

# IHP news 457 : MeToo in the aid sector

( 16 February 2018)

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

Dear Colleagues,

*The **commotion around the Global Fund's disturbing partnerships** continued over the weekend, among others with a hard-hitting [viewpoint](#) in the Lancet, but then the **Oxfam scandal** (and its ripple effect) took over the "limelight". It's clear the **aid sector** (which includes the UN architecture) is now facing **its own #MeToo moment**, long overdue, as some of these practices have been around for a very long time, rooted in power dynamics, (post-)colonialist attitudes or downright "male pig" behaviour. Among others.*

*Arguably, as psychologists will be keen to tell you, many of us have at least some traces of an inner Caligula, Bacchus or Cleopatra - I admit, the latter not exactly in the same league as the former - buried deep down, or other dark/dodgy demons routinely swept under the (more or less subconscious) mat, having been disciplined as neoliberal/decent citizens. But even taking this into account, the uproar on the organized debauchery & sexual exploitation of vulnerable people is more than warranted. The [need for drastic \(structural\) reform](#) of (part of) the aid sector in this respect is thus urgent (as for example **Owen Barder** suggested in a spot-on thread of tweets), even if evidently some political actors in the UK and elsewhere are now snowboarding like Shaun White on the scandal to do away with aid and the idea of global solidarity altogether. For once, ["draining the swamp"](#) thus seems the right thing to do. Unlike in US politics, the early signs of a strong reaction by the aid sector don't look bad. And to cheer up the people working at Oxfam, we re-post **Jonathan Glennie's tweet** here: "To all the brilliant people @Oxfam, you work for one of the world's most wonderful organisations. Serious mistakes were made – let's learn and change. Oxfam will emerge stronger and so will the sector. It's a chance to refind and renew ourselves. Wishing you strength and belief." Sums it up nicely.*

*From Caligula to Bill **Gates** is a rather big leap, I admit, even for this newsletter. Bill & Melinda published their (10<sup>th</sup>) **annual letter** this week, answering 10 of the toughest questions asked to them over the years. **Preparations for the 40<sup>th</sup> anniversary of Alma Ata** have also started, Richard Horton paid a visit to that other pope in Rome to kickstart a new Lancet Commission, The **Donald's new budget** request is as worrying as always, and we also pay some attention to the **"Agenda 2030 for Children: End Violence Solutions Summit"** in Stockholm. On Valentine's Day, the day of 'old, new and never meant to be' partnerships, another Big Alcohol representative, **AB Inbev's** CEO, informed the world he's going to help ensure ["Safer Roads for All Through the Power of Partnerships"](#) (no kidding), together with the UN Institute for Training and Research (UNITAR). There was also remarkable [news](#) from Ethiopia, where the prime minister resigned, and last but not least, as you no doubt know already, **Zuma** is no longer in charge in South Africa. Feels good to end this week's intro on a positive 'drain the swamp' note : )*

Enjoy your reading.

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## Featured Article

### Leaving the poor behind: unsafe roadside medication and UHC in Cameroon

Louis Ako-Egbe, MD, MPH scholar, ITM

“Can I dispense Floxapen (antibiotic) for Flucazole (antifungi)...?” asked a roadside drug vendor. This, and many others, are some of the poor practices Cameroonians are exposed to on a daily basis. What an untimely coincidence, at a time when countries are aligning themselves towards the [2030 Sustainable Development Goals](#) (SDG) agenda and focusing on achieving [Universal Health Coverage](#) (UHC). Access to safe, effective and affordable essential medicines and vaccines, for all citizens without financial hardship, is a crucial component of UHC.

The issue of adequate access to essential medicines has (re)captured global interest as it increasingly affects both rich and poor countries. This was demonstrated by the recent [UN High-Level Panel](#) on Access to Medicines in which, among others, WTO member countries were reminded of the need to apply the TRIPS agreement/flexibilities enshrined in the [Doha Declaration](#). In Cameroon however, access to essential medicines is still problematic; the fact that anti-retroviral drugs which are distributed free of charge in health facilities, are sold on the black market, illustrates this very well. Consequently, the vulnerable population continue to consume [poor-quality medicines](#) especially [antibiotics and antimalarials](#), from unregulated roadside vendors.

The growing influence of private providers of healthcare, especially in LMICs, cannot be overemphasized. They range from low-quality/under-qualified, not-for-profit providers, to corporate commercial hospitals, and this [heterogeneity](#) makes the regulation and rating of service quality challenging.

In addition to the typical private providers, roadside medicine vendors also play a big role in the Cameroonian health system, because they are [convenient, affordable, and socially and culturally preferred](#). These vendors however, usually have little or no medical training. As a result, the poor who are the major users, are often exposed to sub-therapeutic doses of medications and wrong prescriptions, which can lead to drug resistance (especially [antibiotic drug resistance](#)), [renal failure or death](#) from toxicity. In addition to this, they face the risk of catastrophic [out-of-pocket](#) spending, because of repeated sub-optimal treatment regimens.

Many institutions have been created and tasked with ensuring the safety of medicines in Cameroon. The [National Drug Quality Control and Valuation Laboratory](#) (LANACOME) for drug quality control and the National Central Supply of Essential Medicine agency (CENAME) for procurement and distribution of essential medicines with its [regional network](#), are among the most important ones. Besides these, private-not-for-profit institutions like the [Cameroon Baptist Health Services Board](#) also procure, distribute and regulate medicines for their institutions.

The formal private-for-profit arm of the industry, dominated by large commercial pharmacies and pharmaceutical agencies, is regulated by official pharmacists' associations, while the informal sector remains unrecognized and labelled 'illicit' by Cameroonian law. Consequently, for many years the policy has been to prohibit the existence of roadside medicine stores, with occasional raids to 'seize

and burn' their products and seal the stores. These attempts can be likened to depriving the poor of their only source of medicines.

The [fight against illicit medicines](#) in Cameroon and her regional neighbors has proven futile because of many reasons. One is lack of political will, and the [sub-optimal capacity](#) of state agencies to control the quality, safety and efficacy of medicines circulating in Cameroon. For example there are undetected counterfeit medicines in both the informal market and health facilities, and [regular stock outs of essential medicines](#) in national drug warehouses due to poor planning and a low percentage of the government budget allocated to health ([5.4%](#)).

Another reason is the insufficient number of registered pharmacies which also often dispense mainly expensive branded medicines, and are seldom [accessible](#) at night when most health emergencies are experienced by the poor. Furthermore, there are many trained health workers without formal employment who, together with a vast number of lay businessmen, have availed themselves of a [plethora of generics from Asian companies](#) & [local manufacturers](#). They fill the vacuum created by an inefficient public health sector and an expensive formal pharmacy sector in Cameroon, and in so doing, make a living through the seemingly lucrative medicine venture.

Experience from many LMICs has shown that the complete [prohibition of actors from the informal sectors is an enormous challenge](#). Cameroon should therefore try to find a way of incorporating them into healthcare delivery, perhaps by partnering with them to the best extent possible, while regulating them as much as possible. The country should adopt measures to engage informal medicine vendors in the improvement of the quality and coverage of essential medicines.

Firstly, these vendors can be organized, trained and supervised to enhance the quality of medicines, as [demonstrated with informal providers in India](#). Secondly, augmenting the existing [community response](#) via dialogue structures can adequately inform communities, make public facilities competitive and discourage unofficial vendors. Thirdly, CENAME can improve coverage by creating Generic Pharmacy Franchise outlets which are accessible to the poor and easy to regulate, as is the case in [Mexico](#) and the [Philippines](#), rather than limiting medicine supplies to public health facilities alone.

There is a strong need for national, regional and multilateral collaboration to reinforce regulations on the importation & circulation of medicines in Cameroon territory. Increasing government spending on health (and aiming for the [Abuja target](#) ) would be a laudable first step, as it would help to reduce out-of-pocket payments and the currently frequent stock outs of medicines. However, the challenges outlined above illustrate the fact that there are no easy solutions to the problem. Still, the system must be reformed, because without change, UHC will remain a distant dream for Cameroon.

## Highlights of the week

## Annual letter Bill & Melinda Gates

**Guardian - Bill and Melinda Gates urge Trump to respect people and to not cut foreign aid**

<https://www.theguardian.com/world/2018/feb/13/bill-melinda-gates-foundation-trump-budget-foreign-aid>

Must-read **analysis** of the Gates' annual letter of this year. *"Donald Trump should treat people – especially women – with more respect and continue investments in poorer countries for the sake of global security, Bill and Melinda Gates said on Tuesday..."*

If you want to know in more detail how Bill & Melinda responded to 10 tough questions, see [the annual letter](#). I kind of liked question 8 – "Is it fair that you have so much influence?"

## Preparations 40th anniversary Alma Ata

It appears preparations for the 40<sup>th</sup> anniversary in Almaty are gearing up. A few tweets from an expert meeting this week – **the first technical meeting on the renewal of PHC for UHC, or a Global Workshop supporting a Renewed Political Declaration (13-14 Feb) (Geneva)**

*"The road to a renewed #AlmaAta via reinvigorating primary health care 4 #UHC needs shifts: fr vertical 2 integrated people centered approaches, fr survival 2 #health & #wellbeing, fr disease 2 prevention, need 2 reach all #atAllAges. Insights opening remarks @WHO experts meeting"*

**Rifat Atun** - *"Privileged to be part of the International Expert Group planning 40th Anniversary of the Alma-Ata Declaration @WHO :putting 'new' PHC at the heart of health systems to achieve #UHC #equity & #healthforall. #SDGs #AA40 "*

*"Achieving #UHC will require #peoplecentred #primarycare -key message coming out of #AA40 meeting @WHO now, vision of #GPW13 & @DrTedros"*

Some of you might want to keep an eye on the hashtag [#AA40](#).

## (UK) Oxfam abuse scandal & broader ramifications for aid

**MeToo** is (going) **global** now, as Alice Evans pointed out on Twitter, and **has now also reached the aid sector**. The "Oxfam in Haiti" sexual abuse story was all over the media this week, "starring" a Belgian, of all people. Who, actually, said that a [lot had been exaggerated](#) by the media.

By now, that doesn't matter anymore, though, as the story has gone viral, and kicked off a chain reaction. The **broader impact** (for DFID, UK aid, ... and beyond) will probably depend on how the aid sector reacts to the call for structural reform in this respect.

Some reads from this week:

**Guardian** - [#MeToo strikes aid sector as sexual exploitation allegations proliferate](#) *“Senior figures in the humanitarian world have described the allegations of sexual exploitation that have embroiled Oxfam as the **tip of the iceberg and the aid sector’s #MeToo moment**. In interviews with the Guardian, humanitarian officials with experience working across the globe have told largely similar stories of colleagues’ use of sex workers, suspicions of the exploitation of vulnerable women for sex – including minors – and a unwillingness of their organisations to properly tackle the issue....”*

**Reuters** - [Oxfam International boss says Haiti scandal 'breaks my heart'](#) (with the reaction of Oxfam International’s executive director, **Winnie Byanyima**).

**Devex** - [Oxfam abuse scandal must be a 'wake-up call,' Mordaunt says](#)

*“The Oxfam scandal must be a “wake-up call” for the aid sector, the United Kingdom’s aid chief **Penny Mordaunt has said**, calling on the community to work together to protect beneficiaries and staff from sexual exploitation and ensure the “morally repugnant” actions of a small group of aid workers do not “tarnish” the sector. **Mordaunt’s comments, made Wednesday morning during the End Violence Solutions Summit in Stockholm, are part of a strong response by the U.K. Department for International Development to newspaper reports of sexual exploitation among a small group of Oxfam staff in Haiti in 2011....”***

**Devex** - [Oxfam sexual abuse scandal: Are the aid sector's HR systems failing?](#)

*“In the wake of news that some of the men involved in the Oxfam sexual misconduct scandal went on to find work elsewhere in the aid sector, **humanitarian organizations are being forced to examine the human resources and safeguarding practices that allowed alleged perpetrators of sexual exploitation to move from disaster zone to disaster zone, ignored or undetected....”***

Excerpt:

*“In the aid sector, little to no organizations have this mechanism in place. Oxfam, which has recently come under fire in the press for [reports of sexual abuse], actually does have these mechanisms in place. They are some of the most thorough I have seen.” She explained that the outraged reactions to the number of reported cases of sexual exploitation were understandable but, in part, misguided, since **growing numbers of cases reflect better reporting mechanisms**. While the crimes committed are heinous, she said, **the fact that the reports are beginning to roll in is a “sign that the system is working.” ...***

**Guardian** – [The toxic effects of the Oxfam scandal have weakened us all in the aid sector](#)

**Kevin Watkins** (Save the Children) is always worth reading. *“Across our programmes at Save the Children, we deal with some of the world’s most vulnerable people. The only antidote to abuse is zero tolerance.”*

Thomson Reuters - [Six of 10 aid agencies open about sex abuse cases amid Oxfam scandal - survey](#)

*“Only six out of 10 global aid agencies were willing to disclose the extent of sex abuse by their staff in an exclusive survey, as a major sex scandal involving British charity Oxfam ricochets through the sector....”*

*“...Several industry experts have warned that the **backlash against Oxfam could drive charities to cover up cases of sex abuse for fear of losing support and funding from the public, donors and governments....**”*

The right approach, is, of course, the one **MSF** is taking – full transparency.

Devex - [Oxfam announces reforms, due to meet UK aid chief after sexual misconduct scandal](#)

Guardian : [Oxfam scandal must force aid sector to finally address its own power](#) Deborah Doane is also always worth reading. *“If Oxfam responds by listening to its critics it could restore faith in a sector that was damaged long before the latest allegations.”*

Guardian - [The Oxfam sex story is horrific. So is the war on foreign aid](#)

The latter war is led by many Tories who are fed up with the 0.7 %. *“...The Oxfam scandal has become a **fresh front in a culture war: any aid that isn’t a geopolitical or trading instrument is hypocritical do-gooding....**”*

The Conversation - [Oxfam scandal: development work is built on inequality but that’s no reason to cut foreign aid](#) We also enjoyed this piece from a researcher from University of Bath.

Guardian testimony - [As a former aid worker, I’m not shocked by the Oxfam revelation](#)

*“... It’s not a coincidence that most of Britain’s biggest aid NGOs are dominated by white men and some white women at a senior level. Women have described it as **“bro” culture**. The culture of silence runs deep – the usual fears that prevent women and whistleblowers from speaking out apply here (for example, the UN whistleblowers in Haiti received anonymous threats). But there is an **added stigma in the aid world**. There is a **fear that if we tell the truth, the reputational damage to the agencies will benefit the sections of the press and politicians who want to reform the sector....**”*

The Economist’s take - [The Saints And Sinners Of Oxfam](#)

To conclude, an interesting **thread of tweets** by Owen Barder (CGD Europe):

*“A **short thread with some thoughts about sexual abuse, including in the aid industry**. tl;dr there is a widespread problem we need to address; it is not about @oxfamgb and I remain a proud Oxfam supporter. 1/13*

*There is, disgracefully, sexual harassment and abuse across all industries. Anyone who doubted that will have learned forcefully from the MeToo campaign that the problem is widespread. The good news is that we seem to be beginning to address it. 2/13*

*The aid and development sector is regrettably no exception. There are both individual cases and systemic problems, as there are in other sectors and industries. 3/13*

*It can be harder to uncover and tackle abuse in a sector in which many of its supporters and employees feel strong affinity to the mission. People are reluctant to undermine the institutions This has led to cover ups in churches, politics, trade unions, and in NGOs. 4/13*

*When people say "it is a few bad apples" they dismiss the possibility (indeed likelihood) that there are systemic problems. I understand why people want to protect worthy organisations, but the best protection in the long run is to face up to and address these problems. 5/13*

*Conversely, there is no reason to think that the aid sector, or any particular organisation within it, is especially problematic. We have seen problems in business, politics, sport, entertainment and many others 6/13*

*It would be especially paradoxical to single out @oxfamgb which has fought an important fight for women and girls, and for rights, and against sexual abuse around the world. They are a key voice against abuse in the aid sector and in society. 7/13*

*Nobody said after Harvey Weinstein that we should shut down Hollywood. Nobody says that appalling, systemic abuse in business or politics means those industries should be shut down. But they do need to change. 8/13*

*British aid is among the most effective in the world (I'm quoted on this in The @TheEconomist today <https://www.economist.com/news/britain/21736995-hurricane-harvey-whirls-through-aid-industry-saints-and-sinners-oxfam> ...). I am proud of what our development aid, partly through our NGOs, achieves. 9/13*

*Calls to scale back aid (for example by jettisoning the commitment to 0.7%) or to single out @oxfamgb (for example but removing its funding) are absurd. So too are efforts to minimise the problem by asserting that it is a few isolated examples. 10/13*

*In my view, @PennyMordaunt and @DFID\_UK have got this exactly right - demanding systemic reform across the sector as a whole without suggesting that this undermines the case for aid or demonising particular organisations. 11/13*

*We have to bring about systemic change and end the culture of cover-ups. Singling out particular industries, or particular NGOs, makes it harder to expose and address these problems. 12/13*

*So let's all roll up our sleeves and redouble our efforts to address these society-wide problems, including in the sectors in which we work. I'm a proud @oxfamgb supporter and will continue to be. 13/13"*



## Guardian - UN staff say they were urged to support official accused of sexual misconduct

<https://www.theguardian.com/global-development/2018/feb/14/un-staff-say-they-were-urged-to-support-official-accused-of-sexual-misconduct>

The latest update on the **UNAIDS** harassment story. *“Employees claim they were implored to sign letter vouching for senior UNAids figure, amid calls for the UK government to establish an independent inquiry into harassment allegations.”*

## Trump & global health

### IP-Watch - Trump Budget Would Slash Funding For Health, International Organisations

<https://www.ip-watch.org/2018/02/13/trump-budget-slash-funding-health-international-organisations/>

(gated) *“The Trump administration this week proposed drastic cuts in funding for international activities including foreign policy and global health in 2019, while further building up military and big business activities. Programs related to international activities will have to prove their value to American interests and other countries are demanded to pay more, according to the **proposed budget sent yesterday to Congress**, which is ultimately expected to set about the task of restoring numerous programs.”*

### KFF - White House Releases FY 2019 Budget Request

[KFF](#);

(must-read) brief with an overview. **“The White House released its FY 2019 budget request to Congress on February 12, 2018, which includes significant cuts to global health programs compared to FY 2017 enacted levels (the overall levels in the request are similar to the FY 2018 budget request).”** It’s a depressing list of budget cuts suggested by the Donald to USAID & State, CDC, Global Fund, PEPFAR, ... and many other global health programs. The only exception seems to be **global health security**, but even there the tiny increase is nowhere near what’s required.

### Devex - Trump budget proposes more US aid cuts, but backs new DFI

<https://www.devex.com/news/trump-budget-proposes-more-us-aid-cuts-but-backs-new-dfi-92097>

*“President Donald Trump’s 2019 budget request included all of the expected proposals to cut United States global development spending, but it also **endorsed** one of the most significant aid reform ideas to gain serious traction in years: Creating a **new development finance institution**....”*

See also [another Devex analysis](#), published just ahead of the release of the budget :

*“...If lawmakers do move a new U.S. development finance institution from proposal to reality, it will stand as a major aid reform accomplishment at a time when many development programs are facing White House pressure to cut back. **The new institution would also mark the arrival of development finance in a more central role in U.S. global development policy**, having overcome political battles that hindered efforts to strengthen these institutions in the past. ... Enhancing U.S. development finance could fit neatly into an agenda that has emerged as one of USAID Administrator Mark Green’s biggest early priorities — finding ways to “transition” countries from development assistance to a new form of partnership with the U.S. government. ... “Development finance is the future of development policy. We want to shift away from foreign assistance to foreign investment, and countries want to shift away from being aid recipients. They want private investment, and development finance is the public policy tool to catalyze capital flows into productive sectors,” Todd Moss (CGD) said.”*

## Lancet World Report – CDC faces leadership changes, potential spending cuts

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30259-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30259-9/fulltext)

**Must-read analysis.** *“The CDC has indicated it will reduce its foreign presence, and proposed budget cuts make some fear its core functions are threatened. Susan Jaffe, The Lancet’s Washington correspondent, reports.”* Includes also an assessment of the new budget request, and global health implications (including global health security).

And a few other pieces, not directly linked to Trump’s budget request:

Guardian - [Fears grow that Trump’s threat to US foreign aid is putting lives at risk](#)

*“America’s \$42bn foreign assistance programme is facing “unprecedented” disruption a year into Donald Trump’s presidency, according to former top officials who have described the White House’s approach as deeply counterproductive and **putting lives at risk**. Scott Morris, a former senior US Treasury official now with the Center for Global Development in Washington, told the Observer: “**One of the negative things to watch for is how seriously this administration seeks to operationalise a policy of ‘aid to friends’ across the board....**”*

## Devex – NGOs push back on positive US review of 'global gag rule'

<https://www.devex.com/news/ngos-push-back-on-positive-us-review-of-global-gag-rule-92071>

Follow-up on last week’s news on the US review. *“Global health organizations called the United States State Department’s new **findings** that the vast majority of foreign NGOs are complying smoothly with its reinstated Mexico City Policy “**skewed**” and “**premature and inadequate**.”*

## Winter Olympics in South Korea & health

From what we read, the [North Korean cheerleading team](#) has boosted the mental health of many viewers around the world, and of course there’s the mysterious norovirus, but here we just want to flag:

Guardian - [Cigarette companies don't sponsor the Olympics. Why does Coca-Cola?](#)

*"...The advertising of tobacco products at the Olympic games has been outlawed since 1988. But to bar tobacco from advertising at the Olympics, yet to allow companies like Coca-Cola and McDonalds, is nonsensical, given that the major risk factor that drives the most death and disability combined around the world is diet. The International Olympic Committee (IOC), given historical criticism of the Olympics' association with junk food, must be aware of this fact. Yet through neglect or design, it has done nothing to stop Olympic athletes from being courted by brands like Coca-Cola. It should know better...."*

## Global Fund partnerships

That brings us seamlessly to the Global Fund's dodgy partnerships – see also this week's intro.

### Lancet - Stop the toasts: the Global Fund's disturbing new partnership

Robert Marten & Ben Hawkins ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30253-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30253-8/fulltext)

This was without any doubt the read of the weekend (even if we're not allowed to work at the weekend). *"...The partnership with Heineken is antithetical to the Global Fund's core interests. **It is clearly an attempt by the alcohol industry to market partnerships with key global health actors to reframe themselves as part of the solution instead of the problem.** This partnership shapes and distorts policy makers' perceptions of the industry and deflects public attention away from regulation to protect public health and save lives. By cooperating with, supporting, and legitimising the alcohol industry, the Global Fund is endangering its own credibility and risks losing public trust...."*

Or as Andrew Harmer [put it](#) last week in a blog, 'The Global Fund's Mugabe moment', *"...The fact of the matter is that these corporations, ie Heineken, are exercising their power over the @GlobalFund, not the other way around."*

This inspired also watchers to [ask](#) if the GF has a Framework of Engagement with Non-State Actors (like WHO has with FENSA).

Some tweets then:

Ilona Kickbusch – *"This is an interesting example how private donors//partners can become less acceptable as the #globalhealth debate shifts and the seriousness of the #NCDs pandemic sinks in - global health org need to have common policy @who to lead"*

Robert Marten – *"Agreed! If #globalhealth wants to be serious about the Sustainable Development Goals, we need to shift and reframe our thinking, governance and policies **from the MDGs to the SDGs.**"*

*“The @GlobalFund was best practice when it was created in 2002. It’s now 2018. **The Fund's leadership should use this moment as an opportunity to exert leadership and create a new vision for the Sustainable Development Goal/SDG era.**”*

*Congratulations to **#Sweden** for its leadership! It seems **#Sweden** feels like **#Norway** about the @GlobalFund’s Disturbing Partnership with Heineken. (Together they represent GF contributions of close to \$200M a year.)*

**Amanda Glassman**

*“@MartenRobert Heineken has always been part of the private sector constituency of the @GlobalFund board..”*

We also want to flag here **Anthony Costello (WHO)’s series of tweets on another dodgy partnership of the GF, with Lombard Odier:**

*“Not only Heineken. Ten questions for the Board of the Global Fund for AIDs, TB and Malaria about their director’s Davos deal with a Swiss private bank, Lombard Odier.*

*1.Theft from governments and flight capital is a major problem for low and middle income country health systems. Lombard Odier has been implicated in failing to monitor flight capital and money laundering. First, in the Brazil Petrobras scandal.*

*2. Then failing to spot money laundering from Argentina.*

*3. They were fined \$99.8 million by the US government for failing to prevent tax avoidance from US high net worth individuals <https://www.justice.gov/opa/pr/justice-department-announces-two-banks-reach-resolutions-under-swiss-bank-program-4> ...*

*4. From Uzbekistan. Lombard Odier currently faces litigation (US Justice Case No. 1:16-cv-01257) over alleged failure to track illicit payments of \$797 million made by the daughter of Islam Karimov, the former President of Uzbekistan.*

*5. Swiss prosecutors froze \$797 million of payments into Lombard Odier. The case document shows 347 million dollars went through Standard Chartered Bank when the GF director was CEO. Was he or Patrick Odier, CEO of Lombard, aware of these transactions at the time?*

*6. Were the Uzbekistan payments, allegedly laundered through Standard Chartered to Lombard Odier, covered by the 2012 and 2014 fines totalling \$667 million paid by Standard Chartered Bank to US regulators for breaching anti-money laundering rules when the GF Director was CEO?*

*7. The GF plans to work with Lombard on new private funding deals, eg. social bonds, to provide both social benefit + returns to private companies. Did the GF Director have any commercial relationship with Lombard when he was CEO of Standard Chartered? Were these links declared?*

*8. What will be the commercial benefit and/or fees paid to Lombard Odier in future planned deals? Was the contract tendered for other Banks to apply?*

9. Conflicts of interest are taken seriously by international agencies eg. WHO adheres strictly to the Framework for Engagement with Non-State Actors. Is there a similar charter to guide commercial relationships at the GF? Do deals with Heineken + Lombard Odier abide by GF rules?

10. Over 99% of GF funds come from donor governments and Foundations. Does the Board think deals with Heineken and Lombard Odier expose the Global Fund to reputational and financial risk?"

## **“Safer Roads for All Through the Power of Partnerships” – AB Inbev-UNITAR partnership**

**Carlos Brito** (AB Inbev CEO) <https://www.linkedin.com/pulse/safer-roads-all-through-power-partnerships-carlos-brito/>

The Global Fund’s dodgy example is clearly contagious, certainly in the new SDG ‘let’s engage with the private sector’ era, leaving really no one behind.

News from Valentine Day, the day of new partnerships: **“United Nations Institute for Training and Research (UNITAR) and Anheuser-Busch InBev (AB InBev) are partnering on a global public awareness and a capacity-building initiative called "Strengthening Road Safety in Cities."** This initiative will bring together leaders across sectors to share best practices and to implement holistic programming to – ultimately – save lives.... ... The UNITAR-AB InBev partnership builds on "Together for Safer Roads (TSR)," a coalition of private companies tackling road safety issues by sharing knowledge, data, technology, and global networks to catalyze impactful solutions. “

Reaction **Robert Marten**: ***“Dear @drtedros, I fear we are facing an epidemic of partnerships with the alcohol industry. Might you and @WHO be able to provide evidence to help inform and shape broader @UN policies on this? Thank you for your consideration!”***

## **International Condom day (13 Feb)**

**“International Condom Day (ICD) is an informal holiday usually observed on February 13 in conjunction with Valentine’s Day.** ICD promotes safer sex awareness in a fun and creative way while encouraging people to use condoms. International Condom Day seeks to promote the use of condoms as a means of preventing unwanted pregnancies and sexually transmitted infections (STIs).”

Don’t know how you celebrate International Condom Day. (Or rather, I don’t wanna know : ) )

## **Lancet Infectious Diseases – Early safety and efficacy of the combination of bedaquiline and delamanid for the treatment of patients with drug-resistant tuberculosis in Armenia, India, and South Africa: a retrospective cohort study**

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30100-2/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30100-2/fulltext)

*“A study done by MSF describes the safety and efficacy of using bedaquiline and delaminid in combination to describe multidrug-resistant TB. “*

See also coverage by **Science Speaks** - [Findings indicate two newest TB drugs, bedaquiline and delamanid in combination safe, promising for patients with few options.](#)

## **Dengue vaccination**

### **Lancet (Letter) – Dengue vaccination: a more balanced approach is needed**

Tikki Pang et al (on behalf of the Asia Dengue Vaccine Advocacy Group)

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30245-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30245-9/fulltext)

*“Media reports have cast doubt on the safety of dengue vaccination, resulting in the suspension of school-based immunisation programmes in the Philippines. The main concern about the vaccine is the risk of severe disease in children naive to dengue virus. Although these concerns are justified, it is important to consider this risk in the context of the wider population and to consider the public health value of dengue vaccination for the prevention of a disease that affects 400 million people annually, mostly in developing countries....”* The authors suggest 2 approaches to dengue vaccination.

## **China & global health**

### **BMJ (Feature)– Rise of a new superpower: health and China’s global trade ambitions**

<http://www.bmj.com/content/360/bmj.k595>

Good update on the **Silk & Belt Road**. *“Massive foreign infrastructure projects are designed to increase China’s economic and political influence—for example, opening up new markets to Chinese drugs and tobacco. The “belt and road initiative,” writes **Flynn Murphy**, the country’s enigmatic policy backed by huge investment, could have profound implications for local and global health.”*

In other China & global health related news, the AU [reported](#) **China will help establish an African Union office in Beijing.**

*“... China welcomed the planned establishment of an African Union Office in Beijing to ensure effective and timely follow-up of the China-Africa partnership, and committed to support the setting up of this Office. This representation will also support the work of the African Group of Ambassadors in Beijing, to ensure alignment with African Union positions. It should be noted that China had established a Permanent Mission to the African Union, since 2015. **The two sides also discussed China’s support to the African Union Centres for Disease Control and Prevention (Africa CDC).** China agreed to expedite the construction and equipping of the Africa CDC, within the framework of the five-year strategic plan developed by the Africa CDC in collaboration with international partners, including China. China committed to earmark RMB 500 million to that end and in support of other projects. ...”*

And Bill Gates noted, in an interview with Xinhua, [China's growing innovation capacity to play bigger role in global health](#).

## Lancet (Correspondence) – Germany's contribution to global health

M Bonk et al ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30246-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30246-0/fulltext)

While applauding Germany’s increasing leadership in global health, the authors say **Germany still has a long way to go**: “...*The **fundamental problem is conceptual**: the persistent misinterpretation of global health as just an extension of national public health or international health, with a strong focus on strengthening health systems and bringing medical supplies to low-income countries. Most German stakeholders interpret global health as being part of the development agenda and even the government's Marshall Plan with Africa is highlighting this **post-colonial approach**. We argue that **global health requires a multidisciplinary, transnational approach that considers and cross-links the social, environmental, political, commercial, and other determinants of health....***”

You might also want to read some of the other Letters in the Lancet related to Germany’s expanding role in global health, including the Authors’ reply - [Germany's expanding role in global health – Authors' reply](#).

## Global Health Security

Some reads from this week:

- An **Op-Ed by Gavin Yamey** from last week, after the news on CDC’s imposed global health security cuts - [Penny-wise, pandemic-foolish](#)
- **Speech Tedros** at a UAE conference (World Government Summit, Dubai) earlier this week, [“Can we create a pandemic-free world?”](#)

In his speech, he laid out what WHO is doing (and planning) in this respect. See also [“A deadly epidemic could start at any time - and we're not ready, says the head of the WHO”](#).

- Cidrap - [Studies: Next major outbreak could bring high US job loss](#)

*“The next large-scale infectious disease outbreak would not just be a public health crisis but also an economic crisis for the United States, in the shape of jobs lost and a draining of the export economy—even if it were to happen halfway around the world—according to two studies from the Centers for Disease Control and Prevention (CDC) published in Health Security....”*

## End Violence Summit (Stockholm, 14-15 Feb)

The #EndviolenceSWE Summit in Stockholm, 14-15 Feb, gathered world leaders in the common goal to end violence against children. Tedros participated.

**WHO – Global summit highlights solutions to end violence against children, calls for accelerated action**

[http://www.who.int/violence\\_injury\\_prevention/violence/violence-against-children/note-to-media/en/](http://www.who.int/violence_injury_prevention/violence/violence-against-children/note-to-media/en/)

*“Globally, up to 1 billion children aged 2-17 years – or one in two children – have suffered physical, sexual or emotional violence or neglect in the past year. WHO [will be] joining global efforts next week aimed at promoting solutions, and reinforcing global commitments, to end all forms of violence against children. ... Dr Etienne Krug, from WHO, says experiencing violence in childhood has lifelong impacts on the health and well-being of children, their families and communities. “We must not tolerate that half of the world’s children suffer violence each year,” explains Dr Krug, Director of the WHO Department for the Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention. “The sad fact is that we know what needs to be done, yet we do not do it. Violence is not inevitable. Its causes are understood and it can be prevented; only the will is needed.” “Evidence-based measures include those reflected in the WHO-led [INSPIRE: Seven strategies for ending violence against children](#), ...”*

**Speech Tedros** <http://www.who.int/dg/speeches/2018/end-violence-solutions-summit/en/>

*“... The World Health Organization is proud to be among the founding members of the Global Partnership to End Violence Against Children, and I am excited to be here with you today to celebrate our successes and plan how to scale up...”*

## Report Save the Children: One in six children 'affected by conflict'

<http://www.bbc.com/news/world-43059413>

**New report released ahead of the influential Munich Security Conference**, which begins on Friday and which the charity says is an opportunity for global leaders to agree on measures to protect children. *“One in every six children are now living in a global conflict zone, a new report by Save the*



*Children claims. Children are at more risk from armed conflict now than at any other time in the last 20 years, the charity says. Its new analysis found more than 357 million children were living in a conflict zone - an increase of 75% from the 200 million of 1995. Syria, Afghanistan and Somalia were ranked as the most dangerous places for children. In general, children in the Middle East were most likely to live in a conflict zone, where two in every five lived within 50km of the site of a battle or other fatal attack. Africa was ranked second, at one in five...."*

In a somewhat related report, "[Gaps in data covering refugees, asylum seekers, migrants and internally displaced populations](#) are endangering the lives and wellbeing of millions of children on the move, warned five UN and partner agencies [this week]. In 'A call to action: Protecting children on the move starts with better data', UNICEF, UNHCR, IOM, Eurostat and OECD together show how crucial data are to understanding the patterns of global migration and developing policies to support vulnerable groups like children. "

## PBF debate

**BMJ Global Health - Towards a more balanced rethinking of performance-based financing**

<http://blogs.bmj.com/bmjgh/2018/02/09/towards-a-more-balanced-rethinking-of-performance-based-financing/?hootPostID=809dae051e182401341de958313b0830>

The latest addition in this debate, and a nice one. By **Maarten Oranje** (Cordaid).

## World Bank

**Project Syndicate - The World Bank Needs to Return to Its Mission**

Jeff Sachs; <https://www.project-syndicate.org/commentary/world-bank-bad-wall-street-strategy-by-jeffrey-d-sachs-2018-02>

Must-read from **Jeff Sachs**. "With a clear plan, the World Bank would be able to find partners to help it support progress toward achieving the Sustainable Development Goals, which has been disappointing so far. Instead, the Bank is adopting an approach that would leave poor countries mired in debt, by relying on Wall Street to finance their basic needs."

## Lancet Global Health (March issue)

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

Plenty of good stuff in this new Lancet Global Health issue. Check out, among others:

- The [editorial](#) - Local research in Africa: a glimpse at possibilities in Niger
- Exploring the broader consequences of diarrhoeal diseases on child health (Comment)
- Limited access to CVD medicines in low-income and middle-income countries: poverty is at the heart of the matter
- [Developmental origins of health and disease in Africa—influencing early life](#)

*“It is well established that Africa is undergoing rapid transitions resulting in a triple burden of malnutrition, infectious diseases, and non-communicable diseases (NCDs). That health systems are unlikely to be able to cope with this burden is also widely noted. What is less often discussed outside academic circles is **the degree to which infectious diseases and malnutrition in Africa are exacerbating the burden of NCDs**, and the implications of this exacerbation for individuals and populations....”*

- And for our purposes certainly also this **Comment (by J Sundewall, A Nordström et al)** [Swedish development assistance for health: critical questions to ask going forward](#)

*“The world has agreed on an ambitious pathway for global health in the 2030 Agenda for Sustainable Development. By this deadline, countries should have achieved universal health coverage, providing people with protection from financial hardship as a result of ill health. This challenge is particularly daunting at a time when global development assistance for health (DAH) is plateauing. In view of the bleak outlook for future DAH growth, together with the need for domestic finance for health to increase, Sweden and other donors need to revisit their role going forward and consider what can be done to truly strengthen national health systems in low-income and lower-middle-income countries. **In this Comment, we summarise the development of Swedish DAH and propose some key questions that should be answered going forward....”***

## Lancet Planetary Health (February issue)

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

Some articles we want to flag in this issue: the editorial [The world's biggest threats are environmental risks](#); a Comment on a new study - [Ambient air pollution and diabetes in China](#) and certainly [Operationalising planetary health as a game-changing paradigm: health impact assessments are key](#). *“....Now more than ever, the question arises of how planetary health can most pragmatically get real world traction and catalyse a proactive, science-based way forward. In short, how can the concept be applied to maximum effect, as a go-to tool in the global problem-solving toolbox in support of the UN 2030 Agenda for Sustainable Development? We propose that a key response to these questions would be the formal adoption of the Health Impact Assessment (HIA) concept at a wide range of scales...”*

## Foreign aid & migration

Guardian - Foreign aid 'less effective than expected' at curbing migration, study says

<https://www.theguardian.com/global-development/2018/feb/12/foreign-aid-less-effective-than-expected-at-curbing-migration-study-says>

Maybe not really news, but still worth noting: “Europe’s policy of using overseas aid to persuade people to stay in their own countries has been challenged by research suggesting the strategy may instead encourage migration. **A new paper by the development economist Michael Clemens and his colleague Hannah Postel for the Center for Global Development suggests that, far from discouraging migration from the poorest countries to the developed world, foreign aid programmes may actually accelerate it.** The paper – entitled **Can Development Assistance Deter Migration?** – turns on its head the key assumption of much EU assistance policy, arguing that “economic development in low-income countries typically raises migration”. The new research by Clemens and Postel suggests that, while “greater youth employment may deter migration in the short term for countries that remain poor”, that effect is both temporary and negligible in its effects on migration. Instead, they argue, “sustained overall development” shapes “income, education, aspirations, and demographic structure” in ways that actually encourage emigration. In contrast to the short-term effect delivered by decreasing youth unemployment in the poorest countries, say Clemens and Postel, the longer-term impact that encourages migration can last for generations, with the pressures contributing to migration only beginning to drop as countries develop beyond middle-income status. **The paper calls for a complete rethink of strategies based on deterring migration and argues instead for new policies that shape how migration takes place....”**

See also [CGD](#).

### CGD – Cultivating a New Bargain on Migration: Three Recommendations for the Global Compact

M Clemens; <https://www.cgdev.org/blog/cultivating-new-bargain-migration-three-recommendations-global-compact>

“The Global Compact on Migration is a non-binding agreement expected to be signed by most countries on earth near the end of 2018. They are negotiating the text now. This Compact is a once-in-a-generation chance for the world to strike a new bargain on migration. There will not be another chance soon to get this bargain right. **As it stands, the Zero Draft of the Global Compact is mostly not a bargain. It is mostly a detailed and inspirational list of general ways that countries can coordinate to advance their shared interests: ... .. But the final draft of the Global Compact needs something else. It must be a bargain. In a bargain, people don’t pretend their interests are aligned. They admit conflicting interests. And they partially concede, in order to come out better than they could by going it alone....”**

## DAC

### Brookings 'Future Development' blog – In defense of traditional aid

A Pipa; [Brookings](#);

Interesting blog on highlights from a recent roundtable on the role of the OECD's Development Assistance Committee (DAC), how it has to adjust to a new era, and is actually well positioned to shepherd the shift from development aid to development finance.

### Devex – Aid groups targeted by fake news, report says

<https://www.devex.com/news/aid-groups-targeted-by-fake-news-report-says-92096>

*“Development organizations are “struggling to cope” with the impact of “fake news,” according to a new report. The report, published Tuesday by the **International Broadcasting Trust**, a nonprofit working on media coverage of developing countries, highlights the experience of international NGOs including Save the Children and ActionAid, which have been targeted by false stories designed to disrupt their work and smear the reputations of senior staff. IBT says that NGOs need to monitor fake news about them, and be better prepared to challenge misleading information. It also warns that development organizations face greater media scrutiny than ever before, and should take steps to avoid disseminating misleading stories and statistics themselves, even unintentionally. “Conflicts and natural disasters are increasingly accompanied by rumours and misinformation on social media making humanitarian operations in these areas even more difficult. People need fact-based information about key global issues such as climate change and migration,” the report states.”*

See also the **Guardian** - [Charities colluding with traffickers? Fake news, says report](#)

*“Aid agencies and charities are increasingly the target of fake news aimed at undermining their **credibility**, according to by the International Broadcasting Trust. In a week in which in the aid sector hit the headlines, the new report – **Faking It** – examined the reputational impact of fake news, typically on social media, amid already declining public trust in NGOs....”*

### First global conference on Tax and the SDGs (New York, 14-16 Feb) – Platform for Collaboration on Tax (PCT)

<http://www.worldbank.org/en/events/2017/06/06/first-global-conference-of-the-platform-for-collaboration-on-tax>

*“The Platform for Collaboration on Tax (PCT), [holds] the first global conference of the PCT at the UN Headquarters in New York, USA, during 14-16 February 2018. The **PCT is a collaborative initiative of the IMF, the OECD, the UN and the WB group designed to intensify our cooperation on tax issues, as well as to support capacity-building efforts in developing countries and the joint delivery of***

**guidance on a range of tax issues.** The theme of this first global conference is “Taxation and the Sustainable Development Goals”. “

See the **press release** - [Countries Must Strengthen Tax Systems to Meet SDGs](#) “ Major international organizations -including the IMF, OECD, UN and World Bank Group- today called on governments from around the world to strengthen and increase the effectiveness of their tax systems to generate the domestic resources needed to meet the Sustainable Development Goals (SDGs) and promote inclusive economic growth....”

“...At the end of the event, PCT partners will issue a **conference statement**, which will inform a future agenda on tax policy and administration.”

By the way, we hope Richard Branson and Michael O’Leary are invited. And then catapulted by Elon Musk into space, in a fancy Tesla, all the way to Mars.

## WHO – Individualized, supportive care key to positive childbirth experience, says WHO

<http://www.who.int/mediacentre/news/releases/2018/positive-childbirth-experience/en/>

*“WHO has issued new recommendations to establish global care standards for healthy pregnant women and reduce unnecessary medical interventions.... Worldwide, an estimated 140 million births take place every year. Most of these occur without complications for women and their babies. Yet, over the past 20 years, practitioners have increased the use of interventions that were previously only used to avoid risks or treat complications, such as oxytocin infusion to speed up labour or caesarean sections. ...*

*“... The new WHO guideline includes 56 evidence-based recommendations on what care is needed throughout labour and immediately after for the woman and her baby. These include having a companion of choice during labour and childbirth; ensuring respectful care and good communication between women and health providers; maintaining privacy and confidentiality; and allowing women to make decisions about their pain management, labour and birth positions and natural urge to push, among others....”*

Coverage in Reuters – [“Women in labor should be given more time to give birth and have fewer medical interventions, while participating more in decision-making, the World Health Organization \(WHO\) said on Thursday. ...”](#)

## UN News – Without firm action on gender equality, women’s empowerment, world may miss development targets

<https://news.un.org/en/story/2018/02/1002721>

UN Women launched its first monitoring report on gender equality and the SDGs. ***“Without speedy progress on gender equality and real action to end pervasive discrimination against women and girls, the global community will not be able to keep the promise to ‘leave no one behind’ on the road to ending poverty, protecting the planet and advancing prosperity by 2030, according to a new United Nations report launched on Wednesday. “This is an urgent signal for action, and the report recommends the directions to follow,” Phumzile Mlambo-Ngcuka, the Executive Director of UN Women, said on the launch of the new [report](#), Turning promises into action: Gender Equality in the 2030 Agenda for Sustainable Development....”***

See also **Devex** - [Progress on gender equality 'unacceptably slow:' UN Women](#) and a blog on Duncan Green's blog - [New Report from UN Women argues that Universal Childcare can unlock progress across multiple SDGs \(and costs it\)](#) (by Silke Staab et al)

## Key publications of the week

### BMJ Global Health – What drives political commitment for nutrition? A review and framework synthesis to inform the United Nations Decade of Action on Nutrition

P Baker, C Hawkes, A Demaiio, J Parkhurst et al; <http://gh.bmj.com/content/3/1/e000485?cpetoc>

*“Generating country-level political commitment will be critical to driving forward action throughout the United Nations Decade of Action on Nutrition (2016–2025). In this **review of the empirical nutrition policy literature**, we ask: **what factors generate, sustain and constrain political commitment for nutrition, how and under what circumstances?** Our aim is to inform strategic ‘commitment-building’ actions....”*

### BMJ (Analysis) – How many lives are at stake? Assessing 2030 sustainable development goal trajectories for maternal and child health

<http://www.bmj.com/content/360/bmj.k373>

*“**John W McArthur, Krista Rasmussen, and Gavin Yamey** examine how far countries have to go to meet the targets for maternal and child mortality and what needs to be done to help them.”*

Some of their **key messages**: “42 countries are not on track to achieve the sustainable development goal targets for both maternal and child mortality; Another 37 countries will miss at least one of these thresholds; The lives of 1.6 million mothers and 10.2 million children will be saved if all countries meet the thresholds; The rates of decline required in countries with the biggest gaps are very high; Scaling up integrated packages of evidence based interventions, both inside and outside the health sector, will be essential to accelerate progress.”

And they conclude: **“Universal achievement of the SDG targets for maternal and child health requires accelerated progress across 79 countries.** Overall, roughly 11.8 million lives can be saved if the targets are reached, including 1.6 million mothers and 10.2 million children. **Close to seven million (57%) of the lives are at stake in only three countries: Nigeria, Pakistan, and DR Congo.** To reach the SDG benchmarks for both maternal and child mortality, **Nigeria will need to achieve faster**

*average annual rates of decline than those of any countries recorded over the most recent decade. Considerable evidence exists regarding the interventions needed to achieve these standards. But success will not arise through business-as-usual approaches"*

### **Guardian – Many young African women with HIV unaware they are infected**

<https://www.theguardian.com/global-development/2018/feb/14/africa-young-women-hiv-unaware-they-are-infected>

*"Less than half of young women with HIV in seven southern and east African countries are aware they are infected, according to a wide-ranging study. The incidence of HIV infection among 15- to 24-year-old women in Lesotho, Malawi, Swaziland, Uganda, Tanzania, Zambia and Zimbabwe is currently around 3.6% – some 1.5 million young and adolescent women – with an infection rate almost double that of their male counterparts. Only 46.3% of those infected were aware that they had the disease, and only 45% of those with the infection were receiving treatment and virally suppressed. ..." Based on a two-year survey, published by the US Center for Disease Control's Morbidity and Mortality Weekly.*

### **Globalization & Health - Corporate practices and health: a framework and mechanisms**

J M Lima & S Galea; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0336-y>

*"The Global Burden of Disease estimates that approximately a third of deaths worldwide are attributable to behavioural risk factors that, at their core, have the consumption of unhealthful products and exposures produced by profit driven commercial entities. **We use Steven Lukes' three-dimensional view of power to guide the study of the practices deployed by commercial interests to foster the consumption of these commodities.** Additionally, we **propose a framework to systematically study corporations and other commercial interests as a distal, structural, societal factor that causes disease and injury.** Our framework offers a systematic approach to mapping corporate activity, allowing us to anticipate and prevent actions that may have a deleterious effect on population health...."*

### **Lancet (Editorial) – Examining humanitarian principles in changing warfare**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30256-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30256-3/fulltext)

*"...From October, 2016, to July, 2017, a US-led coalition supported the Iraqi and Kurdish forces in a battle to retake the city of Mosul from the Islamic State of Iraq and the Levant (ISIL). What became known as the **Battle of Mosul** was one of the largest urban sieges since World War 2. Over 940 000 civilians fled—facing bullets, mortar shells, and air strikes. Providing timely and efficient trauma care to these civilians was paramount but fraught with difficulty. How the humanitarian community responded to this situation provides an **insight into the evolving debate over the provision of trauma care in war...."***



*“...in modern warfare, **access to the injured may increasingly be one sided** when fighting against warring factions that see health workers and civilians as acceptable targets of war. Governments should be prepared to face this eventuality. To be able to continue providing the best standards of care and saving lives, **a high-level meeting must urgently be organised to examine and answer this question: are the humanitarian principles as they are defined today still relevant for this changing warfare?**”*

## Lancet (Offline) – Apostasy against the public health elites

Richard Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30304-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30304-0/fulltext)

*“...Last week, The Health Foundation convened an assembly of heretics to make the case for a deeper appreciation of different forms of evidence for public health...”*

In the end, *“...what mattered was the **common view that public health science needed to pay more attention to the lived experiences of people in societies. Public health needed to recognise the importance of identity, reasoning, and voice.** Public health today is crudely reductionist, often ignoring or denying the lives of those it purports to defend. **Public health has evolved into an elitist endeavour, more concerned with its own power, reputation, and survival. It's time for some apostasy.**”*

## Global health events of the week

### First WHO Global Summit of city mayors in Copenhagen (12-13 Feb)

<http://www.euro.who.int/en/media-centre/events/events/2018/02/who-european-healthy-cities-network-summit-of-mayors>

Although obviously with a focus on Europe, the **first WHO global summit of city mayors took place in Copenhagen**. “Cities Working Together with concerted political leadership can deliver a sustainable prosperous and healthy future for us and the planet”. The summit culminated in the **adoption of the Copenhagen Consensus**, which affirms political commitment to the role of cities in creating a healthier and happier future, and acts as a political mandate for the Network.

More info here - [Summit of Mayors adopts Copenhagen Consensus, committing to build healthier, happier cities](#).

And a tweet: *“**Mayors are new health ministers.** @WHO is developing the tools & knowledge for cities to act against unhealthy policies. Our team @wuf9kl2018 is leading discussions on integrating #health into new urban agendas & policies. #WUF4Health”* See also <http://www.who.int/sustainable-development/cities/en/>



## Coming up – London School of Economics and political sciences: Beveridge 2.0 festival: Rethinking Beveridge for the 21s century (19-24 Feb)

<http://www.lse.ac.uk/Events/LSE-Festival>

*“Some 75 years on, LSE offers a series of public engagement activities to shine a light on the "Five Giants" identified in the Beveridge report, re-cast for the 21st century and for the global context. Originally described as Want, Disease, Ignorance, Squalor and Idleness, today's giants are framed as the challenges of poverty; health and social care; education and skills; housing and urbanisation; and the future of work. We will also be considering the interconnectedness of the themes. Cross-cutting questions, such as the issues of rights and expectations of citizens with respect to welfare provision; questions of who decides, who provides and who pays for welfare provision; and sustainability – financial, environmental and social will be addressed, along with the identification of 'missing Giants' that a modern day Beveridge would prioritise instead. **The Beveridge 2.0 theme will run throughout this academic year**, informing how LSE shares its research and its societal impact. “*

## Coming up - Africa Forum on Quality and Safety in Health Care (Durban, 19-21 Feb)

[http://www.ihi.org/education/Conferences/AfricaForum/Pages/default.aspx?utm\\_content=buffer967d6&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](http://www.ihi.org/education/Conferences/AfricaForum/Pages/default.aspx?utm_content=buffer967d6&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

Three-day conference — the first ever **Africa Forum on Quality and Safety in Healthcare**. See [here](#) for the full programme.

## Coming up - Global health lab - Does global health really care about the planet? (London, 27 Feb)

<https://www.lshtm.ac.uk/newsevents/events/does-global-health-really-care-about-planet>

It does, but probably not enough. For the ones among you in London, or can make it to London on 27 Feb.

## Coming up later this year – WHO 2018 symposium on health financing for UHC (October 9, Liverpool): managing politics & assessing progress

[http://www.who.int/health\\_financing/events/symposium-2018/en/](http://www.who.int/health_financing/events/symposium-2018/en/)

*“What does making progress in health financing, in support of UHC mean? How do countries know they're headed in the right direction? What political strategies facilitate progress? To answer these questions WHO's Department of Health Systems Governance and Financing will host a one-day*

symposium on Health Financing for UHC on Tuesday, 9 October 2018 as a satellite session to the 5th Global Symposium on Health Systems Research in Liverpool."

## Global governance of health

### Social Watch - Pro-poor or pro-corporations?

<http://www.socialwatch.org/node/17679>

Roberto Bissio's take on the WB's anti-poverty efforts.

He concludes: "...Just as illusionists use one hand to distract the audience's attention from what the other is doing, the anti-poverty efforts by the World Bank and IFIs are not focused on reducing inequalities but concentrate on a relatively modest objective set by a very low poverty line. At the same time the SDGs, including SDG 1, are deemed so ambitious that billionaires and corporations are invited to 'partner' in the effort, because where else will the money come from if not from those that have it? Finally, since investors cannot be attracted unless their profits are guaranteed, the taxpayers' money instead of going to the poor or to policies that directly benefit them is used to reduce the risks of foreign investors and bail out their wrong investments, decisions often stimulated by corruption, while people in the poorest countries are expected to pay for essential services and for the profits of the investors."

### GFF – Investors' group meeting report

[https://www.globalfinancingfacility.org/sites/gff\\_new/files/GFF-IG6-Final%20Report.pdf?CID=GFF\\_TT\\_theGFF\\_EN\\_EXT](https://www.globalfinancingfacility.org/sites/gff_new/files/GFF-IG6-Final%20Report.pdf?CID=GFF_TT_theGFF_EN_EXT)

Meeting report of **Nov 8-9 (Maputo)**. Among others with an update by the GFF's director, Mariam Claeson. "...The Director of the GFF, Mariam Claeson, opened her report acknowledging this special moment in GFF's brief history. **The GFF is going through two major shifts:** (i) from start-up to expansion with the launch of the replenishment process and (ii) from design to implementation with a significant number of the GFF countries with ICs ready and moving to implementation. She expressed her great appreciation of all of the GFF partners for their support, including BMGF, USAID, and UNICEF for seconding finance staff to the Secretariat to provide expertise on supply chains, implementation research, and RMNCH...."

## IJHPM - Optimizing Outcomes of Multilateral Global Health Efforts through Bilateral Strategy, Politics and Diplomacy: Irish Aid and the Clinton Health Access Initiative in Mozambique

S Kevany et al;

[http://www.ijhpm.com/article\\_3465\\_0.html?utm\\_source=dlvr.it&utm\\_medium=twitter](http://www.ijhpm.com/article_3465_0.html?utm_source=dlvr.it&utm_medium=twitter)

*“Multilateral efforts have ascended rapidly in the development rubric, both in terms of status and political and popular support, and often at the expense of bilateral strategies for development. New roles for bilateral diplomats and development specialists in managing complex international relations issues has therefore become of key importance. **Partnerships between organizations such as the Clinton Health Access Initiative and Irish Aid** have helped to ensure that both health and diplomatic efforts have been advanced in unison with each other, and that the selection of the former’s interventions, regions, target populations and activities has also been sensitive to both international relations and diplomatic considerations. This joint leadership has helped to ensure that organizational effort and regional focus considerations are of optimal benefit to local actors, and stand to represent significant ‘added value’ to recipient countries. For example, a bilateral focus on service delivery to less-accessible rural provinces was designed to ensure greater equality in access to health services throughout the country. **In the Mozambique context**, the Clinton Health Access Initiative (CHAI)/Irish Aid partnership has also consistently included the widest possible range of public sector actors and stakeholders, including the Instituto Nacional de Salud (INS). Other benefits to this approach include improved allocation of resources, adaptability to local needs, and the inculcation of a local ownership culture. **Leveraging bilateral expertise and experience in the realm of foreign policy and international relations can therefore help to ensure that global health programs are delivered with dually-optimal diplomatic and epidemiological effects. It is the responsibility of all “smart” global health initiatives to ensure primum non nocere on both the medical and the diplomatic levels.**”*

## FT Health - Time for insurers to have a health check

<https://www.ft.com/content/233cb578-10b4-11e8-8cb6-b9ccc4c4dbbb>

“Healthcare is where Big Tech is posing its largest challenge to the industry”.

## IJHPM – “It’s About the Idea Hitting the Bull’s Eye”: How Aid Effectiveness Can Catalyse the scale-up of health innovations

D Wickremasinghe et al; [http://ijhpm.com/article\\_3464.html](http://ijhpm.com/article_3464.html)

*“Since the global economic crisis, a harsher economic climate and global commitments to address the problems of global health and poverty have led to increased donor interest to fund effective health innovations that offer value for money. Simultaneously, further aid effectiveness is being sought through encouraging governments in low- and middle-income countries (LMICs) to strengthen*

*their capacity to be self-supporting, rather than donor reliant. In practice, this often means donors fund pilot innovations for three to five years to demonstrate effectiveness and then advocate to the national government to adopt them for scale-up within country-wide health systems. **We aim to connect the literature on scaling-up health innovations in LMICs with six key principles of aid effectiveness:** country ownership; alignment; harmonisation; transparency and accountability; predictability; and civil society engagement and participation, based on our analysis of interviewees' accounts of scale-up in such settings...."* Based on qualitative research on the scale-up of maternal and newborn health (MNH) innovations in **Ethiopia, northeast Nigeria and the State of Uttar Pradesh, India.**

## Journal of health economics - Allocation rules for global donors

A Morton; <https://www.sciencedirect.com/science/article/pii/S0167629617302734>

*"In recent years, donors such as the Bill and Melinda Gates Foundation have made an enormous contribution to the reduction of the global burden of disease. It has been argued that such donors should prioritise interventions based on their cost-effectiveness, that is to say, the ratio of costs to benefits. **Against this, we argue that the donor should fund not the most cost-effective interventions, but rather interventions which are just cost-ineffective for the country, thus encouraging the country to contribute its own domestic resources to the fight against disease.** We demonstrate that our proposed algorithm can be justified within the context of a model of the problem as a leader-follower game, in which a donor chooses to subsidise interventions which are implemented by a country. We argue that the decision rule we propose provides a basis for the allocation of aid money which is efficient, fair and sustainable."*

## IISD (brief) - SDG Knowledge Weekly: Blended Finance and Private Sector Contributions to the SDGs

<http://sdg.iisd.org/commentary/policy-briefs/sdg-knowledge-weekly-blended-finance-and-private-sector-contributions-to-the-sdgs/>

This week's brief considers where and how private sector actors can contribute to SDG achievement, including through blended finance

*"Blended finance is the use of public or philanthropic investment to attract commercial finance from the private sector, particularly to fund activities in developing countries. The private sector contains many types of entities: small and medium-sized enterprises (SMEs), multinational corporations (MNCs), institutional investors, individuals, and everything in between. **A working paper by Convergence and the Business & Sustainable Development Commission's Blended Finance Task Force tackles a subset of the question posed in its title, 'Who is the private sector?'** The paper focuses on **six types of institutional investors:** pension funds; insurance companies; sovereign wealth funds; commercial and investment banks; private equity firms; and asset/wealth managers. **The authors then consider how to mobilize capital from such institutional investors, through blended finance.** Recommendations address: 1) engagement, 2) designing appropriate products and scaling*

successful solutions, 3) building off development finance institutions (DFIs) capabilities and experience, and 4) disseminating return and impact data....” With info on a few more recent papers & reports in this regard.

## **IISD - Joint Inspection Unit to Review UN System in Light of 2030 Agenda**

<http://sdg.iisd.org/news/joint-inspection-unit-to-review-un-system-in-light-of-2030-agenda/>

*“The UN Joint Inspection Unit has issued its report for 2017 and its programme of work for 2018 (A/72/34) for consideration by the UNGA. The report discusses UN system coherence, and outlines plans to examine organizational change management in the UN system and the strengthening of policy research in light of the 2030 Agenda.”*

*“The Joint Inspection Unit (JIU) of the UN System notes that “a majority of UN system organizations have adapted, or are in the process of adapting, their respective strategies and/or policies to reflect the 2030 Agenda.” The Unit’s report, summarizing its work in 2017 and outlining its plans for 2018, also calls for making the UN system more effective in its cooperation with the private sector to support the 2030 Agenda and “implement sustainability in the business models” of the UN.”*

## **Foreign Policy - Hypocritic Oath: How WHO and other international agencies aid Assad’s war against Syria’s civilians.**

<http://foreignpolicy.com/2018/02/09/hypocritic-oath/>

Rather damning piece from **Annie Sparrow**.

Killer quote: *“...The deprivation in Eastern Ghouta is all the more alarming because it is occurring down the road from specialized labs and pharmacies in Damascus and the U.N.’s vast humanitarian apparatus in the city, which includes World Food Program and UNICEF warehouses stocked with food and nutritional supplies, WHO’s piles of essential medicines and equipment, and hundreds of U.N. and other international aid workers. Douma, Eastern Ghouta’s largest city, is less than 10 miles from WHO’s office in Damascus and the luxurious Four Seasons Hotel frequented by U.N. agencies. During an earlier siege, while WHO officials ordered French pastries and chocolate chip cookies for their Health Cluster meetings at the Four Seasons, kids were eating grass and drinking from puddles in Darayya...”*

## O'Neill Institute – Join a global conversation on a new approach to reduce health inequities

Eric Friedman; <http://www.oneillinstituteblog.org/join-a-global-conversation-on-a-new-approach-to-reducing-health-inequities/>

*“...What are National Health Equity Strategies? Some wealthier countries have these – if not quite as we propose. They delineate ways, in the health sector and beyond, to narrow health disparities, with particular attention and strategies to address health needs of certain marginalized populations. Under National Health Equity Strategies as we are proposing, countries would tailor their responses to health inequities to the particular circumstances of all populations experiencing such inequities – not only some populations – and with extensive analysis to ensure that resulting strategies can address all major contributors to health inequities...”* Friedman et al are in the process of developing a guide.

## FP - Japan's Own Belt and Road

[http://foreignpolicy.com/2018/02/09/japan-takes-the-lead-in-counteracting-chinas-belt-and-road/?utm\\_content=bufferf8ec0&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](http://foreignpolicy.com/2018/02/09/japan-takes-the-lead-in-counteracting-chinas-belt-and-road/?utm_content=bufferf8ec0&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

*“Tokyo is ramping up international partnerships and investments to offer an alternative to Beijing's signature foreign-policy project.”*

Excerpts:

*“...Japan, faced with the abrupt disengagement of an inward-looking United States under President Donald Trump, now finds itself playing the leading role in pushing back against China's grand plans to extend its influence throughout Asia and into Europe.*

*... To do so, Tokyo is increasingly joining up with other countries and especially India, launching a \$200 billion infrastructure plan, and even boosting its military efforts in the broader Indian Ocean area in what is seen as a deliberate bid to counter Beijing's growing heft. The effort even extends as far afield as Eastern and Central Europe, where Japanese Prime Minister Shinzo Abe made a historic visit just last month*

*Abe appears to be embracing this role. Both times he has led Japan — from 2006 to 2007 and again since 2012 — he has sought to make Tokyo a bigger player on the regional stage, even against domestic opposition. In 2016, he launched his own version of a development and security plan for Asia, designed as an explicit alternative to China's vision. That includes a deliberate focus on building “quality” infrastructure, a dig at the perceived flaws of Chinese-built projects. .... More ambitiously, they're jointly promoting something called the Asia-Africa Growth Corridor, an outgrowth of Abe's own plan meant to deepen the economic connections between Africa and South and Southeast Asia. Not coincidentally, it's positioned as an alternative to China's own leapfrogging across the Indian Ocean to East Africa....”*

And some tweets:

**Richard Horton:** *“Tomorrow, **The Lancet** travels to the Vatican to begin work on our new Commission with the Pope on the Value of Life. Extraordinary challenges demand extraordinary partnerships.”*

Horton again: *“Our first meeting of the Vatican-Lancet Commission succeeded in airing shared concerns, defining areas of difference, and asserting our commitment to work together to value every life and advance health for all.”*

*“Our Commission on Realigning Child Health for the Sustainable Development Goals is launched by Minister Awa Coll-Seck in Dakar, Senegal. “*

And **Tedros** will go to the **Munich Security conference**: *“The **Director General of @who @DrTedros will be attending @MunSecConf** [https://www.securityconference.de/aktivitaeten/munich-security-conference/msc-2018/ ...](https://www.securityconference.de/aktivitaeten/munich-security-conference/msc-2018/)”*

Chances are his evergreen “global health security & UHC are two sides of the same coin” will again be played.

## UHC

### West Bengal Becomes First State to Opt Out of ‘Modicare’

<http://www.news18.com/news/india/west-bengal-becomes-the-first-state-to-opt-out-of-modicare-1660425.html>

“Claiming that the Bengal government had already enrolled 50 lakh people under its own Swasthya Sathi programme, Chief Minister Mamata Banerjee has announced the decision to opt out of the Centre’s ‘Modicare’ scheme.”

The news inspired the following **tweet from NS Prashanth** – “*#UHC in a federal state; the social & political as crucial as the economic #Modicare*”.

In somewhat related news, you might also want to read (on the Wire) - [What the Centre’s New Health Insurance Scheme Means for States That Have Their Own.](#) Or [States reluctant to push Modicare over own health insurance schemes.](#)

Finally, a tweet on India: *“**India launches the Health Index Initiative** - A nation-wide analysis of health systems across states and UTs. Report warrants the need for quality data on #NCDs #infectiousdiseases #mentalhealth #governance & #financialriskprotection which are not covered in the index!*

# Health Systems & Reform – Emerging Lessons from the Development of National Health Financing Strategies in Eight Developing Countries

J Cali et al; <http://www.tandfonline.com/doi/full/10.1080/23288604.2018.1438058>

*Abstract: “As countries advance economically, they are increasingly under pressure to mobilize and properly manage domestic resources to provide affordable health care for their citizens. The World Health Organization and international donors have encouraged countries to **develop a health financing strategy (HFS)** to plan how to best achieve these objectives. **This paper highlights lessons and considerations for countries developing HFSs and for donors supporting the process, in the areas of data use, cross-country learning, evaluation, leadership involvement, and stakeholder management.** This paper's review of the USAID-supported Health Finance and Governance project (HFG)'s experiences assisting eight countries with HFS development concludes that the HFS development process generates demand among low and middle income country policy makers for health financing data and that countries which complete HFSs accept that basing a strategy on imperfect data is better than not having a strategy. The paper also concludes that cross-country learning, through guided study trips and reviews of other health systems and HFS processes, is paramount for developing a HFS and that most countries have not included monitoring and evaluation plans in their HFSs. Finally, in HFG's experience, countries developing HFSs have been successful in fostering ownership among a broad coalition of stakeholders, but diverge in their approaches to involving political leaders in detailed technical debates about health financing reform. These lessons and challenges, based on real-world experiences, can help low and middle income countries to develop politically feasible HFSs that promote financial sustainability of the health sector, protect people from burdensome health care costs, improve efficiency, and advance universal health coverage.”*

## Planetary health

### Nature (Editorial) - Don't jump to conclusions about climate change and civil conflict

<https://www.nature.com/articles/d41586-018-01875-9>

*“Many studies that link global warming to civil unrest are biased and exacerbate stigma about the developing world.”*

Interesting editorial linked to a new study. “...The study, published in *Nature Climate Change*, states what critics have long suspected: conclusions that climate change is triggering violent conflict cannot be generalized, and are hard to substantiate even in individual cases...”



## Infectious diseases & NTDs

### WHO (on 'Medium')– 10 threats to global health in 2018

<https://medium.com/@who/10-threats-to-global-health-in-2018-232daf0bbef3>

*“From Mosul to Cox’s Bazar, cholera to plague, 2017 was full of health emergencies caused by conflict, natural disasters and disease outbreaks. But 2018 could be even worse if we don’t prepare, prevent and respond in time. The World Health Organization continues to tackle disease outbreaks and other health emergencies worldwide in 2018, but operations are underfunded and needs continue to grow. These are just some of the threats to global health that we are likely to face. Many of these crises are entirely preventable, and often man-made.”* Worth a read, also with a view on the global health threats that are not mentioned in this piece.

### Guardian - China confirms first ever human case of H7N4 bird flu

<https://www.theguardian.com/world/2018/feb/15/china-first-human-case-h7n4-bird-flu>

On the eve of Chinese New Year, we came across this news: *“A woman from eastern China has been confirmed as the first ever human case of H7N4 bird flu, according to Chinese authorities. ... The 68-year-old patient from Jiangsu province, who has since recovered, developed symptoms on 25 December, was admitted to hospital for treatment on 1 January and was released on 22 January....”*

### Science – Use of cholera vaccines expands, raising hopes

<http://science.sciencemag.org/content/359/6376/620>

*“This could be a pivotal year in the fight against cholera, public health experts say. The disease has taken a large toll in the last months: In war-torn Yemen the number of cases reached more than a million; outbreaks ravaged South Sudan, Tanzania, Zambia, and other African countries; and Haiti continues to suffer from the disease. But an emergency vaccine stockpile established in 2013 has grown rapidly and a new, easier-to-use formulation has hit the market, making large-scale campaigns feasible. Soon, 2.4 million doses are to be shipped to Kinshasa, the capital of the Democratic Republic of the Congo, where another epidemic looms. With interventions like this, experts hope to make a dent in the global burden of cholera, estimated at 3 million cases a year. And Gavi, the Vaccine Alliance, which is funding the stockpile, is set to decide later this year whether it will start funding routine immunizations in endemic areas as well.”*

## Novartis, Gates Foundation to tackle parasitic disease

Via our colleagues from [Stat News](#):

*“Novartis is teaming up with the Gates Foundation to accelerate the development of a drug to treat a diarrheal disease caused by a parasite. The disease, cryptosporidiosis, is particularly dangerous for young children and other vulnerable populations — diarrheal diseases cause about 525,000 deaths among kids each year.... ”*

## West African Nation of Guinea Reports Lassa Fever Death

<https://www.usnews.com/news/news/articles/2018-02-08/west-african-nation-of-guinea-reports-lassa-fever-death>

News from last week: *“Health authorities in the West African nation of Guinea are reporting the country's first death from Lassa fever in nearly a quarter-century.”*

## WHO – Statement of the Sixteenth IHR Emergency Committee Regarding the International Spread of Poliovirus

<http://www.who.int/mediacentre/news/statements/2018/16th-ihp-polio/en/>

*“...The Committee unanimously agreed that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC), and recommended the extension of Temporary Recommendations for a further three months....”* With plenty of detail.

## NEJM – Immunogenicity of Fractional-Dose Vaccine during a Yellow Fever Outbreak — Preliminary Report

[http://www.nejm.org/doi/full/10.1056/NEJMoa1710430?query=featured\\_home](http://www.nejm.org/doi/full/10.1056/NEJMoa1710430?query=featured_home)

*“To counter a limited global supply of yellow fever vaccine, the use of a fractional dose of vaccine during an outbreak in the DRC resulted in immunogenicity consistent with expected protective titers.”*

Coverage for example in **Stat News** - [Evidence from the field: Fractional doses of yellow fever vaccine provided protection, study finds](#).

## Stat – The future of genetically modified mosquitoes could be in mini, moveable labs

[Stat News;](#)

*“From its gleaming, year-old factory in this southeast Brazilian city, Oxitec, a British biotech firm, has built a thriving business releasing tens of millions of genetically engineered mosquitoes to protect populations from illnesses like dengue, chikungunya, and Zika. But the company sees its future here not just in big factories but in a new business model centered on miniature labs, where mosquito eggs can be raised and released into neighborhoods.”*

## WB’s Investing in Health blog - One Health Approach is Critical to De-risk Human, Animal and Environmental Health

Jurgen Voegelé; <http://blogs.worldbank.org/health/one-health-approach-critical-de-risk-human-animal-and-environmental-health>

With some info on the WB’s “... new Operational Framework for Strengthening Human, Animal and Environmental Public Health Systems at their Interface (**“One Health Operational Framework”**)”, [which] provides guidance to support countries in optimizing their One Health efforts and outcomes”

## AMR

## IP-Watch – CARB-X Announces First Award Of 2018; Seeks Partners For Antibacterial Research

<https://www.ip-watch.org/2018/02/15/carb-x-announces-first-award-2018-seeks-partners-antibacterial-research/>

*“CARB-X, the private-public partnership for research on antimicrobial resistance, today announced its first award of 2018, nearly \$2 million for the development of a new class of antibiotics. Meanwhile, the US-based group has announced it is seeking to partner with accelerator organisations to build its pipeline of early development research projects. It also announced a study that called for a new global approach and greater financial incentives for antibiotic research. “CARB-X continues the fight against superbugs with an award to Curza of \$2.2 million with a possibility of \$1.8 million more for the development of a new class of antibiotics to treat drug-resistant Gram-negative bacteria,” it said in a release today. Curza is a company in Salt Lake City, Utah.”*

## React - 4 take aways from the newly published GLASS report

<https://www.reactgroup.org/news-and-views/news-and-opinions/year-2018/4-take-aways-from-the-newly-published-glass-report/>

*"On January 29, 2018, the **first report from the WHO Global Antimicrobial Resistance Surveillance System (GLASS)** was released to the public domain. ... In this article, we present **four take-aways from the report** to provide some overview and help with reading and interpreting the report..."*

## Project Syndicate - The Ethics of Fighting Drug Resistance

C Munthe; <https://www.project-syndicate.org/commentary/bioethics-of-solutions-to-antimicrobial-resistance-by-christian-munthe-2018-02>

Important piece. *"The fight against antimicrobial resistance is based on an ethical imperative to protect human, animal, and environmental health, not just today, but for future generations. And yet **tackling AMR poses its own ethical challenges and dilemmas**, which policymakers need to address sensibly, transparently, and urgently."*

Excerpts:

*"...but every fix has an ethical component, and four years after the WHO's assessment, the **ethical roadmap for addressing this medical emergency remains dangerously ill-defined**...."*

*"....For all of these reasons, ethicists, health-care researchers, and social scientists have begun to examine how best to ensure that strategies for tackling drug resistance are ethically responsible. In 2015, the year after the release of the WHO's report, the journal Public Health Ethics published a special issue devoted entirely to this topic. Then, in November 2017, the **Centre for Antibiotic Resistance Research (CARE)** at my own university held the **first-ever major symposium on the topic**, bringing together leading scholars in economics, ethics, law, policy, social science, and health care. The two-day conference provided a platform for the development of collaborative synergies, and the research output is scheduled to appear in the journal Bioethics...."*

*....**The first ethical hurdle is to reach a consensus on how to characterize drug resistance. Many ethicists see it as a "collective action problem," a public-health concern that must be addressed in an organized, holistic manner. There is less agreement, however, on what kind of collective action problem is it. Is it similar to other global challenges like climate change, poverty, or inequality? Or is it more of a national issue, best left to sovereign authorities...**"*

## Lancet Infectious Diseases – Surgical site infection after gastrointestinal surgery in high-income, middle-income, and low-income countries: a prospective, international, multicentre cohort study

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30101-4/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30101-4/fulltext)

Cfr. The press release: “ **Worldwide, more than one in ten people have infections following gastrointestinal surgery. Overuse of pre- and post-surgery antibiotics in low-income countries may contribute to higher levels of resistant surgical site infections following gastrointestinal surgery.**”

“...Globally, approximately 12% of patients develop a surgical site infection within 30 days of gastrointestinal surgery, according to a prospective cohort study of more than 12500 people in 66 countries, published in **The Lancet Infectious Diseases** journal. The incidence of surgical site infection varied between countries depending on their development level, with patients in high-income countries being least at risk, and patients in low-income countries being most at risk. The results also suggest that **globally more than one in five (22%) surgical site infections were resistant to antibiotics given before surgery to prevent infections.** ...”

For a related **Comment in the Lancet Infectious Diseases**, see [Surgical site infection—the next frontier in global surgery](#).

And some quick links:

Washington Post - [A potentially powerful antibiotic is discovered in dirt](#). See also BBC News - [New antibiotic family discovered in dirt](#). “ US scientists have discovered a new family of antibiotics in soil samples. The natural compounds could be used to combat hard-to-treat infections, the team at Rockefeller University hopes. Tests show the compounds, called malacidins, annihilate several bacterial diseases that have become resistant to most existing antibiotics, including the superbug MRSA. Experts say the work, published in Nature Microbiology, offers fresh hope in the antibiotics arms race....”

Stat - [Fecal transplants move into the mainstream to treat difficult infection](#). “ Fecal transplants are increasingly becoming a mainstream treatment. For the first time, an influential medical group is recommending the procedure — in which donor fecal matter is transferred to a patient — for individuals who have repeatedly failed standard treatments for severe diarrhea caused by *Clostridium difficile*, commonly known as C. diff....”

## NCDs

### The Conversation – Incontinence affects more than 200m people worldwide, so why isn't more being done to find a cure

<https://theconversation.com/incontinence-affects-more-than-200m-people-worldwide-so-why-isnt-more-being-done-to-find-a-cure-91191>

A Wallin et al put this important issue on the agenda.

### British Medical Bulletin - The role of the food industry in health: lessons from tobacco?

Simon Capewell et al; <https://academic.oup.com/bmb/advance-article-abstract/doi/10.1093/bmb/ldy002/4847358?redirectedFrom=fulltext>

*"In this review, we highlight poor diet as the biggest risk factor for non-communicable diseases. We examine the denial tactics used by the food industry, how they reflect the tactics previously used by the tobacco industry, and how campaigners can use this knowledge to achieve future public health successes...." "....There is increasing interest in the tactics being used by the food industry to resist change. Advocacy and activism will be essential to counter these denialism tactics and ensure that scientific evidence is translated into effective regulation and taxation."*

### Globalization & Health - Obesity stigma as a globalizing health challenge

A Brewis et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0337-x>

*"... There is **limited but highly suggestive evidence that obesity stigma is an emergent phenomenon that affects populations across the global south**. Emergent evidence includes: implicit and explicit measures showing very high levels of weight stigma in middle and low-income countries, complex ethnographic evidence of widespread anti-fat beliefs even where fat-positivity endures, the globalization of new forms of "fat talk," and evidence of the emotional and material damage of weight-related rejection or mistreatment even where severe undernutrition is still a major challenge. **Recognizing weight stigma as a global health problem** has significant implications for how public health conceives and implements appropriate responses to the growing "obesity epidemic" in middle and lower income settings."*

## Guardian - Marmite maker Unilever threatens to pull ads from Facebook and Google

[https://www.theguardian.com/media/2018/feb/12/marmite-unilever-ads-facebook-google?utm\\_term=Autofeed&CMP=twl\\_b-gdnnews#link\\_time=1518433750](https://www.theguardian.com/media/2018/feb/12/marmite-unilever-ads-facebook-google?utm_term=Autofeed&CMP=twl_b-gdnnews#link_time=1518433750)

Rather important news with potentially wide ramifications if acted upon (and followed by many other corporations). ***“Unilever has threatened to withdraw its advertising from online platforms such as Facebook and Google if they fail to eradicate content which “create division in society and promote anger and hate”***. Keith Weed, chief marketing officer of the sprawling multinational, whose brands include Dove, Magnum, Persil and Marmite, said that online platforms were sometimes “little better than a swamp”. He told major advertising, media and tech firms gathered at a conference in California: “As one of the largest advertisers in the world, we cannot have an environment where our consumers don’t trust what they see online....”

## IJHPM – Fostering the Catalyst Role of Government in Advancing Healthy Food Environments

R Lencucha et al; [http://ijhpm.com/article\\_3462.html](http://ijhpm.com/article_3462.html)

*“Effective approaches to non-communicable disease (NCD) prevention require intersectoral action targeting health and engaging government, industry, and society. There is an ongoing vigorous exploration of the most effective and appropriate role of government in intersectoral partnerships. This debate is particularly pronounced with regards to the role of government in controlling unhealthy foods and promoting healthy food environments. Given that food environments are a key determinant of health, and the commercial sector is a key player in shaping such environments (eg, restaurants, grocery stores), the relationship between government and the commercial sector is of primary relevance. The principal controversy at the heart of this relationship pertains to the potential influence of commercial enterprises on public institutions. **We propose that a clear distinction between the regulatory and catalyst roles of government is necessary when considering the nature of the relationship between government and the commercial food sector.** We introduce a **typology of three catalyst roles for government to foster healthy food environments with the commercial sector** and suggest that a richer understanding of the contrasting roles of government is needed when considering approaches NCD prevention via healthy food environments.”*

And a few quick links:

Reuters Health - [McDonald's plays 'hide the cheeseburger' in new Happy Meal health push](#)

***“McDonald’s Corp is removing cheeseburgers from U.S. Happy Meal menus and shrinking the french fry serving in one “Mighty Meal” as part of a new global plan to cut calories and make its food for children more healthy. The changes announced Thursday come as the world’s biggest fast-food chain for the first time established global limits for calories, sodium, saturated fat and added sugar in Happy Meals, which consultants and franchisees say account for roughly 15 percent of sales in the United States...”***

NPR Goats & Soda - [Afghanistan's Lone Psychiatric Hospital Reveals Mental Health Crisis Fueled By War](#) “ *Nearly 40 years of violent conflict is driving a growing mental health crisis in Afghanistan. While accurate data on mental health issues are not available in Afghanistan, the World Health Organization estimates more than a million Afghans suffer from depressive disorders and over 1.2 million suffer from anxiety disorders. The WHO says the actual numbers are likely much higher. The mental health toll signifies a hidden consequence of war that is often overshadowed by bombed-out buildings and loss of life....*”

Lancet (Comment) - [Making sense of the latest evidence on electronic cigarettes.](#)

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

### Lancet Global Health (Comment) - Mapping nutrition and health data in conflict-affected countries

A Seal; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30064-0/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30064-0/fulltext)

Comment linked to the **new study in the Lancet Global Health** [Geospatial inequalities and determinants of nutritional status among women and children in Afghanistan: an observational study.](#)

*“... Conflict can affect the nutritional status of populations via different pathways. Recent work has tried to isolate the effect of conflict by use of GIS approaches similar to those used in the study by Askeer and colleagues. The current paper is another step forwards in the use of spatial epidemiology and mapping to enhance a shared understanding of who, where, when, and how people are affected by the nutritional consequences of poverty and conflict.”*

### SS&M - Trajectories of women's abortion-related care: A conceptual framework

E Coast et al; <https://www.sciencedirect.com/science/article/pii/S0277953618300352>

*“We present a new conceptual framework for studying trajectories to obtaining abortion-related care. It assembles for the first time all of the known factors influencing a trajectory and encourages readers to consider the ways these macro- and micro-level factors operate in multiple and sometimes conflicting ways...” “...our framework synthesises the factors shaping abortion trajectories, grouped into three domains: abortion-specific experiences, individual contexts, and (inter)national and sub-national contexts. Our framework includes time-dependent processes involved in an individual trajectory, starting with timing of pregnancy awareness....”*



And some quick links:

UN News - [New Bollywood film about rural innovator spotlights menstrual health, women's rights](#)

Changing Markets foundation (report) - [Busting the Myth of Science-Based Formula – An Investigation into Nestlé Infant Milk Products and Claims](#)

*“This report investigates the general, nutrition and health claims on infant milk products for babies under 12 months-old sold by the market leader, Nestlé. The investigation revealed many cases of inconsistent behaviour across over 70 products sold in 40 countries. Some of its products were found to be marketed as better “for baby’s good growth” for not having certain types of sugar and artificial flavourings, yet many of their other products in mainland China, Hong Kong and South Africa were found to contain these ingredients. In other cases, many of Nestlé’s products were found to be carrying claims of questionable credibility, including products to be modelled after breastmilk in US, Switzerland, Spain and Hong Kong yet having different nutritional compositions. Furthermore, products sold in various American and Asian countries carry health claims that are not authorised in Europe because of “insufficient scientific evidence”; and even in European countries, Nestlé sells products marketed “for hungry babies” and “constipation relief”, although these claims have not been authorised by the EU law. The report concludes by calling on Nestlé’s aspiration to be the world’s leading nutrition, health and wellness company by conducting an independent review of its product range at global level to ensure only products with composition based on best science are sold. In addition, the company should ensure that it respects the WHO Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions.”*

Nestle wasn’t very pleased – see [Nestle defends itself against baby milk criticism](#) (Reuters).

## Access to medicines

### Stat News - Seeking safety in numbers, Ireland wants to join multinational coalition to fight high drug prices

[Stat News](#);

*“Underscoring a need to control the rising cost of medicines, the Irish government is holding talks with four other small European nations about joining their coalition that negotiates with drug makers. In a statement, Ireland’s health minister, Simon Harris, noted that he had sent a formal letter of intent to open negotiations with Belgium, the Netherlands, Luxembourg, and Austria to join their **BeNeLuxA Initiative**, which assesses the cost and benefits of medicines, and bargains over pricing....”*

In another interesting development (see Stat News), [“concerned about patent rights, two large pharmaceutical industry trade groups have asked U.S. trade officials to place the European Union on a so-called watch list of countries that, arguably, do not sufficiently protect intellectual property rights. ...”](#)

Finally, [Are branded medicines better than their generic counterparts? No, says study](#)

*“...Researchers from the Institute of Public Health (IPH), Bangalore, with the support of the Alliance for Health Policy and Systems Research of the World Health Organization, have assessed the quality of generic medicine and their branded equivalents in South India....”* The study also zooms in on the importance of **trust**.

## Social determinants of health

### BBC news - The 11 cities most likely to run out of drinking water - like Cape Town

<https://www.bbc.com/news/amp/world-42982959>

News story linked to [Day Zero](#) – a public health emergency about to hit Cape Town on April 16.

Read also (on the Conversation, by B Mash et al) - [How Cape Town’s water crisis could make people sick](#).

*“Day zero, when the 4 million people living in Cape Town run out of water, is becoming a real possibility. The city has informed residents that water supplies will be turned off on the day and only retained for high risk areas and essential services. Citizens will have to queue for water at key points of distribution. This scenario will affect businesses, the economy, education, recreation and social life. It will also have significant implications for the health of people living in Cape Town. The city therefore needs to put plans in place to reduce the risks. **The immediate health effects can be categorised into three main areas.** Pressure on the sanitation system which raises the prospect of the spread of life threatening diseases such as dysentery; loss of hygiene because people can’t wash their hands; dehydration and heat strokes. **In addition, there could be other consequences** such as stress levels spiking and people becoming violent as they try and access water or over stretched health facilities....”*

## Miscellaneous

### Lancet (World Report) – Yemeni health under relentless pressure

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30260-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30260-5/fulltext)

*“Renewed calls for funding, reports of increasing conflict, and the ongoing blockade of the Red Sea ports draw the picture of a worsening humanitarian situation in Yemen. Sharmila Devi reports.”*

## Brookings - The road to ending poverty runs through 31 severely off track countries

G Gertz & H Kharas; <https://www.brookings.edu/blog/future-development/2018/02/13/the-road-to-ending-poverty-runs-through-31-severely-off-track-countries/>

Interesting blog on **SOTCs** – “**Severely Off Track Countries**” – based on new research.

*“...In a new report, we identify the countries least likely to achieve the end of extreme poverty by 2030. We find there are 31 countries that are projected to have poverty headcount ratios of at least 20 percent in 2030. We refer to these places as severely off track countries (SOTCs). Their poverty rates are decreasing very slowly, if at all; we estimate that by 2030, 4 out of 5 people living in extreme poverty will be in these 31 countries...”*

## Blog - How can a gendered understanding of power and politics make development work more effective?

<http://oxfamblogs.org/fp2p/how-can-a-gendered-understanding-of-power-and-politics-make-development-work-more-effective/>

Blog published on Duncan Green’s blog. **Helen Derbyshire et al** (all researchers from the Developmental Leadership Program (DLP)) introduce some new work on gender and politics.

*“There have long been concerns that the ‘Thinking and Working Politically’ and ‘Doing Development Differently’ movement is a bit gender blind. Which is bizarre because no credible political analysis can ignore the kinds of power imbalances revealed by looking at gender inequality. Now a number of governance and politics researchers are starting to address the gap...”*

## IP-Watch - Do We Need A Global Body To Set Priorities For Diseases And Research?

<https://www.ip-watch.org/2018/02/14/need-global-body-set-priorities-diseases-research/>

*“A recent panel of health experts gathered at the hallowed Swiss Intellectual Property Institute in Bern (which counts Albert Einstein among its alumni) tackled some of the toughest questions facing global health policymakers with an eye toward actually solving them and not just stating polarised positions. One of the ideas discussed at the event was how priorities for diseases and research can be handled at the global level....”*

## Global Commission on the Future of Work

[http://www.ilo.org/global/topics/future-of-work/WCMS\\_569528/lang--en/index.htm](http://www.ilo.org/global/topics/future-of-work/WCMS_569528/lang--en/index.htm)

*“The formation of a Global Commission on the Future of Work marks the **second stage in the ILO’s Future of Work Initiative**. Its job is to undertake an in-depth examination of the future of work that can provide the analytical basis for the delivery of social justice in the 21st century.”*

*“The Commission will produce an independent report on how to achieve a future of work that provides decent and sustainable work opportunities for all. This report will be submitted to the centenary session of the International Labour Conference in 2019. Over the past 18 months, the ILO’s tripartite constituents - governments, employer and worker organizations - have held national dialogues in over 110 countries in the run-up to the launch of the Global Commission. **The work of the Commission will be organized around four "centenary conversations"**: Work and society; Decent jobs for all; The organization of work and production; The governance of work”.*

## Guardian - Ellen Johnson Sirleaf awarded \$5m Ibrahim African leadership prize

<https://www.theguardian.com/world/2018/feb/12/ellen-johnson-sirleaf-awarded-5m-ibrahim-african-leadership-prize>

*“A coveted \$5m prize for leadership in Africa has been won by the former Liberian president Ellen Johnson Sirleaf. The continent’s first ever female head of state becomes only the fifth winner of the annual Ibrahim pPrize for achievement in African leadership since its launch in 2006, as it is only given out when there is deemed to be a worthy candidate....”*

## PPPs in healthcare: Models, lessons and trends for the future

<https://globalhealthsciences.ucsf.edu/sites/globalhealthsciences.ucsf.edu/files/ppp-report-series-business-model.pdf>

For the fans. Fourth report in the **UCSF Global Health Group/PwC report series on public-private partnerships in health**.

## Research

### Implementation science - Engaging policy-makers, health system managers, and policy analysts in the knowledge synthesis process: a scoping review

A Tricco et al; <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-018-0717-x>

New publication from the Alliance. *"It is unclear how to engage a wide range of knowledge users in research. We aimed to map the evidence on engaging knowledge users with an emphasis on policy-makers, health system managers, and policy analysts in the knowledge synthesis process through a scoping review. ..."*

... .. The most common type of knowledge synthesis with knowledge user engagement was a systematic review (36%). The knowledge synthesis most commonly addressed an issue at the level of national healthcare system (48%) and focused on health services delivery (17%) in high-income countries (86%). Policy-makers were the most common (64%) knowledge users, followed by healthcare professionals (49%) and government agencies as well as patients and caregivers (34%). ..... Knowledge users were most commonly engaged as key informants through meetings and workshops as well as surveys, focus groups, and interviews either in-person or by telephone and emails. Knowledge user content expertise/awareness was a common facilitator (18%), while lack of time or opportunity to participate was a common barrier (12%). **Knowledge users were most commonly engaged during the data synthesis and interpretation phases of the knowledge synthesis conduct.** Researchers should document and evaluate knowledge user engagement in knowledge synthesis."

### IJHPM - Reporting of Financial and Non-financial Conflicts of Interest in Systematic Reviews on Health Policy and Systems Research: A Cross Sectional Survey

L Bou-Karoum et al; [http://ijhpm.com/article\\_3463.html](http://ijhpm.com/article_3463.html)

*"Systematic reviews are increasingly used to inform health policy-making. The conflicts of interest (COI) of the authors of systematic reviews may bias their results and influence their conclusions. This may in turn lead to misguided public policies and systems level decisions. In order to mitigate the adverse impact of COI, scientific journals require authors to disclose their COIs. **The objective of this study was to assess the frequency and different types of COI that authors of systematic reviews on health policy and systems research (HSPR) report...."***

## Plos One - Inequalities in global health inequalities research: A 50-year bibliometric analysis (1966-2015)

L Cash-Gibson et al ; <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0191901>

« Increasing evidence shows that health inequalities exist between and within countries, and emphasis has been placed on strengthening the production and use of the global health inequalities research, so as to improve capacities to act. Yet, a comprehensive overview of this evidence base is still needed, to determine what is known about the global and historical scientific production on health inequalities to date, how is it distributed in terms of country income groups and world regions, how has it changed over time, and what international collaboration dynamics exist. **A comprehensive bibliometric analysis of the global scientific production on health inequalities, from 1966 to 2015, was conducted** using Scopus database. .... “ Conclusions: “Whilst the global evidence base has expanded, **Global North-South research gaps exist, persist and, in some cases, are widening**. Greater understanding of the structural determinants of these research inequalities and national research capacities is needed, to further strengthen the evidence base, and support the long term agenda for global health equity. »

## SS&M – Rethinking health sector procurement as developmental linkages in East Africa

M Mackintosh et al; <https://www.sciencedirect.com/science/article/pii/S027795361830008X>

“Health care forms a large economic sector in all countries, and procurement of medicines and other essential commodities necessarily creates economic linkages between a country's health sector and local and international industrial development. These procurement processes may be positive or negative in their effects on populations' access to appropriate treatment and on local industrial development, yet procurement in low and middle income countries (LMICs) remains under-studied: generally analysed, when addressed at all, as a public sector technical and organisational challenge rather than a social and economic element of health system governance shaping its links to the wider economy. **This article uses fieldwork in Tanzania and Kenya in 2012–15 to analyse procurement of essential medicines and supplies as a governance process for the health system and its industrial links, drawing on aspects of global value chain theory.** ... We show that in a context of poor access to reliable medicines, extensive reliance on private medicines purchase, and increasing globalisation of procurement systems, domestic linkages between health and industrial sectors have been weakened, especially in Tanzania. We argue in consequence for a more developmental perspective on health sector procurement design, including closer policy attention to strengthening vertical and horizontal relational working within local health-industry value chains, in the interests of both wider access to treatment and improved industrial development in Africa.”

## Health Research Policy and Systems - A research utilisation framework for informing global health and development policies and programmes

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0284-2>

“A shift in the culture and practice of health and development research is required to maximise the real-world use of evidence by non-academic or non-research-oriented audiences. Many frameworks have been developed to guide and measure the research utilisation process, yet none have been widely applied. Some frameworks are simplified to an unrealistic linear representation while others are rendered overly complex and unusable in an attempt to capture all aspects of the research utilisation process. Additionally, many research utilisation frameworks have focused on the policy development process or within a clinical setting, with less application of the translation process at the programme level. In response to this gap – and drawing from over a decade of experience implementing research utilisation strategies – **we developed a simple, four-phase framework to guide global health and development efforts that seek to apply evidence to policies and programmes.** We present a detailed description of each phase in our framework, with examples of its relevance and application illustrated through our own case study experiences in global health. We believe the utility of this framework extends beyond the health sector and is relevant for maximising use of evidence to achieve the SDGs.”