

IHP news 459 : Launch of Nursing Now

(2 March 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 Launch of [Nursing Now](#) was – at least for this newsletter – the main news of the week. With a few nurses in my family I have a fairly good idea of why this movement is so crucial, across the whole world. I hope that from now on, among other things, nurses and midwives will also be heavily represented in global health decision making circles. For every Tim Evans, we need (at least) four nurses at high-level breakfasts, WEF pandemic simulations and the like.

Like many of you, I also learnt this week about the “[polar vortex](#)”, which is not what it used to be – *by the way, whoever came up with ITM’s ‘Switching the Poles’ slogan must have had Nostradamus among his/her ancestors :)* The Belt & Road Initiative keeps changing names, but my vote goes from now on to “[One Belt, One Road, One Leader](#)”. It’s all with a view on “[ensuring that people live happier lives](#)”, [apparently](#). If you are not really into the “benevolent enlightened authoritarian leadership” idea, global health implications (and the dangers of playing too much the Chinese card in the years to come) seem [obvious](#), though.

In London, another [Global Health Lab](#) took place, focusing on the question: “**does global health really care about the planet?**” Unfortunately, these labs are still not livestreamed, a real pity as they usually concern key questions for our times. As somebody put it on Twitter, a clear definition of ‘really care’ seemed indispensable for this debate. I couldn’t follow the debate behind my laptop, but would have loved to know the answer. A calculated guess: global health cares a bit, but not nearly enough, and certainly not when it comes to taking difficult decisions in our own professional lives. Still, awareness on the dire state of the planet has increased a lot in the past ten years, also in the global health community (see ‘planetary health’), and is certainly far more present than global health awareness on the [horror](#) that so called ‘disruptive companies’ like **Amazon** inflict in social and ecological terms. For some reason, the latter doesn’t really sink in. Maybe an idea for a future Global Health Lab in London?

Meanwhile, the commotion around **sexual abuse in (and by) the aid sector**, and backlash against aid, sparked by the Oxfam scandal about two weeks ago now, reached some other high-profile organisations like **Save the Children & UNAIDS**, over the weekend. The truth in this (by now really sad) story lies somewhere between **Clare Short**’s assessment, who “[Attack\[ed\] ‘Hysterical’ Media Coverage Of Oxfam Scandal And Claim\[ed\] Entire Aid Sector ‘Smeared’](#)” and **Kevin Watkins**’s quote, that “[aid faces its 2008 financial crisis moment](#)”. Clare Short nailed it in many ways, but we still lean towards the latter view (also captured, in a different way, by Michael Edwards in “[It’s time to take our charities to the cleaners](#)”). Having said that, Kevin Watkins will surely agree with us that in the 2008 financial crisis some banks and countries were definitely more hit/affected than others. That seems to be no different this time. The most repulsive news from this week concerned the “boys’

culture” (or worse) at [Save the Children](#) and [UNAIDS](#), and, of course, and very sadly, the horrific [link](#) between humanitarian aid and sexual exploitation in Syria, as reported by BBC this week.

A short reflection, perhaps, to conclude this week’s intro. As this debate hits a raw nerve for most people for obvious reasons, people tend to come in with their own world view and lens, ... which is fine, but also has the risk that people start (over)interpreting and reading what they want to read in pieces, or at least between the lines, even in somewhat freewheeling blogs. In a way, you can compare this to how I – in a very different debate – tend to dream of a new socio-ecological economy, full of solidarity and altruism, someday, far removed from the harsh neoliberal system we have now. Whenever I, with this (*I’m afraid, somewhat utopian*) world view lurking in the background, come across articles on, say, PPPs or PBF, I also find it really hard to read them for what they’re worth, and refrain from reading ‘between the lines’. It’s almost impossible to shed my own bias (or perhaps more accurately, “lens”, on how the world should be (instead)). I have the feeling that in the #MeToo movement, a very necessary global movement of which I hope it will have ramifications and lead to substantial reform everywhere and in every sector, at least some men feel reluctant to engage in the debate, or self-censor themselves. That is surely not what women want, I’d imagine.

Finally, for the youngsters among you, we hope by now you have your abstracts, Cvs, motivation letters, ... ready for the [EV call for Liverpool](#). Deadline: Monday 5 march!

Enjoy your reading.

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Featured Article

Introducing the Community Health Community of Practice (CH-CoP)

Sanghita Bhattacharyya (Senior Public Health Specialist, Public Health Foundation of India & Centre for Population Health and Development)

There is renewed focus on community health, in the drive to achieve the [Sustainable Development Goals \(SDGs\)](#) by 2030. It is increasingly recognized as an important component of countries' policies and programs. The understanding of what constitutes community health is evolving, and will continue to do so in the years to come. There is room for cross-country learning on how to define and strengthen the various domains of "Community Health," as there are still some unanswered questions about for instance, what constitutes a package of curative and preventive interventions; the best way of capturing community level information; how to strengthen the procurement and supply of essential commodities in the community; and how to mobilize community accountability and monitoring systems. Yet, with the vast amount of collective knowledge and skills accrued from country-specific experiences, these are issues that the global health community can solve in a collaborative way.

In March 2017, the [Institutionalizing Community Health Conference \(IHC\)](#) was organized in Johannesburg. It provided an opportunity for countries to track their progress and explore how to further prioritize programs and policies, with a focus on community health. Accordingly, 400 community health champions from 24 countries adopted a list of [10 critical principles](#) and spelled out their country's action plan. One of the 10 principles was about providing opportunities for country-to-country lesson sharing and developing a shared global learning agenda. There was also a call for the engagement of implementers and researchers, who often work in silos, and for real-time research, monitoring, evaluation and learning, so that after adapting successful interventions, they can be replicated and scaled up. This sounded like the perfect program for a new community of practice (CoP).

[Communities of practice](#) are groups of people who share a passion for something they do and who interact regularly to learn how to do it better. Adopted as a knowledge management (KM) strategy in big corporations, it is also increasingly being adopted in social sectors like education and public health. Over the last few years, several CoPs have been set up in global health. A transnational community can be an avenue for peer-to-peer collaborative networks, which are driven by willing participation of their members, and focused on learning, sharing knowledge, developing expertise and solving problems. We live in a connected world, where finding and sharing information is just one click away; because of this, a truly global health community can easily [apply](#) this CoP concept to the domain of community health. A stronger South-South collaboration can advance the agenda of community health and instead of reinventing the wheel, a vibrant platform could be a starting point for learning and contextualizing some of the drivers of what makes implementation successful, and also some of the associated challenges.

Launch of the new CH-CoP

Against this backdrop, we are happy to announce that a Community Health-CoP (CH-CoP) has been launched recently. It will be led by an international facilitation team, with technical support from the Institute of Tropical Medicine, Antwerp and the financial support of UNICEF. We are giving ourselves 12 months to demonstrate the impact of the CoP. We aim to be a bilingual CoP (English and French) that creates value for everyone who is interested in the broader field of community health. During this first year, we will focus on convening policymakers, health professionals, planners, funding and implementing agencies, non-governmental organizations, grassroots organizations, startups and research institutions at all levels (national, regional and international), in a platform that enables knowledge sharing, collaboration and action at country level.

As for the areas of work, a strong momentum was set in Johannesburg. We will of course continue to develop our learning agenda collectively, but we anticipate that areas of interest, besides those listed above, will be: the integration of community networks and service delivery mechanisms, ensuring quality of services, equitable financing and payment mechanisms, governance structures and social accountability, engaging civil society, faith based organizations and the private sector, harnessing new technology. The indicated subjects will guide us in the development of case studies, policy notes, evidence synthesis and collaborative studies.

Based on established trust and a collaborative atmosphere, the CoP will, we hope, provide global momentum around community health. Things have started this week. To join us, see instructions below.

The CH-CoP page, discussions and resources are freely accessible [here](#).

To join the community and contribute or access the full content, you must first create a personal account on "Collectivity", the collaborative platform where the CoP is hosted.

- *To create your account, click [here](#) then and follow the instructions (5-7 min process)*
- *To access the CH-CoP once you have created your account, click [here](#) or explore the "communities" section of Collectivity. Feel free also to contact us personally.*

Highlights of the week

Launch of Nursing Now – 27 February

<http://www.who.int/mediacentre/events/2018/nursing-now/en/>

"Nurses and midwives make up half of the health workforce. They have a critical role to play in helping achieve universal health coverage." The WHO estimates that the world will need another 9 million nurses and midwives by 2030.

A new global campaign was launched, called Nursing Now, to empower and support nurses in meeting 21st century health challenges.

Some reads:

Devex – Global nursing movement launches

<https://www.devex.com/news/global-nursing-movement-launches-92212>

*“... global health organizations, nurses and leaders, to be joined by the **Duchess of Cambridge**, are launching a new three-year campaign today, called Nursing Now, aimed at raising the profile of nursing worldwide and to call for more investments in their training and growth. The campaign will be led by the **Burdett Trust for Nursing**, with support from the **International Council of Nurses and WHO...**”* Apart from Kate Middleton, Princess Muna Al-Hussein of Jordan was also present at the launch events.

(I personally would have liked Putin, Trump or the Duke of Cambridge to champion this cause, it's a pity only royal women volunteered – gender stereotyping, I'm afraid.)

Tweets: *“**DFID pledges £5million** to #NursingNow Harriet Baldwin UK Minister State on panel with nursing leaders from Bahamas, Uganda & Thailand”*

*“**The world will need an additional 9 million #Nurses by 2030.** That's about 2,000 a day and shows we must act now.”* -The Duchess of Cambridge launches #NursingNow!”

Lancet (Comment) - Nursing Now campaign: raising the status of nurses

Nigel Crisp & Elizabeth Iro; <http://www.thelancet.com/pb-assets/Lancet/pdfs/S014067361830494X.pdf>

(very short) Must-read!! This Comment highlights the global launch of the Nursing Now campaign, and the **current and future importance of nursing staff in global health.**

Finally, for an updated **WHO factsheet** (Feb 2018), see [Nursing and midwifery](#).

BMJ Global Health (Editorial) - Adaptation with robustness: the case for clarity on the use of 'resilience' in health systems and global health

Seye Abimbola & Steph Topp; <http://gh.bmj.com/content/3/1/e000758>

One of the reads of the week. *“The **purpose of this editorial** is ... to propose a clear and intuitive definition of resilience that may inform future applications, and to ensure that future discussion and*

debates in the literature on what this concept brings to health systems and global health are based on a common understanding of the meaning of resilience.”

Check out also how they bring ‘**polycentric governance**’ into the resilience debate.

TB

Devex - In the year of TB, advocates want more than a political commitment

<https://www.devex.com/news/in-the-year-of-tb-advocates-want-more-than-a-political-commitment-92197>

“The World Health Organization has issued new guidelines for expanding testing and improving the treatment times for people with latent tuberculosis infection. The move is in response to countries’ request for guidance on how to scale up preventative measures for people who may not currently show symptoms of illness, but are susceptible to incurring and developing active TB infection. ... Of the 30 countries identified by WHO as having high burden of HIV-associated TB, only 12 are currently providing preventive treatment among people with HIV. In addition, only 13 percent of 1.3 million children vulnerable to the disease received preventive treatment in 2016. **“We hope the new guidelines will disrupt the status quo in many countries and leapfrog global implementation of TB prevention efforts,”** said Dr. Haileyesus Getahun, coordinator for TB/HIV and community engagement from the WHO’s global TB program, in a [news release](#). **The guideline is hoped to provide an additional boost in efforts to reduce TB burden worldwide, and comes in the lead-up to what advocates hope will be the most important political meeting on the disease to date — the first United Nations high-level meeting on TB.** The meeting has yet to be scheduled, but advocates hope it will take place in September during the U.N. General Assembly.”

*“...come September — if the meeting is indeed scheduled to coincide with the U.N. General Assembly — **advocates want more solid, actionable commitments, not lofty goals backed by empty promises.**”*

Aid scandal & fallout

Some overall analyses from this week we would like to recommend:

Lancet (Correspondence) – Oxfam: sex scandal or governance failure?

M Khan; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30476-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30476-8/fulltext)

Very important letter. *“...As a **health policy and systems researcher** who studies the dynamics between international agencies and domestic policy makers in low-income and middle-income countries (LMICs), I believe it is critical to reflect on what the “Oxfam scandal” is not....”*

Khan concludes: “... **questions must now be asked about all organisations—charities, funding bodies, and research institutes—that claim to be supporting better governance and human rights in LMICs. Do these organisations practise what they preach in terms of investing in good governance? Do they operate under the watchful eye of a strong, independent watchdog allowing anyone to whistle blow without personal consequences? Looking ahead, the solution is not to weaken international development agencies by cutting funding but instead to fix them. To do this will require a massive change in perspective.** Development funding has largely focused on addressing weaknesses in institutions in LMICs. **It is now time that international agencies consider how their own governance structures can function better and acknowledge their role in contributing to exploitation of vulnerable populations.** The Oxfam “sex scandal” is certainly highlighting the latter, but for real impact the former is a critical issue.”

Open Democracy – The courage of difficult women

Leslie Francis (pseudonym); <https://www.opendemocracy.net/transformation/leslie-francis/courage-of-difficult-women>

“What happened at **Save the Children** is a symptom of a wider problem in our society which urgently needs to be addressed. The women who have spoken up are the real heroes, not the men who have had the ‘courage’ to admit their mistakes.” Damning analysis.

Thomas Schwarz (MMI) - First, do no harm

<http://www.medicusmundi.org/mmi-network/documents/newsletter/201802>

Editorial of the MMI newsletter.

News from this week in this (unsavory & sad) story :

Women in Syria 'are being sexually exploited by men delivering aid for the UN and international charities despite warnings to bosses three years ago'

[Daily mail.](#)

The most horrific story of the week. Based on a new report, and covered by the BBC.

Guardian - Women’s rights activist: ‘I was harassed working at UN aid agency’

<https://www.theguardian.com/global-development/2018/feb/24/un-former-employee-call-for-inquiry-sexism-bullying-harassment>

UNAIDS’ boys culture (and worse) was attacked head-on. “The head of a leading women’s rights movement has called for an independent investigation into what she **calls pervasive bullying and sexism within a UN agency, alleging that she was harassed and sexually assaulted while working for the organisation.** Malayah Harper, now general secretary of the World YWCA, one of the world’s oldest women’s rights organisations, said the agency **UNAIDS** must urgently review how sexual

harassment allegations are handled. Her call for an inquiry is supported by **testimonies from six current or former UNAids employees**. The women, who spoke on condition of anonymity, described a culture where senior male staff offer career progression in exchange for sexual relationships, and harass women with seeming impunity. **“It’s a boys’ club environment,”** said one employee. **“They just see it as almost part of their due.”...**”

See also **the Guardian** - [Top UN official accused of sexual harassment stands down](#)

(on Luiz Loures, UNAIDS deputy chief)

The Guardian pieces on UNAIDS led to the following **tweet by Richard Horton**: **“To all those I know working in UNAIDS, please speak out and end this culture now.”**

Robert Marten tweeted: **“After top-level changes @UNICEF and @UNAIDS, it seems #MeToo is coming to @UN and #GlobalHealth. “**

UNAIDS - Five-point plan to prevent and address all forms of harassment for greater accountability and transparency within UNAIDS

http://www.unaids.org/en/resources/presscentre/featurestories/2018/february/20180227_unaids

UNAIDS’ official reaction.

Irin News - Former Save the Children staffers speak out on abusive culture under Justin Forsyth

<https://www.irinnews.org/feature/2018/02/22/former-save-children-staffers-speak-out-abusive-culture-under-justin-forsyth>

Since last weekend, **Save the Children** is also in the line of fire. For good reason.

“Justin Forsyth, deputy executive director of UNICEF, has resigned, following media revelations about his own past workplace behaviour and handling of a former subordinate’s sexual misconduct. In a statement, Forsyth said he was leaving to protect UNICEF and Save the Children, his former employer, but not “because of the mistakes I made at Save the Children.” He recently admitted to sending inappropriate messages to female colleagues when he was chief executive of Save the Children. He is also accused of mishandling allegations of sexual harassment and abuse by a close ally and subordinate at Save the Children, Brendan Cox, in 2015.”

Devex - Save the Children CEO says aid faces a '2008 financial crisis moment'

<https://www.devex.com/news/save-the-children-ceo-says-aid-faces-a-2008-financial-crisis-moment-92201>

“The head of Save the Children, Kevin Watkins, compared the sexual abuse scandal currently rocking the aid sector to the 2008 financial crisis, describing aid agencies as “too big, too

confident, too exuberant,” and having “too much belief in their own power.” Speaking at the Bond conference in London on Monday, Watkins said the **issue of sexual exploitation, abuse, and harassment within the sector was “systemic.”** He also **owned up to the failings of his own organization**, which is set to undergo an independent inquiry after reports that two former senior directors allegedly harassed younger female colleagues....”

PS: “...*Watkins made an impassioned plea for the U.K. to provide leadership when it comes to meeting the SDGs, which he said are “so far off track” that “it is a source of embarrassment.”* He described Britain as “a development superpower” that “can make a difference.” “Ours is the generation that is sleeping at the wheel while all of the universal human rights commitments ... are being destroyed, but Britain can make a difference in all of this,” he added....”

Devex - DFID announces new Bond funding to tackle safeguarding

<https://www.devex.com/news/dfid-announces-new-bond-funding-to-tackle-safeguarding-92215>

“The United Kingdom’s Department for International Development has approved a 4 million British pound (\$5.5 million) grant to Bond for International Development through DFID’s new UK Aid Connect funding channel. Part of the award will go toward safeguarding measures in the wake of an ongoing scandal over sexual misconduct in the aid sector....”

Huffington Post – Clare Short Attacks 'Hysterical' Media Coverage Of Oxfam Scandal And Claims Entire Aid Sector 'Smear'd'

[Huffington Post;](#)

As mentioned in the intro, **Clare Short** (Former UK International Development Secretary) made a number of valid points.

Devex - Accountability in the aid sector: Humanitarians can no longer be above the law

<https://www.devex.com/news/accountability-in-the-aid-sector-humanitarians-can-no-longer-be-above-the-law-92133>

“In the wake of revelations that some Oxfam aid workers may have committed sexual crimes while working in Haiti after the 2011 earthquake, questions are being asked about how the staff involved managed to avoid prosecution and whether NGO and United Nations staff are in effect above the law when they carry out development or humanitarian work. The revelations have led to widespread calls, including from the United Kingdom’s Department for International Development, for an overhaul of the way the aid sector recruits and vets candidates. But it has also shone a light on a broader legal vacuum within the sector in which alleged perpetrators are able to avoid investigation from prosecuting authorities for crimes committed while working in humanitarian settings. ...”

Devex – Mordaunt still committed to UK aid sector and budget despite scandals

<https://www.devex.com/news/mordaunt-still-committed-to-uk-aid-sector-and-budget-despite-scandals-92199>

*“U.K. Secretary of State for International Development Penny Mordaunt said on Monday that she still believes in the “great work” being done by NGOs, but that the U.K. aid sector needs to change the way it operates to make sure that beneficiaries are put first. **Speaking at the annual Bond conference in London on Monday**, Mordaunt maintained her tough line on the “morally repugnant” actions of “a small number” of humanitarian staff revealed in recent weeks to have engaged in sexual misconduct and alleged sexual abuse, but **she confirmed her commitment to the size of the U.K. aid budget and value of British aid staffers’ work....”***

Huffington post - As Aid Agencies, We Will Take Every Step To Right Our Wrongs And Eradicate Abuse Within Our Industry

http://www.huffingtonpost.co.uk/entry/aid-exploitation_uk_5a901de7e4b0ee6416a271ed

Joint statement by a number of (mostly UK) aid agencies. “We are truly sorry that at times our sector has failed. We must and will do better.” They also collectively announced a series of urgent and immediate measures.

Devex - Exclusive: EU ready to tighten NGO funding rules after sex scandals

<https://www.devex.com/news/exclusive-eu-ready-to-tighten-ngo-funding-rules-after-sex-scandals-92205>

“The European Union is open to an aid worker register as well as revamping the “rules of engagement” with the charities it funds in the wake of sexual misconduct by staff at Oxfam and elsewhere, the bloc’s top development official told Devex.”

Guardian – How formula milk firms target mothers who can least afford it

<https://www.theguardian.com/lifeandstyle/2018/feb/27/formula-milk-companies-target-poor-mothers-breastfeeding>

*“Formula milk companies are continuing to use aggressive, clandestine and often illegal methods to target mothers in the poorest parts of the world to encourage them to choose powdered milk over breastfeeding, a new investigation shows. A **Guardian/Save the Children investigation in some of the most deprived areas of the Philippines** found that Nestlé and three other companies were offering doctors, midwives and local health workers free trips to lavish conferences, meals, tickets to*

shows and the cinema and even gambling chips, earning their loyalty. This is a clear violation of Philippine law....”

Launch of the Wellcome collection on the World Bank in Global Public Health

<https://wellcomeopenresearch.org/collections/worldbank/about-this-collection>

The first two articles focus on the financialization of global health & gender. Both are must-reads.

[The financialisation of global health](#) (by Felix Stein & Devi Sridhar)

“Global health is increasingly reliant on financial markets. The ongoing financialisation of global health raises new questions of governance, which we expect to affect policy makers as much as doctors, nurses and patients in the years to come. In this editorial, we will first explain what is meant by financialisation, then illustrate its nature in the field of global health via three examples, and end by highlighting some of the governance issues that the financialisation of global health raises.”

[Mainstreaming as rhetoric or reality? Gender and global health at the World Bank](#) (by Janelle Winters et al)

“Over the past decade gender mainstreaming has gained visibility at global health organisations. The World Bank, one of the largest funders of global health activities, released two World Development Reports showcasing its gender policies, and recently announced a \$1 billion initiative for women’s entrepreneurship. However, the development of the Bank’s gender policies and its financing for gender programmes have never been systematically analysed by external researchers in the context of global health. We use the Bank as a case study of how global health organisations frame their gender policies and measure their success.”

WHO Bulletin – March issue

There are plenty of must-reads in this month’s WHO Bulletin issue.

Among others, the **three editorials**:

- [“Global hearing health: future directions”](#) “... Wilson et al. highlighted the **need for a global initiative that facilitates efforts to stem and eventually reduce the rising prevalence of hearing loss**. Perhaps the first step in developing such coordinated action is **to establish a global alliance** where stakeholders can interact and contribute towards a common objective....”
- [“Flexibilities provided by the Agreement on Trade-Related Aspects of Intellectual Property Rights”](#) (by Carlos Correa)

Excerpt: “...So far, the main impact of the Agreement on TRIPS has been on the prices of medicines. In the absence of competition, prices can be fixed – by the owners of the relevant intellectual property rights – on the basis of what the market can bear. To minimize the problems caused by the Agreement, academics, governments of low-income countries, many nongovernmental organizations, the World Health Organization (WHO) and other United Nations organizations pay special attention to the Agreement’s so-called flexibilities. **In this issue of the Bulletin, Ellen ‘t Hoen and others summarize the use of some of these flexibilities over 15 years... ..** Research has shown that the TRIPS flexibilities are poorly exploited and that much more could be done to align intellectual property protection with public health policies. **To support the more extensive exploitation of the flexibilities provided by the Agreement on TRIPS, we need a continuous effort from academics, governments, international and nongovernmental organizations.”**

Still, the picture on the use of flexibilities is not as bad as was thought, as ‘t Hoen’s research shows. See also **IP-Watch coverage: [Study: TRIPS Flexibilities Widely Used By Countries, Contrary To Reports](#)**.

- [A call for papers on NCDs](#): for a theme issue WHO Bulletin, focusing on the political economy & commercial determinants of health

“The Bulletin of the World Health Organization will publish a theme issue on noncommunicable diseases. Since much is known of the clinical interventions in managing these conditions, this theme issue will be focusing on the political economy and experiences in addressing the commercial drivers of noncommunicable diseases and the impact of international trade on government policy on these diseases. The commercial drivers are a significant challenge that requires better evidence, multisectoral actions and citizens’ involvement. We welcome all papers that address the industries’ interference in public policies and the gaps between policy and the implementation of population-based best-buy interventions that address modifiable behavioural risk factors...”

Do check out also some of the other articles in the Bulletin, among others: [National policies on the management of latent tuberculosis infection: review of 98 countries](#).

Trump & global health

This week, in the US, clearly most of the attention went to Trump & gun control (and opioids).

But for our purposes, a few links:

[Amnesty International just officially declared Trump a human rights violator](#)

The Hill - [Groups working to end AIDS fear losing ground under Trump](#)

Politico - [Global health organizations condemn State Department directive](#)

"More than 150 organizations that deal with human rights, health and development issues signed on to a letter to the State Department expressing concern over the department's decision to pare back "critical language" in its annual report on global human rights. "Threats to women's human rights cannot be stricken from the report without sending a broader message to abusive governments that the United States will not hold them to account for such violations," according to the letter. "When women's rights are limited, so are broader pathways to empowerment — economic, social, political, or otherwise...."

Canada & global health

Offline – Canada and global health—iconic or ironic?

Richard Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30542-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30542-7/fulltext)

Richard Horton comes back on the launch of the Lancet series on Canada, and on a rather disastrous "8 days in India" for Mr. Trudeau which turned him into a bit of a joke. Still, Horton remains hopeful: "... Our authors do not romanticise Canada's achievements, but they do believe that the **country's political leaders have a once-in-a-generation opportunity to seize a new role in global affairs.** Canadian writer, John Ralston Saul, in a prologue to his updated and just republished book, *The Collapse of Globalism*, writes that "Canada [is] on the leading edge of how to build a society with a constantly evolving set of citizens and cultures...deeply devoted to an egalitarian idea". **Now is Canada's big moment. One only hopes that the country's citizens and leaders have the confidence to realise it.**"

Global Health Security

Global Health Now - Prosperity Hinges on Health Security

S Bali & R Seifman; [Global Health Now](#);

Important read, even if we don't like much their focus on the World Economic Forum. Enter for example a sentence like, "Before the powerful men and women return to Davos for the next WEF, we hope to see a place reserved for the economic risks from infectious threats."

(In our perspective, global health security would vastly improve if Davos was shot altogether to Mars by Elon Musk on a series of Tesla's. Jupiter is also fine. But nobody asks us anything :))

But the authors depict the current global health security trend rather well: "**Advocates for global health security hoped that the 2014 West African Ebola outbreak would be the game changer that would finally spur meaningful, coordinated investment in health security—and break the recurrent cycle of panic and neglect towards epidemics.**"

“...Indeed, in the immediate aftermath it did. The Ebola outbreak led to multi-country commissions, coordinating mechanisms, and expanded public financing such as creation of the Oslo Commission, the Global Health Security Agenda (GHSA), and the World Bank’s Pandemic Emergency Financing (PEF) Facility, to name a few. Individual countries and sub regions also intensified investments in prevention, detection, and response to epidemic threats. **Yet today, we risk undoing these health security “wins.”** In a world with no dearth of global challenges or domestic health issues to address, why should countries, in particular bilateral donor countries, care about preventing epidemic threats in other countries? The moral argument is clear-cut: Epidemics cost lives—in some countries, much more than others. Some of the most epidemic-prone countries are the least prepared to address epidemic threats. However, moral arguments are not always the most effective means to sway policy makers, as highlighted by the recent drop in bilateral investments in global health security. **With complacency creeping up, and the scaling back of bilateral support for “hotspot country” disease surveillance and preparedness programs, we once again face a heightened risk for another pandemic.** In this climate, there is a pressing need to **strengthen the investment case for health security....”**

Presumably, this should be a fixture from now on at the WEF, or so the authors argue.

Lancet (Perspective) – Human arrogance and epidemics

Laurie Garrett ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30433-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30433-1/fulltext)

Must-read **review** by **Laurie Garrett** of a few **new global health books**, respectively one by Michael Merson and Stephen Inrig, “*The AIDS Pandemic: Searching for a Global Response*”, and “*The End of Epidemics: the Looming Threat to Humanity and How to Stop It*”, by Jonathan Quick. In the review, she also depicts the worrying global health security outlook & global health security’s difficult relationship with UHC. As well as how different stakeholders in global health are positioned vs these, and the lenses they use.

Planetary Health

Guardian - Arctic warming: scientists alarmed by 'crazy' temperature rises

<https://www.theguardian.com/environment/2018/feb/27/arctic-warming-scientists-alarmed-by-crazy-temperature-rises>

This article went viral this week. “*An alarming heatwave in the sunless winter Arctic is causing blizzards in Europe and forcing **scientists to reconsider even their most pessimistic forecasts of climate change.** Although it could yet prove to be a freak event, the primary concern is that global warming is eroding the polar vortex, the powerful winds that once insulated the frozen north....”*

George Monbiot pointed out that now, in 2018, is happening what scientists had predicted for 2050.

On a more positive note, I always dreamed of taking the Trans-Siberian railway someday, but now it seems Siberia is coming towards us.

Rare Disease Day – 28 February

WHO statement

<http://www.who.int/mediacentre/news/statements/2018/rare-disease-day/en/>

“...WHO’s top priority is to support countries on the path towards universal health coverage, with the aim of ensuring that all people can access the health services they need, when and where they need them, without facing financial hardship. This includes access to diagnosis and treatment for people who suffer from rare diseases. Through the Fair Pricing Forum, WHO is seeking to foster dialogue between regulators, insurers, pharmaceutical companies and patient groups to ensure sustainable access to medicines, including orphan drugs....”

FT special report –The Future of Rare Diseases

<https://www.ft.com/content/ee962780-1b50-11e8-aaca-4574d7dabfb6>

“There are few treatment options for orphan conditions, which affect only small numbers of patients. But scientists are zeroing in on particular genes to develop therapies that may give some hope”

Check out, among others, articles on **leprosy & Zika** in this special report.

AMR

FT – Novo to invest \$165m in first ‘superbug’ venture fund

<https://www.ft.com/content/30d1d2a4-1bb3-11e8-aaca-4574d7dabfb6>

*“The first venture fund dedicated to investing in companies fighting superbugs resistant to modern drugs [is to be] launched on Wednesday, with \$165m finance from Novo Holdings of Denmark. The **Repair Impact Fund** aims to put \$20m-\$40m a year over three to five years into European and US start-ups and early-stage ventures developing innovative antibiotics aimed at bacteria the World Health Organisation regards as the greatest threat to human health.*

...But Carb-X and other AMR initiatives focus on grants rather than venture funding, a gap that Repair aims to fill. “We have established this impact fund to provide a fresh approach to a global healthcare challenge,” said Kasim Kutay, Novo Holdings chief executive. Recommended Aim-listed life sciences groups seek to make their mark FT Health: Governments and industry must do more on NCDs Medieval diseases are making a grim comeback Its approach is similar to the London-based Dementia Discovery Fund...”

Malnutrition

Guardian - Africa 'very, very far away' from meeting global target to end child malnutrition

https://www.theguardian.com/global-development/2018/mar/01/no-african-country-will-end-child-malnutrition-by-2030-says-study?CMP=tw_t_a-global-development_b-gdndevelopment

“No African country is expected to reach the UN target of ending childhood malnutrition by 2030, according to a new study.”

“The research, comprised of two papers [published](#) in the science journal Nature, is the first of its kind to identify local hotspots for poor child nutrition and low education levels across 51 African countries. By using maps of local health and education data, in 5x5 sq km across the whole continent, researchers identified variations at state and county level missed from previous comparisons. ... The study found that many countries, including Ghana and southern Nigeria, had shown improvement in childhood stunting and wasting since 2000, but indicated that malnutrition indicators remained “persistently high” in 14 countries, stretching the length of the African Sahel from Senegal in the west to Eritrea in the east....”

See also Axios - [Precision maps pinpoint areas of improvement and failure in Africa](#)

“Steady progress has been made in many parts of Africa on children's health and education, but stark inequalities remain in some regions, according to precision maps from two new studies. The researchers, writing Wednesday in Nature, add that none of the continent's countries are likely to end childhood malnutrition by the United Nations' goal of 2030.”

Or Nature News - [Stunting in Africa mapped town by town.](#)

UN News – Some 19 million newborns at risk of brain damage every year due to iodine deficiency – UN

<https://news.un.org/en/story/2018/03/1003821>

“Nearly 19 million babies born globally every year – 14 per cent – are at risk of permanent yet preventable brain damage and reduced cognitive function due to a lack of iodine in the earliest years of life, according to a United Nations-backed report released Thursday.” “The report from the UN Children’s Fund (UNICEF) and its partner, the Global Alliance of Improved Nutrition (GAIN), notes that insufficient iodine during pregnancy and infancy results in neurological and psychological deficits, reducing a child’s IQ by 8 to 10 points.”

She Decides Day – 2 March

<https://www.shedecides.com/the-latest>

“On 2 March 2017, She Decides officially launched its movement with a high level conference in Brussels. On the same date in 2018, events of different sizes and formats are taking place all over the world, unleashing the continued, growing passion for – and commitment to uphold – the rights of girls and women to decide.”

Devex – As She Decides marks one year, celebrations and questions over its future

<https://www.devex.com/news/as-she-decides-marks-one-year-celebrations-and-questions-over-its-future-92222>

*Must-read analysis. “On the one year anniversary of the launch of the She Decides movement, key family planning organizations remain defiant in the face of U.S. reinstatement of its “global gag rule,” but they also warn there is still a long way to go especially as some major donors, notably the **United Kingdom**, have yet to step up to replace lost funds....”*

*“... With donors dragging their feet on funding, some are concerned a central aim of the movement — **access to safe abortion** — will become watered down. Marjorie Newman-Williams, vice president and director of external affairs at MSI, was at the session and said the movement’s strong stance on abortion was in danger of being “diluted” in an effort to make it broader and more appealing to donors....”*

Info on one of the (livestreamed) events organized, in Brussels – today, at lunchtime:

https://ec.europa.eu/europeaid/news-and-events/shedecides-day-2018_en

*“... **SheDecides’** agenda and the agenda of the **Spotlight Initiative** are mutually reinforcing and the event will be an opportunity to highlight both the Spotlight Initiative and SheDecides in a broader context of women's empowerment movements around the globe.”*

Devex – Why the Gates Foundation's first Middle East grant is a mobile money platform

<https://www.devex.com/news/why-the-gates-foundation-s-first-middle-east-grant-is-a-mobile-money-platform-92224>

*“The Bill & Melinda Gates Foundation will invest \$3 million in a grant initiative focused on **financially empowering vulnerable groups in Jordan, namely Syrian refugees and low-income citizens.**”*

*“The platform, called **Mobile Money for Resilience**, was launched at a ceremony in the Jordanian capital Amman on Tuesday. The project is in partnership with the Central Bank of Jordan and aims to provide access to digital financial services such as payment transfers, savings, and credit through a mobile money platform. Because the foundation’s financial services programs are concentrated in sub-Saharan Africa and South Asia, MM4R marks the first direct grant by the \$2.1 billion philanthropy in the Middle East and North Africa region.*

... The initiative is **part of a small but growing portfolio of foundation investments in emergency response...** “...Asked if the foundation hopes to replicate the program elsewhere in the region where the dual challenges of migration and poverty converge, Cerrell said “absolutely.”

Devex – Here's how the World Bank is maximizing finance for development

Jim Kim ; <https://www.devex.com/news/opinion-here-s-how-the-world-bank-is-maximizing-finance-for-development-92228>

Jim Kim explains himself what the WB's approach is in the SDG era: “...To maximize financing for development, **we ask a very straightforward question: How can we maximize resources for developing countries to do what they must for their people, while minimizing the burden of public debt?** The answer is threefold: To work upstream with developing countries to enable more private sector investment; to help create markets; and to use our full range of funding, expertise, and financial instruments to de-risk projects, sectors, and entire countries...”

According to him, maximizing finance for development **works even in areas affected by fragility, and conflict.**

“...This approach isn't based on ideology or politics, nor is it a panacea for all development problems. It is based on our current circumstances and available evidence of the best way to use scarce public resources to support development needs. ... **By crowding in the private sector where it makes sense, we believe we can find win-win solutions. We can free up scarce public funds for countries to use where they are needed most — areas such as early childhood development, health, education, and creating social safety nets....** ... If we can help the private sector invest in sectors such as infrastructure, energy, and transportation in developing countries, more public funds can go to improving outcomes in health and education. **we must move beyond the debate over public versus private financing. We need to focus on approaches that provide the right mix of financing — public, private, and philanthropic — with the right safeguards, to tackle the world's most intractable challenges.**”

It sure sounds good. Let's see how it works in reality.

Lancet Child & Adolescent Health (Perspective)– Next steps for UNICEF

Sam Loewenberg ; [http://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(18\)30032-4/fulltext](http://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(18)30032-4/fulltext)

Must-read analysis - by **Sam Loewenberg** – of the challenges & environment the new Unicef boss, Henrietta Fore, faces. From a month ago, already, but **one of the reads of the week.**

Plos One - Conceptualizing 20 years of engaged scholarship: A scoping review

M Beaulieu et al; <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0193201>

*“Engaged scholarship, a movement that has been growing steadily since 1995, offers a new way of bridging gaps between the university and civil society. Numerous papers and reports have been published since Boyer’s foundational discourse in 1996. Yet, beyond a growing interest in orienting universities’ missions, we observed a lack a formal definition and conceptualization of this movement. **Based on a scoping review of the literature over the past 20 years, the objective of this article is to propose a conceptualization of engaged scholarship.** More specifically, we define its values, principles, and processes. We conclude with a discussion of the implications of this new posture for faculty and students, as well as for the university as an institution.”*

Global health events

6th Annual World Patient Safety, Science & Technology Summit (London, 23 Feb)

Speech Tedros - 6th Annual World Patient Safety, Science & Technology Summit

[WHO:](#)

Guess many of you will want to read what Tedros said at this event.

IP-Watch - WTO, WHO, WIPO Heads Share Views On Innovation And Access At Trilateral Symposium (Geneva, 26 Feb)

<https://www.ip-watch.org/2018/02/27/wto-wipo-heads-share-views-innovation-access-trilateral-symposium/>

(gated) *“How to encourage health innovations and make sure that new medicines, vaccines, or diagnostics will reach every person who needs them? That is a question which has been hotly debated in different fora. [Yesterday], the World Trade Organization, UN World Health Organization, and UN World Intellectual Property Organization jointly held a **symposium on how innovative technologies can promote the United Nations Sustainable Development Goals.** The WHO director general called on his colleagues to support policies facilitating access to health technologies.”*

For Tedros’ speech in full, see [here](#).

Excerpt: “...Lack of access to health technologies is rarely due to a single reason. There are many, including intellectual property and trade. International trade agreements can be powerful tools both for advancing health, or for harming it. ‘Good’ trade policies can help increase access by streamlining customs procedures, abolishing tariffs and fostering good procurement practices. But trade agreements that extend patent monopolies and delay the availability of lower-priced generics put new and innovative health technologies out of reach for those who need them most. **We must not tolerate systems that put the protection of intellectual property ahead of the protection of health. Patients must always come before patents.**”

For more background and info on this symposium, see [WHO](#).

37th session of the Human Rights Council (Geneva)

<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22702&LangID=E>

Do read the (hardhitting) opening statement by **UN High Commissioner for Human Rights, Zeid Ra'ad Al Hussein**. It was the last time he did so.

*Excerpt: “...The most devastating wars of the last 100 years did not come from countries needing more GDP growth. They stemmed from – and i quote from the Universal Declaration – a “disregard and contempt for human rights”. They stemmed from oppression. **Today oppression is fashionable again; the security state is back, and fundamental freedoms are in retreat in every region of the world.** Shame is also in retreat. Xenophobes and racists in Europe are casting off any sense of embarrassment – like Hungary's Viktor Orban who earlier this month said “we do not want our colour... to be mixed in with others”. Do they not know what happens to minorities in societies where leaders seek ethnic, national or racial purity? When an elected leader blames the Jews for having perpetrated the Holocaust, as was recently done in Poland, and we give this disgraceful calumny so little attention, **the question must be asked: have we all gone completely mad?...**”*

Lecture Sara Bennet: The Changing Global Health Landscape: What role for an Elite, Northern Research Institution? Dean's lecture

<https://www.youtube.com/user/InternationalHealth2>

The lecture is not yet available, but will be made available at the link above. It's certainly a key question.

CGD - Announcing an International Conference on Blended Development Finance and the New Industrial Policy

<https://www.cgdev.org/blog/announcing-international-conference-blended-development-finance-and-new-industrial-policy>

“The Center for Global Development (CGD) and the Centre for Finance and Development at the Graduate Institute Geneva are teaming up to bring together two communities working on innovative ideas to accelerate economic development in the world’s poorest countries: international finance practitioners who are thinking about how to marry public and private international financing for development (so-called blended finance), and researchers who are rethinking government strategies to encourage private activity in sectors viewed as key to economic development (known as the new industrial policy).” There’s also a **call for papers**.

Global governance of health

UN News – With proposed reforms, UN closer than ever to a development system that is ‘fit for purpose’

<https://news.un.org/en/story/2018/02/1003712>

UN officials sound upbeat about the UN reform plans of Guterres.

But read also **Xinhua News** - [UN chief: serious threats challenge implementation of 2030 development goals](#)

*“UN Secretary-General Antonio Guterres warned on Tuesday that attainment of the 2030 Sustainable Development Goals (SDGs) faces serious threats rooted in the “fears and anxieties and even the anger of the people.” “Our world is facing a crisis of legitimacy, of confidence, of trust,” he told the opening of the “operational segment” of the Economic and Social Council’s consideration of proposals for UN development reform. “This crisis is not abstract -- it is rooted in the legitimate fears, anxieties and even anger of people.” “Let’s be clear, the situation is not a situation in which we can take for granted that Agenda 2030 will be fully implemented; there are a number of serious threats in the way global development is taking place, in the way the global economy is evolving, in the way technology is evolving,” he said. **The meeting marks the beginning of formal consideration by UN member states of the secretary-general’s proposals for the UN Development System’s reform.** The three-day session will provide an opportunity for the states to debate key areas of transformation and related proposals found in his December 2017 report....”*

UNITAID annual report 2016-2017

<https://unitaid.eu/unitaid-ar-1617/>

Check it out. From the intro: *“...Looking to the future, Unitaid has turned its attention to reproductive, maternal and child health as well as treatment of HIV co-infections, including TB. As part of the UN Interagency Coordination Group, we are tackling the challenge posed by antimicrobial resistance (AMR). Under a new five-year strategy adopted in 2016 by the Executive Board, we are committing ourselves to promote equity and inclusiveness....”*

IISD – World Bank Group, Governments Discuss ‘Maximizing Finance’ for SDGs

[IISD:](#)

*“The World Bank Group briefed UN Member States and stakeholders on **its latest approach to development finance, called ‘Maximizing Finance for Development’**. Governments raised instances where private sector investments are not used as complementary to official development assistance, but as substitutes. UNGA President Miroslav Lajcak provided **details on the 11 June high-level event on financing for the SDGs.**”*

Toronto Star - Canada has an opportunity to lead the G7 on global health equity

Kelley Lee et al; <https://www.thestar.com/opinion/contributors/2018/02/27/canadas-has-an-opportunity-to-lead-the-g7-on-global-health-equity.html>

Always worth reading, Kelley Lee. Here with Stephanie Nixon. *“As many countries turn inwards in uncertain times, Canada has an opportunity to show leadership in a domain where we have traditionally excelled: global health.”*

*“... **as Canada assumes the G7 presidency in 2018** — solidifying Prime Minister Justin Trudeau’s pledge that “Canada is back” — there is hardly time for complacency. This past week, the esteemed medical journal *The Lancet* launched a series analyzing Canada’s contributions to health at home and abroad. In our paper, we call on the Prime Minister to use the G7 presidency to seize a leadership role in global health equity. This requires **meeting four challenges....**”*

Other Canada (ODA) related news: [Federal budget 2018: Bono praises Canada’s boost in foreign aid spending](#)

Quite enjoyed **Jocalyn Clark**’s cheeky comment on this: “Only in Canada would news of our biggest foreign aid boost in 16 yr be described as making Bono happy.”

*“U2 frontman Bono is heaping praise on the Trudeau government for a new infusion of Canadian overseas development spending, leading a chorus of anti-poverty activists who are cheering the biggest boost in almost two decades. **Finance Minister Bill Morneau’s budget pledged \$2 billion over five years to increase international aid through a new International Assistance Innovation program, designed to come up with flexible new financing arrangements, and the Sovereign Loans program.** It is the **biggest increase in Canadian foreign aid in 16 years**, and it comes after more than a decade of austerity and budget cuts branded the country as laggard in helping the world’s poorest people. The new spending is being heralded as a way for Canada to leverage its G7 chairmanship to help alleviate poverty when Prime Minister Justin Trudeau hosts its leaders for their June summit in Quebec’s Charlevoix region....”*

IRIN – UN shelved 2017 reforms to Syria aid response

<http://www.irinnews.org/feature/2018/02/26/exclusive-un-shelved-2017-reforms-syria-aid-response>

“The UN officials running Syrian relief efforts failed to implement the key recommendations of a 2017 review of its operating principles despite being criticised for allowing the government of Bashar al-Assad to dictate where and when aid is delivered, IRIN has found.”

ODI – Health and education: The link between DFID’s aid allocation and a country’s ability to pay

<https://www.odi.org/comment/10612-health-and-education-link-between-dfid-s-aid-allocation-and-country-s-ability-pay>

Blog by **Marcus Manuel**. “...Our preliminary analysis infers from the available data that the maximum a typical low income country could afford to spend on health and education is \$40 per person but the typical cost of these services is more than \$120 per person...” “...Our calculations lead to the conclusion that most low income countries and some lower middle income countries cannot afford to finance health and education costs from their own resources.... ... When we mapped countries’ ability to pay onto the aid flows planned by the Department for International Development (DFID) (in 2018/2019) we saw that **there does seem to be a link between DFID’s aid and a country’s ability to cover costs**. On average, **the countries more able to pay, tend to receive less funding**. Two of the three countries least able to pay (Sierra Leone and Somalia) receive some of the highest levels of aid. But current allocation of aid isn’t entirely consistent with this principle...”

Blog - Global Fund falls victim as big alcohol’s PR plaything

<http://drinktank.org.au/2018/02/global-fund-falls-victim-big-alcohols-pr-plaything/>

A key sentence, in my opinion:

*“What is **surprising**, aside from the deal in question, has been **the Global Fund’s silence in the face of such vocal opposition**.”*

Friends of the Global Fight against AIDS, TB & malaria – Multiplier for US policy: the Global Fund and HER (HIV Epidemic Response)Multiplier

<https://www.theglobalfight.org/us-policy-multiplier-global-fund-her/>

Meanwhile, the Global Fund's Friends seem very proud of HER and the many partnerships involved in this initiative. As somebody put it aptly on Twitter, though, "real friends point out when you go wrong".

*"...The HER initiative illustrates how the Global Fund amplifies and extends the impact of U.S. policy. First, by mobilizing financial and in-kind support from the private sector, it supplements the resources of government donors and programs. **Global Fund partners for HER include: The Coca-Cola Company, Standard Bank, Unilever, ViiV Healthcare, as well as Product (RED)**, which will expand its operations in Africa with the help of A4A, Coca-Cola and SAP. This epitomizes the Global Fund's design since its inception during the George W. Bush administration as a partnership between governments, civil society, the private sector and people affected by the diseases. Moreover, HER will accelerate impact in all 10 PEPFAR DREAMS countries in sub-Saharan Africa (see map above). DREAMS, a partnership between PEPFAR and the Bill & Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences and ViiV, is demonstrating tremendous progress..."*

On Twitter, by the way, we saw an overview (slide) of the offshore activities of many of these Big Pharma companies. Billions & billions & billions. But who cares anyway.

Some tweets from global health observers on the Global Fund's partnerships, and also how WHO is engaging in more partnerships (via FENSA), under Tedros:

Richard Horton: *"One interesting and important change we are seeing at WHO under Tedros is an enthusiasm for deeper engagement and more formal partnerships with organisations outside the UN system. This is welcome. WHO is amplifying its reach and impact by creating new and powerful alliances."*

Robert Marten – *"Yes, but @WHO guided by the Framework of Engagement with Non-State Actors (FENSA), which should hopefully inspire other #globalhealth institutions to consider similar policies when considering partnerships."*

Robert Marten – *"**Congratulations to #Sweden** for its strong leadership in #GlobalHealth and efforts to bring @GlobalFund into the SDG era by ending partnership with #Alcohol"*

*"Another clear message from @IsabellaLovin in the letter is that **Sweden now will advocate a change in the guidelines of @GlobalFund, to include alcohol industry in the list of actors that the fund shouldn't partner with.**"*

And a tweet from **Robert Marten** today, sounding hopeful: *"**Received an extremely thoughtful and open informal response from a @GlobalFund board member today. Hope Fund's leadership will soon offer response to #globalhealth community and detail a plan of action to review partnerships to align with Sustainable Development Goal 3.**"*

In somewhat related news, see a blog on Global Health Council (on the recent WHO EB meeting) - [the WHO and the public-private-partnerships debate](#)

Stat News - Drug makers lobby for antibiotic incentives in pandemic preparedness bill

<https://www.statnews.com/2018/02/27/pahpra-antibiotics-drug-makers/>

(gated)

“Medical societies and drug makers are urging [US] Congress to include incentives for antibiotic development in a big pandemic-preparedness bill. big legislative package due for renewal later this year could include hundreds of millions of dollars of drug incentives — and the medical community is already jostling to shape its contents. The Pandemic All-Hazards Preparedness Reauthorization Act, a 2013 update of a 2006 law, is slated to end in September....”

UN Dispatch - The World Health Organization Wants You To Worry About “Disease X”

Alanna Shaikh; <https://www.undispatch.com/world-health-organization-wants-worry-disease-x/>

*“Every year, the World Health Organization commissions an expert committee identify the most threatening infectious diseases of the upcoming year. The idea is to prioritize research and development on diseases and pathogens that pose a major risk to global health, but lack effective treatments or vaccines. The committee met early in February this year, and the prioritized list of diseases has been released. The list is made up of familiar threats, including Ebola, Zika, Lassa Fever and a respiratory illness in the Middle East known as MERS. And then there’s “Disease X.” It is the last on the list, and most mysterious. What is Disease X? **Disease X is quite literally a mystery disease. It’s a recognition that we can’t see everything coming. In 2018, it’s entirely possible that we’ll see a brand-new pathogen. Or, as with Zika, an old disease will suddenly demonstrate a new way to harm us....”***

I personally think “Disease X” occupies the White House, for the moment. At least I didn’t see that coming. And as far as I can tell, the entire world does worry a lot about Disease X :)

AP - CDC seeking \$400 million to replace lab for deadliest germs

[https://www.apnews.com/a04e0e9ad22540b7b3d44cb2e2b3bed4/CDC-seeking-\\$400-million-to-replace-lab-for-deadliest-germs](https://www.apnews.com/a04e0e9ad22540b7b3d44cb2e2b3bed4/CDC-seeking-$400-million-to-replace-lab-for-deadliest-germs)

“Thirteen years after building a state-of-the-art lab for the world’s most dangerous germs, the nation’s top public health agency is asking for more than \$400 million to build a new one.”

WB – As Conflicts Surge Around the World, New Approaches to Prevention Can Save Lives and Money - Up to US\$70 Billion Per Year

[WB](#):

“Preventing violent conflict saves lives and money—up to US\$70 billion per year on average, according to a **study published today by the World Bank and the United Nations**. The new study, **Pathways for Peace: Inclusive Approaches to Preventing Violent Conflict**, the **first report on conflict prevention done jointly by the World Bank and the United Nations**, says the world must refocus its attention on preventing violence as a means to achieving peace. The key, they say, is to identify risks early and to work closely with governments to improve response to these risks and reinforce inclusion. **“It’s increasingly clear that violent conflict is one of the biggest obstacles to ending poverty,”** World Bank Group President Jim Yong Kim said. “Conflict impacts a growing number of people within countries, but it does not confine itself to national borders, and its spillover effects can imperil entire regions and pose risks worldwide. **Preventing violent conflict is one of the most critical development challenges of our time**, one that requires more resources, innovative approaches, and intensified collaboration among international partners.””

Finally, a few tweets:

“Concrete measures for supporting National and Global #HealthSecurity capacity building discussed by the @JEEAlliance Advisory Group at OIE in Paris today #JEE #PVS #financing #PartnershipForum”

“Speaking 2day @CFR_org @WorldBank Pres Kim says he will starting in October release scorecards that name & shame govt that fail to improve the health and education of their people. Age of donor driven efforts is over, he said.”

And some info on an upcoming report on (SDG) Voluntary National Reviews (via [IISD](#)):

“On 15 March 2018, a report titled, ‘Progressing National SDG Implementation: An independent assessment of the Voluntary National Review reports submitted to the United Nations High-level Political Forum in 2017,’ will be launched by a group of civil society organizations. “

R4D – 3 Shifts Are Needed in the Global Health Community’s Support for Health Financing to Advance UHC

<http://www.r4d.org/blog/three-shifts-role-global-health-financing-support-advance-uhc-r4ds-two-new-initiatives-sub-saharan-africa/>

Recommended blog (from early February already) by **Allison Kelley & Cheryl Cashin**. The authors believe that **three major shifts are needed** for effective global support of a country-centered path to UHC.

And then they elaborate on **two new initiatives that embrace this triple shift**: “ *Results for Development (R4D) is fully committed to these shifts, beginning with two new initiatives. They are the **African Collaborative for Health Financing Solutions (ACS)**, funded by the U.S. Agency for International Development, and the **Strategic Purchasing Africa Resource Center (SPARC)** funded by the Bill & Melinda Gates Foundation.*”

Devex – Universal health coverage is out of reach unless we eliminate discrimination

Mandeep Dhaliwal ; <https://www.devex.com/news/opinion-universal-health-coverage-is-out-of-reach-unless-we-eliminate-discrimination-92229>

It’s time to link the UHC & human rights movements.

Joint Learning Network - JLN Recognized as a UHC2030 Partner

<http://www.jointlearningnetwork.org/news/jln-recognized-as-a-uhc2030-partner-for-systematic-learning-from-country-ex>

Also news from last month.

*“...To that end, the **Joint Learning Network for Universal Health Coverage (JLN)**, a knowledge platform that supports the systematic learning from country experiences, UHC implementation and knowledge management, **joins a host of health systems initiatives to coordinate and enhance the generation and sharing of practical knowledge that can stimulate countries to innovate for UHC.** JLN’s collaboration activities with its new partners under the **UHC2030’s knowledge management working group** will be shaped by the **UHC2030 knowledge management strategy**, which was also launched at the UHC Forum...”*

Reuters - Twenty states sue federal government, seeking end to Obamacare

[Reuters:](#)

“A coalition of 20 U.S. states sued the federal government on Monday over Obamacare, claiming the law was no longer constitutional after the repeal last year of its requirement that people have health insurance or pay a fine....”

See also **WSJ** - [Red and Blue States Move Further Apart on Health Policy](#)

“Democratic and Republican states are moving in opposite directions on health policy, leaving Americans with starkly divergent options for care depending on where they live. The Trump administration and congressional Republicans, by easing many of the Affordable Care Act’s nationwide requirements after failing last year to repeal the entire law, are effectively turning major components of health policy over to the states. “

FT Health – Apple pushes forward with healthcare ambitions

<https://www.ft.com/content/5cfabd7e-1b8f-11e8-aaca-4574d7dabfb6>

*“Apple is preparing to launch a network of medical clinics for its employees and their families, in what could be a way for the tech company to test out its broader ambitions in healthcare. Tim Cook, Apple’s chief executive, recently described the healthcare industry as an area where the company could make a “meaningful impact” but the iPhone maker has been typically secretive about its plans. The discovery of a website for an organisation called the **AC Wellness Network** provides a clear hint that Apple’s ambitions extend beyond digital health devices such as its Watch.”*

Report on recent HS Governance Collaborative webinar on subnational governance in LMICs

<https://hsgovcollab.org/en/news/fourth-webinar-frameworks-practices-experiences-sub-national-governance-low-and-middle-income>

Read the short blog.

And a tweet by **Amanda Glassman** related to South-Africa: *“so important for achievement of universal health coverage #UHC - hard spending choices to be made, #SouthAfrica setting up #HTA mechanism to make fairly and transparently, starting from evidence and #data. Kudos @ygpillay & colleagues”*

<http://www.treasury.gov.za/documents/national%20budget/2018/review/Chapter%205.pdf>

Meanwhile, it appears “SouthAfrica’s Minister of Health **Motsoaledi** is expected to retain his position in coming reshuffle—>good news for #globalhealth”

Another tweet by **Amanda Glassman**:

“Measuring health systems performance over time is hard but necessary - @ImprovingPHC will issue **new measure on Financing, quality, access & others in 2018** says @DanaHovig @gatesfoundation #CGDTalks”

“Great panel discussion about improving health system performance! @DanaHovig from @gatesfoundation says: Management & performance improvement is about hard choices. We need to be thoughtful about what we choose to identify as an indicator - more is not always better.”

“@DanaHovig highlights the @gatesfoundation's effort to move away from faith-based health systems & toward results-based, clear & simple operations.”

Rifat Atun: “Health systems care about effectiveness and efficiency. But what about dignity? Can we include ‘suffering-adjusted life-years’ (SALYs) in our metrics? #TOglobalcancer”

Planetary health

Global Health Lab in London – Does global health really care about the planet?

Just a few [tweets](#) perhaps to give you a taste of this event, from earlier this week:

.@richardhorton1 introduces today's #GlobalHealthLab event titled "Does #globalhealth really care about the planet?" @LSHTMpress – bij London School of Hygiene & Tropical Medicine

#globalhealthlab opening with **Andy Haines** speaking about the great acceleration of changes in natural and human systems | #anthropocene #planetaryhealth @LSHTMpress @TheLancet

What does #planetaryhealth mean for @wellcometrust & alike charities? It presents a new research paradigm, policy framework, communication strategy, & moral imperative. –

A range of boundaries that formerly protected humankind from a range diseases are now falling (i.e. species, geographic, etc...) – Claire Heffernan, @LIDC_UK on #planetaryhealth lessons learned from the Arctic.

Guardian - The terrifying phenomenon that is pushing species towards extinction

https://www.theguardian.com/environment/2018/feb/25/mass-mortality-events-animal-conservation-climate-change?CMP=share_btn_tw

*“Scientists are alarmed by a **rise in mass mortality events** – when species die in their thousands. Is it all down to climate change?”*

*“...The saiga – whose migrations form one of the great wildlife spectacles – were victims of a mass mortality event (MME), a single, catastrophic incident that wipes out vast numbers of a species in a short period of time. MMEs are among the most extreme events of nature. They affect starfish, bats, coral reefs and sardines. They can push species to the brink of extinction, or throw a spanner into the complex web of life in an ecosystem. And **according to some scientists, MMEs are on the rise and likely to become more common because of climate change....**”*

NYT –Why Build Kenya’s First Coal Plant? Hint: Think China

<https://www.nytimes.com/2018/02/27/climate/coal-kenya-china-power.html?smid=tw-nyclimate&smtyp=cur>

*“...The plan embodies a contradiction of Chinese global climate leadership: **The country’s huge coal sector is turning outward in search of new markets as coal projects contract at home.** A Chinese multinational is tapped to build the \$2 billion, 975-acre project, and a Chinese bank is helping to finance it. The project is among hundreds of coal-fired power plants that Chinese companies are helping to build or finance around the world. ... According to the Global Coal Tracker, a monitoring group, **more than 200 coal-fired power plants are being developed or financed by Chinese companies from Mongolia to Zimbabwe, including in countries that, like Kenya, had previously burned no coal.**”*

*“...As China has reduced its dependence on coal domestically it has expanded overseas, to relieve excess domestic capacity,” said Katharine Lu, who researches energy investments at Friends of the Earth, an environmental lobby group. **Beyond excess coal, geopolitics is also a key factor in that expansion.** China’s Belt and Road Initiative is a central part of President Xi Jinping’s strategy to increase his country’s global influence through infrastructure projects abroad....”*

Science (Policy Forum) – Linking climate policies to advance global mitigation

M Mehling *et al*; <http://science.sciencemag.org/content/359/6379/997>

“The November 2017 negotiations in Bonn, Germany, under the auspices of the United Nations Framework Convention on Climate Change (UNFCCC) validated that the Paris Agreement has met one of two necessary conditions for success. By achieving broad participation, including 195

countries, accounting for 99% of global greenhouse gas (GHG) emissions, the agreement dramatically improves on the 14% of global emissions associated with countries acting under the Kyoto Protocol, the international agreement it will replace in 2020. But the second necessary condition, adequate collective ambition of the nationally determined contributions (NDCs) that countries have individually pledged, has not been met. **One promising approach to incentivize countries to increase ambition over time is to link different climate policies, such that emission reductions in one jurisdiction can be counted toward mitigation commitments of another jurisdiction.** Drawing on our research and our experiences in Bonn, we explore options and challenges for facilitating such linkages in light of the considerable heterogeneity that is likely to characterize regional, national, and subnational policy efforts.”

And a quick (and encouraging) links:

Guardian - [World's first plastic-free aisle opens in Netherlands supermarket](#)

“Campaigners hail progress as Amsterdam store offers dedicated aisle of more than 700 products, with plans for a national roll-out.”

FT Health - [Merkel warms to blue badge idea after diesel ban ruling](#) More encouraging news came from Germany this week. *“The German government said it would consider introducing blue badges for cleaner diesel cars, after a court ruling on Tuesday opened the way for cities to ban older diesel vehicles sent the issue to the top of the country’s political agenda.”*

However, I also have mixed feelings, as I increasingly dread the fate of my 20-year old Toyota Corolla.

Infectious diseases & NTDs

The Atlantic – Why is Nigeria Experiencing a Record-High Outbreak of Lassa Fever?

[Atlantic](#):

More people have been diagnosed with the viral disease in the first two months of 2018 than in all of 2017, in Nigeria. It’s not (yet) clear why.

CIDRAP – Brazilian yellow fever cases circle major cities

<http://www.cidrap.umn.edu/news-perspective/2018/02/brazilian-yellow-fever-cases-circle-major-cities>

“New information from the World Health Organization (WHO) confirms that Brazil's ongoing yellow fever outbreak is centered in Rio de Janeiro, Sao Paulo, and Minas Gerais states, with many infections occurring near the country's largest cities. “Unlike the previous seasonal period, the current seasonal period has been characterized by more cases reported in Sao Paulo and Rio de Janeiro states along with the occurrence of cases in areas near large cities,” the WHO said in an update yesterday....”

Nature - Promising HIV vaccines could stall without coordinated research

https://www.nature.com/articles/d41586-018-02538-5?utm_source=tw_t nnc&utm_medium=social&utm_campaign=naturenews&sf183130356=1

*“Several vaccines and drugs for preventing the spread of HIV are showing signs of success in clinical trials, three decades after scientists began the search. But some researchers fear that progress will stall without a coordinated strategy to ensure that the most promising therapies to prevent infection win support from policymakers and reach the people who need them. **A meeting convened by the World Health Organization (WHO) in Geneva, Switzerland, on 28 February to 1 March** aims to address a lack of long-term thinking about the factors — such as cost and ease of use — that can determine whether a vaccine or other preventive therapy succeeds in reducing disease. Some HIV researchers argue that they should study these issues now, while clinical trials of potential vaccines and drugs to block HIV infection are ongoing, to avoid delays in delivering effective therapies to people at risk of infection. Many hope that the WHO meeting will trigger broader discussions about how to support such research given limited resources, and how to prioritize therapies in development.”*

Plos (Perspective) – Preventing cholera outbreaks through early targeted interventions

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002510>

“In a Perspective, Lorenz von Seidlein and Jacqueline L. Deen discuss the implications of Andrew Azman and colleagues' [accompanying study](#) for management of cholera outbreaks.”

In somewhat related publications, see a **Comment** in the **Lancet Global Health** - [Taking aim at cholera](#) commenting on a new **study**, [Mapping the burden of cholera in sub-Saharan Africa and implications for control: an analysis of data across geographical scales](#). The authors aimed to map the cholera burden in sub-Saharan Africa and assessed how **geographical targeting** could lead to more efficient interventions.

Al Jazeera – Yemen's cholera epidemic likely to intensify: WHO

[Al Jazeera](#);

“ The World Health Organization (WHO) has warned that Yemen's cholera epidemic could escalate in the next couple of months. Although the spread of the disease has been contained since its outbreak in 2016, expected rainfall in the coming months could lead to a surge in cholera cases, according to the UN agency....”

And a quick link:

[WHO approves cholera vaccine for use at temperatures high as 40 degree Celsius for up to 14 days](#)

“Sanofi Pasteur announced that its affiliate Shantha Biotechnics has received approval, aims to improve patient access, especially in remote areas of India”.

Journal of the International Aids society - Special Issue: Paediatric and Adolescent HIV and the Sustainable Development Goals: the road ahead to 2030.

<http://onlinelibrary.wiley.com/doi/10.1002/jia2.2018.21.issue-S1/issuetoc>

Editors are: Douglas Webb et al.

AMR

WHO Bulletin - Antibiotic stewardship interventions in hospitals in low and middle-income countries: a systematic review

C Van Dijck et al; http://www.who.int/bulletin/online_first/BLT.17.203448.pdf?ua=1

This article reviewed the effectiveness of antibiotic stewardship interventions in hospitals in low- and middle-income countries.

NCDs

BMJ (news) – US public health agency is sued over failure to release emails from Coca-Cola

<http://www.bmj.com/content/360/bmj.k951>

*“US Right to Know, a campaign group for transparency in the food industry, has **sued the Centers for Disease Control and Prevention (CDC)** over its failure to release correspondence between agency officials and current and former employees of Coca-Cola requested under freedom of information rules...”*

Reuters - Science fiction no more, can lab-grown meat feed — and save — the world?

P Shapiro; <https://www.reuters.com/article/us-shapiro-meat-commentary/commentary-science-fiction-no-more-can-lab-grown-meat-feed-and-save-the-world-idUSKCN1GA25H>

Nice piece on how “**clean meat**” will hopefully take off in only a few years.

“...Churchill’s vision of widely-available synthetic meat isn’t yet a reality, but it’s likely a matter of years now, not decades. Meanwhile, plant-based meats are already helping many of us to wean ourselves off the factory farming of animals....”

Global Public Health - Advancing progressive health policy to reduce NCDs amidst international commercial opposition: Tobacco standardised packaging in Australia

E Crosbie; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1443485>

“This study examines how health advocates and the Australian government responded to international commercial pressure during the implementation of tobacco standardised packaging (SP) as a measure to reduce non-communicable diseases (NCDs). ...”

Plod Med (Editorial) –Setbacks in Alzheimer research demand new strategies, not surrender

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002518>

“In this month’s editorial, the PLOS Medicine Editors discuss the challenges of addressing a growing population with Alzheimer’s disease and dementia amid disappointing news from the pharmaceutical industry.”

I agree. But then again, I also have a personal interest :)

Launch GCM/NCD Community of Practice on NCDs, poverty and development

https://communities.gcmportal.org/ncds_poverty_development

Started with a webinar this week: see

“a @WHO Community of Practice on #NCDs, #poverty and #development! We will be launching the CoP on Wed Feb. 28th with a webinar at 8am EST - join us for this important discussion on addressing NCDs and poverty to achieve #UHC!”

The Lancet Global Health (Comment) –Modifiable stroke risk factors in Africa: lessons from SIREN

Andre Kengne et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30030-5/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30030-5/fulltext)

Comment related to a new study in the **Lancet Global Health** - [Dominant modifiable risk factors for stroke in Ghana and Nigeria \(SIREN\): a case-control study](#).

'Supermarket owners are the biggest drug dealers in the country' - Alcohol Action NZ

<http://www.newshub.co.nz/home/health/2018/02/alcohol-tax-needed-to-curb-drinking-lobby.html>

Now, that’s the “spirit”. Or as Ilona Kickbush tweeted, we found a new definition of drug dealers.

Looks like the Global Fund is in cahoots with drug dealers, then.

Lancet Psychiatry Commission - Seeing further

[http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(17\)30513-8/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(17)30513-8/fulltext)

“A new Lancet Psychiatry Commission asks how psychological treatments research can be reimagined to improve lives worldwide. “

Some quick links:

The Conversation - [Children are far from protected from junk food ads – especially on social media.](#)

WHO Civil Society Working Group on the third High-level Meeting of the UN General Assembly on NCDs

http://www.who.int/ncds/governance/high-level-meetings/working-group-third-high-level-meeting/en/?goal=0_1750ef6b4b-1be5e10d61-64397109

*“In October 2017, Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), announced the establishment of a **civil society Working Group for the third High-level Meeting of the UN General Assembly on NCDs in 2018**. The Working Group’s aim is to advise the Director-General on bold and practical recommendations on mobilizing civil society in a meaningful manner to advocate for a highly successful high-level meeting, one which proves to be a tipping point for the NCD and mental health response. The Working Group will be **co-chaired by Katie Dain, CEO, NCD Alliance (NGO), and Svetlana Axelrod, Assistant Director-General for NCDs and Mental Health, WHO**. The WHO GCM/NCD Secretariat will act as Secretariat for the Working Group...”*

For an **overview of all the members**, see [WHO](#).

Some tweets:

“@WHO and Denmark to convene invitation only Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease (NCD) Prevention and Control - 9-11 April 2018

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

*“This global dialogue will be supported by the **World Diabetes Foundation, World Economic Forum, NCD Alliance, and IFPMA**.”*

*“Whispers from NYC: - **UNSG's progress report on #NCDs** will be published this Thu or Fri - Informal consultations on modalities resolution for #HLM3 will start during week of 12 March 2018”*

*“Recognizing the success of the **#JEE tool** and mechanism for #HealthSecurity, **the report of the #UNSG on #NCDs** which will be published on 5 March 2018, will include a recommendation for Member States to request @WHO to develop a similar JEE tool for NCDs.”*

*“There is wide support for ambition in the paradigm shift that would make #HLM3 #NCDs fit to support the #2030Agenda. There is a **growing sense that that world leaders must reach consensus on new time-bound *commitments* for 2023 or 2024 based on best buys**”.*

*“We want the #HLM3 #NCDs to be a catalyst for action, an innovator, convenor and a champion of what works, using evidence to prioritize time-bound *commitments* at the forefront of policy making, bringing in national perspectives to the debate”*

And a tweet related to **Peter Byass’ Letter in the Lancet** from last week, [Universal health coverage is needed to deliver NCD control](#).

“#UHC may be necessary to 'deliver #NCD control'. Is it sufficient? “ Enter #pivot2prevention

Sexual & Reproductive / maternal, neonatal & child health

NPR Goats & Soda – #MosqueMeToo Gives Muslim Women A Voice About Sexual Misconduct At Mecca

[NPR Goats & Soda](#);

MeToo is indeed more and more a global phenomenon now. “...A Facebook post by a Pakistani woman who shared her own experience of being sexually assaulted at hajj, went viral. The post inspired an outpouring of similar testimonies from Muslim women around the world. For unknown reasons, the post was removed from Facebook, but the conversation continued on a tweet posted by Eltahawy. Her tweet was shared more than 2,500 times and elicited hundreds more stories. She then suggested that women start using the hashtag **#MosqueMeToo** to organize the discussion...”

Plos Collection - The Prevention, Diagnosis and Treatment of Sexually Transmitted Infections

<http://collections.plos.org/sti>

With a few brand new articles in the Collection, this week.

“Family Planning” info from the US, via our colleagues from Stat News

<https://www.statnews.com/>

HHS announces \$260 million in family planning funding

“The federal health department has released a long-awaited application for federal family planning funds — and the application looks different than it did under the Obama administration. HHS says it’ll dole out \$260 million in funding to health care providers through the Title X program. The agency has steered away from the Obama administration’s emphasis on all forms of effective contraception. Instead, the agency is putting more of a focus on abstinence and natural family planning. And while Title X funding isn’t used to pay for abortion care, that shift has clinics that receive Title X funding and also provide abortions worried that it might be harder for them to get federal funding.”

NPR – How One Country Drastically Cut Its Newborn Death Rate

https://www.npr.org/sections/goatsandsoda/2018/02/25/587692950/how-one-country-drastically-cut-its-newborn-death-rate?utm_source=dlvr.it&utm_medium=twitter

Bangladesh, that is. Read why.

Global Public Health - Social medicine, feminism and the politics of population: From transnational knowledge networks to national social movements in Brazil and Mexico

R de la Dehesa; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1443486>

“This article examines the role of national actors articulated with an explicitly counter-hegemonic transnational knowledge network (TKN) mobilising around social medicine in policy debates on population control and family planning. It focuses primarily on Brazil, using Mexico as a shadow case to highlight salient points of contrast. In doing so, it makes two contributions to larger debates about TKNs. First, it highlights the plural and contested nature of the knowledge production they enact, underscoring contestation around a global reproductive regime that consolidated around family planning. Second, it underscores how the position and relative influence of actors articulated with TKNs is shaped by political and institutional contexts at the national level, producing variable opportunities for the mobilisation of applied knowledge. Reflecting its advocates’ embeddedness in larger opposition movements to authoritarian states, social medicine had a greater influence on these debates in Brazil, where synergies with a resurgent feminist movement reinforced a shared insistence on comprehensive women’s healthcare and increased the salience of sterilisation abuse on the political agenda.”

Access to medicines

UN News - Governments should place more emphasis on drug treatment and rehabilitation, says UN-backed narcotics control board

<https://news.un.org/en/story/2018/03/1003871>

“Governments are being urged to invest more in drug treatment and rehabilitation rather than just focusing solely on prevention, the latest [report](#) by the International Narcotics Control Board (INCB) recommends.”

Reuters - Big pharma, big data: why drugmakers want your health records

<https://www.reuters.com/article/us-pharmaceuticals-data/big-pharma-big-data-why-drugmakers-want-your-health-records-idUSKCN1GD4MM>

“Drugmakers are racing to scoop up patient health records and strike deals with technology companies as big data analytics start to unlock a trove of information about how medicines perform in the real world. Studying such real-world evidence offers manufacturers a powerful tool to prove the value of their drugs - something Roche (ROG.S) aims to leverage, for example, with last month’s \$2 billion purchase of Flatiron Health. Real-world evidence involves collecting data outside traditional randomized clinical trials, the current gold standard for judging medicines, and interest in the field is ballooning. Half of the world’s 1,800 clinical studies involving real-world or real-life data since 2006 have been started in the last three years, with a record 300 last year, according to a Reuters analysis of the U.S. National Institutes of Health’s clinicaltrials.gov website....”

In-depth analysis of current trends.

BMJ (Editorial) - Removing the blindfold on medicines pricing

Suerie Moon; <http://www.bmj.com/content/360/bmj.k840>

“Increased transparency would enable more evidence based policy making”.

Or cfr a tweet: *“Must-read on how medicines prices increasingly are hidden behind confidentiality agreements, and suggestions for how stakeholders can (and should) require price #transparency.”*

Human resources for health

BMC Health Services Research - Failing to retain a new generation of doctors: qualitative insights from a high-income country

N Humphries, R Brugha et al;

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-2927-y>

“The failure of high-income countries, such as Ireland, to achieve a self-sufficient medical workforce has global implications, particularly for low-income, source countries. In the past decade, Ireland has doubled the number of doctors it trains annually, but because of its failure to retain doctors, it remains heavily reliant on internationally trained doctors to staff its health system. To halve its dependence on internationally trained doctors by 2030, in line with World Health Organisation (WHO) recommendations, Ireland must become more adept at retaining doctors...”

Miscellaneous

Lancet (World report) – Libya: war and migration strain a broken health system

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30505-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30505-1/fulltext)

“Libya is struggling to cope with a migrant crisis as widespread suffering and armed violence continue in the war-torn nation. John Zarocostas reports.”

Blog (Alice Evans) - The Global Politics of Pro-Worker Reforms

Alice Evans; <http://oxfamblogs.org/fp2p/the-global-politics-of-pro-worker-reforms/>

“... how can rich countries support workers’ rights, activism, and pay? To answer this question, I researched the political drivers of pro-worker reforms in Vietnam. I investigated why the Government became increasingly supportive of independent unions (freedom of association), a higher minimum wage, social dialogue between management and workers, and collective bargaining. What motivated reform?” ...

The answer: *“strikes, commerce, pressures from reputation conscious buyers, trade deals, and geopolitics.”*

Guardian - Saudi \$3.5bn plan to allay Yemen suffering branded 'a cynical PR exercise

https://www.theguardian.com/global-development/2018/mar/01/saudi-arabia-plan-yemen-cynical-pr-exercise?CMP=tw_t_a-global-development_b-gdndevelopment

*“A much vaunted **Saudi plan to relieve the humanitarian catastrophe in Yemen has been branded a tactic of war and a “cynical PR exercise”**. Riyadh announced its \$3.5bn (£2.5bn) **Yemen Comprehensive Humanitarian Operations plan** in January, following months of criticism over the effect of a blockade that has left an estimated 8 million people facing acute malnutrition in a country where 75% of the population of 29 million are in need of aid. However, as a war that has pitted a Saudi-led coalition against Iranian-backed Houthi rebels approaches its fourth year, **critics have slammed the scheme as ploy to distract international attention from the continuing civilian cost of the conflict....”***

Open Democracy - Global Compact for Migration: stop the hypocrisy and listen to the Global South

C B Maia; <https://www.opendemocracy.net/camilla-barretto-maia-diego-morales-raisa-ortiz-cetra/global-compact-for-migration-stop-hypocrisy-an>

Recommended. *“The insistence on the idea of sovereignty and border control has only produced segregation and violence. The time has come for a paradigm shift.”* A view on the Global Compact for Migration negotiations from Latin America.

Among others: *“...The Argentine migration law passed in 2003 introduced the world to the **paradigm of the right to migrate**. The regularization of migration, which is a necessary condition for migrants to exercise their rights, came to be understood as an obligation of the state and a right of migrants.”*

Wouldn't that be a nice agenda for the Argentinian government to focus on as it hosts the G20 this year...? (chance of that happening with the current government: nil)

For an **update on the negotiations**, see IISD: [Governments Hold First Negotiations on Migration Compact](#)

“Considering the zero draft of the global compact on migration, some countries stressed that each country is a country of origin, transit and destination, thus states need to share responsibility for migration, while others noted that the concept of shared responsibility is an unknown term and the text should not include it. In another key difference, many welcomed strong references to human rights, but others stressed that the Compact is not a human rights instrument and should focus on development. The next round of consultations will convene in March 2018.”

Devex - Donors lift funding for Sahel security force

<https://www.devex.com/news/donors-lift-funding-for-sahel-security-force-92188>

*“The European Union and its member states made up almost all of the 92 million euros in new funding for a five-nation security force in West Africa, announced Friday. The **G5 Sahel Joint Force**, which hopes to assemble 5,000 troops drawn from Mali, Niger, Chad, Burkina Faso, and Mauritania, was launched last year to combat radical violent groups and transnational crime, including trafficking. Prior to Friday’s conference in Brussels, 322 million euros had been committed to fund the force, including \$60 million from the United States and 100 million and 30 million euros (\$123 million and \$37 million) from Saudi Arabia and the United Arab Emirates, respectively....”*

CGD (blog) - Sub-Saharan Africa Can Multiply Its Success Stories and Donors Can Help

N Okonjo-Iweala et al; <https://www.cgdev.org/blog/sub-saharan-africa-can-multiply-its-success-stories-and-donors-can-help>

Short blog, but with an interesting message, linked to the “Africa Rising” narrative of a few years ago. *“...Africa needs a new round of success stories. Success requires a big push not just on infrastructure but also on sustained policy and institutional reform. African leaders must take the lead. Donors can help.”* Some suggestions on the latter.

Devex - Bipartisan bill gives US development finance a boost

<https://www.devex.com/news/bipartisan-bill-gives-us-development-finance-a-boost-92214>

News from last week: *“**A bill creating a new, expanded United States development finance agency** was introduced Tuesday in the U.S. Congress. The Better Utilization of Investment Leading to Development, or BUILD Act, will create a new agency that will combine the Overseas Private Investment Corporation and the several private sector oriented parts of the U.S. Agency for International Development, as well as expand U.S. development finance capabilities. The new agency will have the ability to make equity investments, have a higher spending cap, and have a grantmaking facility for project development and technical assistance. The bill creating the **U.S. International Development Finance Corporation**, was introduced simultaneously in the House and Senate by Rep....”*

See also Devex - [Support for new US development finance bill, even as some details are questioned.](#)

Open Democracy - Framing the economy: how to win the case for a better system

<https://www.opendemocracy.net/neweconomics/framing-economy-win-case-better-system/>

“New research shows how changing the way we talk about the economy can help win public support for a progressive economic agenda.”

Emerging Voices

As mentioned in the intro of this week, you have exactly one more weekend left to finalize & submit your [EV application for Liverpool](#), for both tracks. Good luck to all!

Check out also a blog from **Clara Affun-Adegbulu** on IHP on the fallout of the Oxfam scandal - [After the fall from Grace: What Next?](#) She makes a case for pragmatism, as many vulnerable people depend on these organisations, while at the same time pushing for thorough reform of the sector.

Research

HP&P – Assessing the influence of knowledge translation platforms on health system policy processes to achieve the health millennium development goals in Cameroon and Uganda: a comparative case study

P Ongolo-Zolo et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czx194/4913682>

“There is a scarcity of empirical data on the influence of initiatives supporting evidence-informed health system policy-making (EIHSP), such as the knowledge translation platforms (KTPs) operating in Africa. To assess whether and how two KTPs housed in government-affiliated institutions in Cameroon and Uganda have influenced: (1) health system policy-making processes and decisions aiming at supporting achievement of the health millennium development goals (MDGs); and (2) the general climate for EIHSP. We conducted an embedded comparative case study of four policy processes in which Evidence Informed Policy Network (EVIPNet) Cameroon and Regional East African Community Health Policy Initiative (REACH-PI) Uganda were involved between 2009 and 2011. ... EVIPNet Cameroon and REACH-PI Uganda have had direct influence on health system policy decisions. The coproduction of evidence briefs combined with tacit knowledge gathered during inclusive evidence-informed stakeholder dialogues helped to reframe health system problems, unveil sources of conflicts, open grounds for consensus and align viable and affordable options for achieving the health MDGs thus leading to decisions. New policy issue networks have emerged. The KTPs indirectly influenced health policy processes by changing how interests interact with one another and by introducing safe-harbour deliberations and intersected with contextual ideational factors by improving access to policy-relevant evidence. KTPs were perceived as change agents with positive

impact on the understanding, acceptance and adoption of EIHSP because of their complementary work in relation to capacity building, rapid evidence syntheses and clearinghouse of policy-relevant evidence. This embedded case study illustrates how two KTPs influenced policy decisions through pathways involving policy issue networks, interest groups interaction and evidence-supported ideas and how they influenced the general climate for EIHSP.”

World Development - Informal Groups and Health Insurance Take-up Evidence from a Field Experiment

M Chemin; <https://www.sciencedirect.com/science/article/pii/S0305750X17302632>

“This paper presents the results of 20 randomized experiments aimed at understanding the low take-up of in-patient health insurance observed in developing countries. Take-up does not increase when participants receive information about the product, or an assistance to register, or small subsidies of 2, 10, or 30%. Take-up does not increase when the same information is provided by local respected community leaders, when participants are offered an in-kind gift (a chicken) if they register, when participants are offered the possibility to contribute lower and more frequent payments, or the possibility to pay by cellphone. A full subsidy generates a mere 45% take-up (with no retention after one year). In contrast to these low take-up rates, presenting the same information without any subsidies to existing informal groups raises take-up to 12% (still 7% after one year), as well as trust and knowledge of the product. Social networks play a major role in the adoption of health insurance. This paper provides a cost-effective way to increase take-up of health insurance, while subsidies are found to be largely ineffective at raising take-up in the long run.”

Health Research Policy & Systems - Do policy-makers find commissioned rapid reviews useful?

G Moore et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0293-1>

“Rapid reviews are increasingly used by policy agencies to access relevant research in short timeframes. Despite the growing number of programmes, little is known about how rapid reviews are used by health policy agencies. This study examined whether and how rapid reviews commissioned using a knowledge brokering programme were used by Australian policy-makers....”

Globalization & Health - South-south collaboration on HIV/AIDS prevention and treatment research: when birds of a feather rarely flock together

B Paula de Fonseca e Fonseca et al ;
<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0341-1>

“South-south collaboration on health and development research is a critical mechanism for social and economic progress. It allows sharing and replicating experiences to find a “southern solution” to meet shared health challenges, such as access to adequate HIV/AIDS prevention and treatment. This study aimed to generate evidence on the dynamics of south-south collaboration in HIV/AIDS research, which could ultimately inform stakeholders on the progress and nature of collaboration towards increased research capacities in low- and middle-income countries (LMIC)....”

BMC Public Health - Mapping the global health employment market: an analysis of global health jobs

J M Keralis et al; <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5195-1>

“The number of university global health training programs has grown in recent years. However, there is little research on the needs of the global health profession. We therefore set out to characterize the global health employment market by analyzing global health job vacancies.”

Conclusions: “...***Our analysis shows a demand for candidates with several years of experience with global health programs, particularly program managers/directors and technical experts, with very few entry-level positions accessible to recent graduates of global health training programs. It is unlikely that global health training programs equip graduates to be competitive for the majority of positions that are currently available in this field.***”