factors and delivery mechanisms (Geneva, 20-21 November 2017)”, an **informal consultation of Member States** will be **convened to complete the work on corresponding indicators from 22-23 February 2018.** ...”*

You find the **discussion paper** here: [Discussion Paper: Developing indicators for voluntary global performance](#).

### Lancet Comment - Making sense of the latest evidence on electronic cigarettes

John Newton et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30202-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30202-2/fulltext)

*“What evidence exists on electronic cigarettes’ effects on health? A Comment discusses the latest Public Health England review.”*

## Reuters - UK experts urge smokers to switch to e-cigs for big health gains

[Reuters:](#)

*"Vaping, or using e-cigarettes, poses only a fraction of the health risk of tobacco smoking and should be encouraged among smokers to reap substantial health benefits, British public health experts said on Tuesday."*

## Guardian - Walkable cities reduce blood pressure and hypertension risk, study finds

[https://www.theguardian.com/cities/2018/feb/05/walkable-cities-reduce-blood-pressure-study-finds?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/cities/2018/feb/05/walkable-cities-reduce-blood-pressure-study-finds?CMP=Share_iOSApp_Other)

*"The largest-ever study of the **link between city walkability and blood pressure** has been held up as evidence of the **"intangible value of urban design"** in improving long-term health outcomes, say researchers. The study of around 430,000 people aged between 38 and 73 and living in 22 UK cities found significant associations between the increased walkability of a neighbourhood, lower blood pressure and reduced hypertension risk among its residents...."*

## WHO Bulletin - Fiscal policy to improve diets and prevent noncommunicable diseases: from recommendations to action

A M Thow et al; [http://www.who.int/bulletin/online\\_first/BLT.17.195982.pdf?ua=1](http://www.who.int/bulletin/online_first/BLT.17.195982.pdf?ua=1)

*"The World Health Organization has recommended that, to improve diets and prevent noncommunicable diseases, Member States consider taxing energy-dense beverages and foods and/or subsidizing nutrient-rich foods. Numerous countries have either implemented taxes on energy-dense beverages and foods or are considering the implementation of such taxes. However, several major challenges to the implementation of fiscal policies to improve diets and prevent noncommunicable diseases remain. Some of these challenges relate to the cross-sectoral nature of the relevant interventions. For example, as health and economic policy-makers have different administrative concerns, performance indicators and priorities, they often consider different forms of evidence in their decision-making. **In this paper, we describe the evidence base for diet-related interventions based on fiscal policies and consider the key questions that need to be asked by both health and economic policy-makers.** From the health sector's perspective, there is most evidence for the impact of taxes and subsidies on diets, with less evidence on their impacts on body weight or health. We highlight the importance of scope, the role of industry, the use of revenue and regressive taxes in informing policy decisions."*

And some quick links:

Reuters - [U.S. senators ask FDA to reject Philip Morris' iQOS application](#)

*“Ten U.S. senators called on the Food and Drug Administration to reject Philip Morris International Inc’s (PM.N) application to market its iQOS smoking device as being less risky than cigarettes, according to a letter to the agency’s commissioner.”*

Science News - [Farm sunshine, not cancer: Replacing tobacco fields with solar arrays](#)

*“Researchers contend that **tobacco farmers could increase profits by converting their land to solar farms**, which in turn provides renewable energy generation.”*

Finally, an announcement : WHO Bulletin will issue a call for papers next month (March 2018) on [#noncommunicablediseases](#) for a theme issue to be launched at #PMAC2019.

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

### UNICEF - Countdown 2030: Tracking progress towards universal coverage for women’s, children’s and adolescents’ health

<https://data.unicef.org/resources/countdown-2030-tracking-progress-towards-universal-coverage-womens-childrens-adolescents-health/>

In case you missed this report last week.

*“The 2017 Countdown to 2030 report is **the first Countdown report in the context of the 2030 agenda for sustainable development**. The report synthesizes data on the current situation and **trends in reproductive, maternal, newborn and child health and nutrition** from a wide array of sources, including the **profiles of the 81 Countdown priority countries**, which together account for 95% of maternal deaths and 90% of deaths among children under age 5. **Countdown’s primary focus is the continuum of care**, with some expansion into nutrition, adolescent health (limited to adolescent girls’ reproductive health), early childhood development, quality of care and effective coverage, and conflict settings. **Key Messages:** The 81 Countdown countries have made **progress but remain far from universal coverage** for most essential interventions for reproductive, maternal, newborn, child health and nutrition. Major investment is needed to achieve the SDG targets for women’s, children’s and adolescents’ health. **Investment must be guided by reliable and timely data** on intervention coverage, inequities in coverage and quality of care (including in conflict settings). To address the broader SDG agenda, **measurement improvements should focus on strengthening vital statistics, understanding drivers of intervention coverage change and generating better data on nutrition programs, early childhood development and adolescent health**. Strengthening country*

*analytical capacity to collect and use data, a priority for Countdown is crucial to improve monitoring and accountability for women's, children's and adolescents' health."*

It's also clear that the **pace will need to be accelerated** ( a lot) if the SDG mortality targets are to be met. "...the **average annual rate of reduction during 2015-30 in the 50 highest mortality Countdown countries will need to more than double the rate during 2000-15...**"

## **BMC International Health and Human Rights (Debate) - Realising the right to sexual and reproductive health: access to essential medicines for medical abortion as a core obligation**

K Perehudoff et al; <https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-018-0140-z>

*"WHO has a pivotal role to play as the leading international agency promoting good practices in health and human rights. In 2005, mifepristone and misoprostol were added to WHO's Model List of Essential Medicines for combined use to terminate unwanted pregnancies. However, these drugs were considered 'complementary' and qualified for use when in line with national legislation and where 'culturally acceptable'. This article argues that these qualifications, while perhaps appropriate at the time, must now be removed. First, compelling medical evidence justifies their reclassification as a 'core' essential medicine. Second, continuing to subjugate essential medicines for medical abortion to domestic law and cultural practices is incoherent with today's human rights standards in which universal access to these medicines is an inextricable part of the right to sexual and reproductive health, which should be supported and realised through domestic legislation. This article shows that removing such limitations will align WHO's Model List of Essential Medicines with the mounting scientific evidence, human rights standards, and its own more recently developed policy guidance. This measure will send a strong normative message to governments that these medicines should be readily available in a functioning and human-rights-abiding health system."*

## **UNAIDS - The power of television to educate and entertain millions in western Africa**

[http://www.unaids.org/en/resources/presscentre/featurestories/2018/february/20180207\\_cestlavi](http://www.unaids.org/en/resources/presscentre/featurestories/2018/february/20180207_cestlavi)  
[e](#)

*"A baby abandoned at a health clinic, an abusive boyfriend, dating woes and fake medicines are all plot twists in **C'est la Vie (That's Life)**, a television series based in, and produced in, Africa. Shot in Senegal, the **sitcom takes place in the fictitious Ratanga health clinic, where midwives interact with patients and work on various cases**. Their life stories and office politics come into play, adding intrigue, but the **overall aim is to raise health awareness through entertainment**. The **series, a first in western Africa**, was inspired by Mexican pioneer Miguel Sabido—who used telenovelas to promote literacy and family planning—as well as by the educational television series **Shuga**. Shuga,*



*the MTV English-language series, is now in its six season and has been so successful that it has moved its filming location from Kenya to capture new stories from Nigeria and South Africa..."*

## **Guardian - Bermuda becomes first country in world to repeal same-sex marriage**

<https://www.theguardian.com/world/2018/feb/08/bermuda-repeal-same-sex-marriage>

*"Bermuda has become the first country to legalise and then repeal same-sex marriage, in what critics have called an unprecedented rollback of civil rights by the British island territory. Bermuda's governor has signed into law a bill reversing the right of gay couples to marry, despite a supreme court ruling last year authorising same-sex marriage...."*

## **FT - Pneumonia is the single biggest killer of children in world's poorest countries**

Kevin Watkins, Devi Sridhar et al; <https://www.ft.com/content/716e3400-082c-11e8-9650-9c0ad2d7c5b5>

*"... Despite the relentless tide of fatalities, most governments are failing to prioritise pneumonia prevention and treatment. Meanwhile, aid donors, the UN, the World Bank and other international development actors continue to treat pneumonia, the world's most lethal killer of children, as a sideshow...." That needs to change, fast.*

## **Guardian - 'Dangerous proposal': campaigners in Kenya condemn sex education plan**

<https://www.theguardian.com/global-development/2018/feb/05/dangerous-proposal-campaigners-kenya-condemn-sex-education-plan>

*"Plans by the Kenyan government to expand coverage of sex education in primary schools have been criticised for encouraging promiscuity among young people. The ministry of education wants guidance on sex, which is currently incorporated into subjects such as civil education, to become a distinct topic in the country's new curriculum. But **campaign group CitizenGo** has petitioned the ministry, urging it not to implement what it describes as a "dangerous proposal" ...."*

## WHO Bulletin – Leadership, action, learning and accountability to deliver quality care for women, newborns and children

A Adeniran et al; [http://www.who.int/bulletin/online\\_first/BLT.17.197939.pdf?ua=1](http://www.who.int/bulletin/online_first/BLT.17.197939.pdf?ua=1)

*“... Recognizing the need for action, the national governments of Bangladesh, Côte d’Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Uganda and United Republic of Tanzania, together with WHO, the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), implementation partners and other stakeholders, have **established the Network for Improving Quality of Care for Maternal Newborn and Child Health care**. The network has agreed to pursue the ambitious goals of halving maternal and newborn deaths and stillbirths and improving experience of care in participating health facilities within five years of implementation. Under the leadership of the participating countries’ health ministries, the network will support the implementation of national frameworks for quality improvement by pursuing four strategic objectives:...”*

And a few quick links:

**CGD (blog)** - [Building on Experience: Lessons about Family Planning from Four Former Directors of USAID’s Office of Population and Reproductive Health](#)

Reuters - [Nestle defends itself against baby milk criticism](#) *“Nestle defended itself on Thursday against an activist group’s criticism of its baby milk, saying it respects international marketing standards and does not suggest its products are better than breastmilk....”*

## Access to medicines

### IP Watch - Leaked Letter Shows Pressure On Colombia Not To Issue Compulsory Licence For Glivec

<https://www.ip-watch.org/2018/02/06/leaked-letter-shows-pressure-colombia-not-issue-compulsory-licence-glivec/>

*“A newly leaked 2016 letter from the CEO of Novartis to the president of Colombia, made available by Swiss group Public Eye, shows the level of concern the Swiss pharmaceutical company had over the effect of possible issuance of a compulsory licence for Novartis drug Glivec in the pivotal South American economy....”*

Joe Jimenez used to be a ‘fixture’ at Davos, if I remember well : )

## Lancet Infectious Disease (Newsdesk) – MSF challenges pneumococcal vaccine patent in India

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30084-7/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30084-7/fulltext)

*“Pfizer and GSK dominate pneumococcal vaccine manufacturing, but an impending court case in India could pave the way for others, which MSF hopes will drive down costs. Ann Danaiya Usher reports.”*

## Pharmaeconomics - Value-based pricing: L’Enfant terrible?

Sarah Garner et al; [Springer](#);

Interesting short read. “...What has gone wrong with so-called value-based pricing (VBP)?...”

“...Globally, the risks of using value-based assessments as the sole basis for pricing are that it does not take into account need, prevalence and affordability...” (The authors are all **WHO employees**)

## WHO Bulletin - Medicine procurement and the use of flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights, 2001–2016

Ellen ‘t Hoen et al; [http://www.who.int/bulletin/online\\_first/BLT.17.199364.pdf?ua=1](http://www.who.int/bulletin/online_first/BLT.17.199364.pdf?ua=1)

*“Millions of people, particularly in low- and middle-income countries, lack access to effective pharmaceuticals, often because they are unaffordable. The 2001 Ministerial Conference of the World Trade Organization (WTO) adopted the Doha Declaration on the TRIPS (Trade-Related Aspects of Intellectual Property Rights) Agreement and Public Health. The declaration recognized the implications of intellectual property rights for both new medicine development and the price of medicines. The declaration outlined measures, known as TRIPS flexibilities, that WTO Members can take to ensure access to medicines for all. These measures include compulsory licensing of medicines patents and the least-developed countries pharmaceutical transition measure. **The aim of this study was to document the use of TRIPS flexibilities to access lower-priced generic medicines between 2001 and 2016.** Overall, 176 instances of the possible use of TRIPS flexibilities by 89 countries were identified: 100 (56.8%) involved compulsory licences or public noncommercial use licences and 40 (22.7%) invoked the least-developed countries pharmaceutical transition measure. The remainder were: 1 case of parallel importation; 3 research exceptions; and 32 non-patent-related measures. Of the 176 instances, 152 (86.4%) were implemented. They covered products for treating 14 different diseases. However, 137 (77.8%) concerned medicines for human immunodeficiency virus infection and acquired immune deficiency syndrome or related diseases. The use of TRIPS flexibilities was found to be more frequent than is commonly assumed. Given the problems faced by countries today in procuring high-priced, patented medicines, the practical, legal pathway provided by TRIPS flexibilities for accessing lower-cost generic equivalents is increasingly important.”*

## Human resources for health

### Health Research Policy & Systems - What adaptation to research is needed following crises: a comparative, qualitative study of the health workforce in Sierra Leone and Nepal

J Raven et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0285-1>

*“Health workers are critical to the performance of health systems; yet, evidence about their coping strategies and support needs during and post crisis is lacking. There is very limited discussion about how research teams should respond when unexpected crises occur during on-going research. **This paper critically presents the approaches and findings of two health systems research projects that explored and evaluated health worker performance and were adapted during crises, and provides lessons learnt on re-orientating research when the unexpected occurs.** Health systems research was adapted post crisis to assess health workers’ experiences and coping strategies. .... “*

*Some of the findings: “...In Sierra Leone, health workers were heavily stigmatised by the epidemic, leading to a breakdown of trust. Coping strategies included finding renewed purpose in continuing to serve their community, peer and family support (in some cases), and religion. In Nepal, individual determination, a sense of responsibility to the community and professional duty compelled staff to stay or return to their workplace. The research teams had trusting relationships with policy-makers and practitioners, which brought credibility and legitimacy to the change of research direction as well as the relationships to maximise the opportunity for findings to inform practice....”*

And some quick links:

Guardian - [Japan lays groundwork for boom in robot carers](#)

*“Japan’s elderly are being told to get used to being looked after by robots. With Japan’s ageing society facing a predicted shortfall of 370,000 caregivers by 2025, **the government wants to increase community acceptance of technology that could help fill the gap in the nursing workforce....”***

And via our colleagues from Stat News, we learnt about the term “super aging”:

*“The world is rapidly aging — by 2050, the global population of those age 65 and older is projected to nearly double to 1.6 billion. That global graying has produced a new phrase: **“super aging,” or when more than 20 percent of people in a country are age 65 or older.** ...”* Japan is already there, obviously.

Yale News – [Yale leads largest-ever collaboration to educate health workers in Rwanda](#). Info on a 7-year training program.

## Miscellaneous

### Lancet Offline – Welcome to the new Age of Romanticism

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30203-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30203-4/fulltext)

*“...Alexander von Humboldt's life and beliefs are extraordinarily evocative today. As we come to understand the delicate interdependence between natural and physical worlds, Alexander's commitment to the unity of Nature, the relatedness of the living and non-living, and the ethical energy of life on our planet offers **the possibility of a new Age of Romanticism in the 21st century**. With Alexander von Humboldt as the guardian of its intellectual heritage.”*

Interesting proposition. It'll be that or total chaos.

### Lancet (Editorial) – Year of reckoning for women in science

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30238-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30238-1/fulltext)

**Feb 11** marks the **International Day of Women and Girls in Science**. *“An Editorial discusses the **need to create a gender-inclusive workplace environment** (in science & medicine). A strategy suggested in a [Comment](#) is **improved mentoring schemes as women progress in their careers**. “*

### MSF (update of the ‘Out of Sight’ report) – Italy: Migrants and refugees on the margins of society

<http://www.msf.org/en/article/italy-migrants-and-refugees-margins-society>

*“Around 10,000 migrants and refugees are living in inhumane conditions in Italy because of inadequate reception policies, says Médecins Sans Frontières (MSF) in a report released [today]. Refugees and migrants live in informal settlements and have limited access to basic services. MSF calls on national and local authorities to ensure that all migrants and refugees in Italy have access to medical care, shelter, food and clean water for the entire period that they are in Italy, regardless of their legal status....”*

### WHO - One year on, Global Observatory on Health R&D identifies striking gaps and inequalities

<http://www.who.int/features/2018/health-research-and-development/en/>

*“Each year, hundreds of billions of dollars are spent on research and development (R&D) into new or improved health products and processes, ranging from medicines to vaccines to diagnostics. But the way these funds are distributed and spent is often poorly aligned with global public health needs. **One year ago, the World Health Organization launched a new initiative to gather information and provide an accurate picture of where and how R&D monies are being spent**, helping governments, funders and researchers to make better decisions on investment and policy making priorities.”*

**...The Global Observatory on Health R&D has identified striking gaps and inequalities in investment both between countries and between health issues, with frequent disconnects between burden of disease and level of research activity....”**

Check out some of the (striking) results so far.

## Stanford Social Innovation Review - Scaling Science

[https://ssir.org/articles/entry/scaling\\_science](https://ssir.org/articles/entry/scaling_science)

*“Science delivers innovations that can spark social progress. But the common approaches to scaling up these innovations are based on commercial endeavors in which the goals are growth, expansion, and maximizing profit. The Global South, however, provides a different way forward where the goal is **scaling for the public good**.”*

*“...We need a broader way of thinking about scaling that takes our uncertainty into account and can be applied to the full range of contexts in which innovators, impact investors, funders, NGOs, social enterprises, and governments are currently acting. We are witnessing such an approach emerging across the Global South. ... Without turning their backs on clinical trials and other accepted approaches to creating and scaling solutions, IDRC and its partners worked to end the Ebola crisis in a different way. Their effort is one example of an **emerging paradigm of scaling** that we call “**scaling science**.” This new paradigm is based on a review of IDRC’s work that has aimed to advance a scientific or critical approach to scaling....”*

## Devex – Opinion: Your guide to investing in UAVs for delivering health care

<https://www.devex.com/news/opinion-your-guide-to-investing-in-uavs-for-delivering-health-care-91992>

*“Unmanned aerial vehicles, also known as drones, have become a hot topic in public health for their potential in delivering life-saving medicines, blood, or vaccines to people in remote areas. But much of the conversation is dominated by suppliers aiming to acquire market share for their latest products and services, and not enough comes from the perspective of health ministry officials, who have to make hard choices with little information. We would like to correct this imbalance by offering a guide to making informed decisions for improving health outcomes, and articulating some of the trade-offs involved. To examine the potential for employing UAVs across a public health system, a team from the Bill & Melinda Gates Foundation, John Snow, Inc., Llamasoft, Inc.,*

*and the Nichols Group looked at UAV cost-effectiveness compared to a motorcycle-based system and other well-run forms of land transport, using three sets of data from African countries over 12 months....”*

## IIED - Public-private partnerships and aid's 'private turn': addressing the investment law dimensions

<https://www.iied.org/public-private-partnerships-aids-private-turn-addressing-investment-law-dimensions>

*“Public-private partnerships (PPPs) are emerging as important vehicles for achieving the Sustainable Development Goals (SDGs). Their legal and financial implications must be carefully considered.”*

## Oxfam (blog) - What does ‘Dignity’ add to our understanding of development?

Tom Wein; <http://oxfamblogs.org/fp2p/what-does-dignity-add-to-our-understanding-of-development/>

Well worth a read.

## 2017 Global Go To Think tank index report

[https://repository.upenn.edu/think\\_tanks/13/](https://repository.upenn.edu/think_tanks/13/)

You find the Top Global Health Policy Think Tanks in Table 21. For what it’s worth...

And some quick links:

- **CGD (Notes)** – [Healthcare Systems as Intelligent Payers: What Can the Global Health Community Learn from the English National Health Service?](#)

By **Ed Rose, K Chalidou** et al. With **4 takeaways**: Leverage collective buying power; Improve the quality and transparency of information; Proactive shaping the drugs market; Make evidence-based decisions about what to purchase, before getting into the how or from where.

- **Guardian** - [World leaders unite in \\$2bn drive to tackle 'global learning crisis'](#)

News from last week on the **Global Partnership for Education replenishment conference in Senegal**: “Low-income countries have increased their commitment to tackling a “global learning crisis” as **world leaders promised to spend \$2.3bn on education over the next three years**. A host of dignitaries, including six African heads of state and the singer Rihanna, descended on Dakar to attend a high-level financing conference in Senegal. But **pledges fell far short of the \$3bn (£2.1bn) for which the Global Partnership for Education had hoped** following a warning by the World Bank that more than 260 million children worldwide are out of school, and that half of those in school are not learning. ...”

- **Guardian** - [Unicef recruits gamers to mine Ethereum in aid of Syrian children](#)

“The UN’s children’s agency, Unicef, has launched a futuristic pilot project to utilise the cryptocurrency Ethereum to raise money for Syrian children. **The scheme is part of wider efforts by Unicef and other UN agencies to find uses for the “blockchain” technology** associated with the cryptocurrency – the world’s second largest after the controversial Bitcoin – **to revolutionise not only how aid organisations raise money but also to increase transparency in their financial transactions....”**

## Emerging Voices

Stay tuned for the **EV Twitter chat tomorrow** (Saturday), with a view on EV applications for the **Liverpool EV venture** (deadline 5 March):

*“This coming **Saturday, February 10, 10AM EST**, we will be **hosting #EV2018 Twitter Chat** that aims to provide our audience especially those interested to join the next EV4GH with more info about our program, as well as encourage others to apply. “*

## India Today - Homegrown cure for Rabies get WHO nod

<https://www.indiatoday.in/magazine/up-front/story/20180212-world-health-organisation-rabies-low-cost-treatment-himachal-pradesh-omesh-bharti-1160811-2018-02-03>

Read about the work & impact of EV2010, **Omesh Bharti**, on global rabies policy.

*“The World Health Organization (WHO) has notified a rabies immunisation protocol developed by Omesh Bharti, 49, a government doctor in Himachal Pradesh, as the new global standard. The procedure, successfully tested on thousands of dog and monkey bite victims in the past five years, brings down the cost of treatment from Rs 35,000 to Rs 350 per patient...”*



## Social Sciences & Medicine - Ghana's community-based primary health care: Why women and children are 'disadvantaged' by its implementation

Roger A. Atingaa (EV2014), Irene Akua Agyepong, Reuben K. Esenac;

<https://www.sciencedirect.com/science/article/pii/S0277953618300492>

*"Policy analysis on why women and children in low- and middle-income settings are still disadvantaged by access to appropriate care despite Primary Health Care (PHC) programmes implementation is limited. **Drawing on the street-level bureaucracy theory, we explored how and why frontline providers (FLP) actions on their own and in interaction with health system factors shape Ghana's community-based PHC implementation to the disadvantage of women and children accessing and using health services.** This was a qualitative study conducted in 4 communities drawn from rural and urban districts of the Upper West region. ... Findings showed that apart from FLP frequent lateness to, and absenteeism from work, that affected care seeking for children, their exercise of discretionary power in determining children who deserve care over others had ripple effects: families experienced financial hardships in seeking alternative care for children, and avoided that by managing symptoms with care provided in non-traditional spaces. FLP adverse behaviours were driven by weak implementation structures embedded in the district health systems. Basic obstetric facilities such as labour room, infusion stand, and beds for deliveries, detention and palpation were lacking prompting FLP to cope by conducting deliveries using a patchwork of improvised delivery methods which worked out to encourage unassisted home deliveries. Perceived poor conditions of service weakened FLP commitment to quality maternal and child care delivery. Findings suggest the need for strategies to induce behaviour change in FLP, strengthen district administrative structures, and improve on the supply chain and logistics system to address gaps in CHPS maternal and child care delivery."*

## Research

### IJHPM - Addressing Health Equity Through Action on the Social Determinants of Health: A Global Review of Policy Outcome Evaluation Methods

J Lee, A Schram et al; [http://ijhpm.com/article\\_3459.html](http://ijhpm.com/article_3459.html)

*"Epidemiological evidence on the social determinants of health inequity is well-advanced, but considerably less attention has been given to **evaluating the impact of public policies addressing those social determinants.** Methodological challenges to produce evidence on policy outcomes present a significant barrier to mobilising policy actions for health equities. This review aims to examine methodological approaches to policy evaluation of health equity outcomes and identify promising approaches for future research. **We conducted a systematic narrative review of literature critically evaluating policy impact on health equity,** synthesizing information on the methodological approaches used..."*

## IJHPM – What Is Resilience and How Can It Be Nurtured? A Systematic Review of Empirical literature on organizational resilience

E Barasa, L Gilson et al ; [http://ijhpm.com/article\\_3460.html](http://ijhpm.com/article_3460.html)

*“Recent health system shocks such as the Ebola outbreak of 2014–2016 and the global financial crisis of 2008 have generated global health interest in the concept of resilience. The concept is however not new, and has been applied to other sectors for a longer period of time. **We conducted a review of empirical literature from both the health and other sectors to synthesize evidence on organizational resilience....**”*

## Globalization & Health - Guidelines for responsible short-term global health activities: developing common principles

J Lasker et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0330-4>

*“Growing concerns about the value and effectiveness of short-term volunteer trips intending to improve health in underserved Global South communities has driven the development of guidelines by multiple organizations and individuals. These are intended to mitigate potential harms and maximize benefits associated with such efforts. This paper analyzes 27 guidelines derived from a scoping review of the literature available in early 2017, describing their authorship, intended audiences, the aspects of short term medical missions (STMMs) they address, and their attention to guideline implementation. It further considers how these guidelines relate to the desires of host communities, as seen in studies of host country staff who work with volunteers...”*