

# IHP news 460 : Launch of the Global Health 50/50 report at a pivotal moment in time

(9 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,*

Last weekend, in a [progress report on NCDs](#), the UN Secretary-General called for a **paradigm shift in the approach to NCDs**. You'll read all about it in this newsletter, but let's start with a suggestion of my own in this regard. As [authoritarianism](#) is all the rage now, and many countries are having a hell of a time enjoying [populist moments](#) (while counting for their more cosmopolitan moments on Elon Musk), I think it would be good to re-frame the NCDs for the UN High-Level meeting later this year, in line with the new times. As I get older (and grumpier), I also begin to realize that NCDs are actually – together with dying, obviously – one of the rare (fairly) democratic things in life. Sooner or later, NCDs will come and get you. True, the poor are (a lot) more affected, and some people suffer (far) more than others, but still, NCDs are one of the few [equalizers](#) in life (though not in terms of prevention & access to care, unfortunately). So, in the light of all this, how about reframing NCDs as “**The People's Diseases**”? That born again Mao in Beijing surely won't object, and although I have a hunch the NCD Alliance – which would have to be relabeled as “The People's Diseases Alliance” – might not be entirely happy (*some ill-informed people might mix up the People's Diseases Alliance with the People's Health Movement*), we think it'd be a nice complement to the overall 'Health for All' and UHC battles. Heck, the new framing might also help overcome some of the current political tribalism in many countries, another key ingredient of our times.

**International Women's Day** was also celebrated this week. This newsletter features an **editorial by Sana Contractor & Sara Van Belle** on the new **Global Health 50/50 report**, launched in London on Thursday. Women will always have the only power that really matters in this world, to love or not to love, but arguably, that doesn't offer much consolation in the important global battle for gender equality where so much still needs to be done around the globe, with many horrors done to women on a daily basis. As long as women and girls [leave countries](#) because they feel their country fails them, all men in this world should feel utterly ashamed of themselves. Many more women don't even have that option.

On a more encouraging note, the **Gates Foundation**, clearly seeing the light more and more in a number of areas, launched its first ever [gender equality strategy](#) this week. **DFID** also published its [Strategic vision for gender equality](#). Strategic vision & the UK don't rhyme very well these days, you'll say, but well worth a read. More in general, as UNAIDS' Sidibé [noted](#), “... **change is happening**. *This year, International Women's Day is being celebrated at a time when there is a much-needed spotlight on issues of sexual harassment across multiple sectors, including the private sector, governments, international organizations and civil society.*” The UN (via SG Guterres) had a similar uplifting message - [The 'time is now' to transform the global push for women's rights into action](#).

arguing that “*International Women’s Day comes at a pivotal moment, and with a wave of women’s activism – from the #MeToo movement to #TimesUp and beyond – exposing the structures that have allowed women’s oppression to flourish.*”

Elsewhere, in Cape Town, at the 17<sup>th</sup> **World conference on Tobacco or Health**, Bloomberg Philanthropies launched **STOP**, a [global tobacco watchdog](#). Derek Yach had to hang out on the Cape Town shores as he was [not allowed in](#), having “moved to the dark side”.

Now we still need a similar initiative to STOP our destructive economic & financial system. Not counting on Bloomberg for that one. On [Peter Sands](#) we count even less, after reading about his plans for the Global Fund in this week’s Lancet issue.

*Enjoy your reading.*

*The editorial team*

## **Table of Contents:**

Featured Article .....	3
Highlights of the week .....	4
Global health events .....	23
Global governance of health .....	26
UHC .....	34
Planetary health .....	36
Infectious diseases & NTDs .....	37
AMR.....	39
NCDs.....	41
Sexual & Reproductive / maternal, neonatal & child health .....	42
Access to medicines .....	44
Human resources for health .....	45
Miscellaneous .....	46
Emerging Voices.....	47
Research.....	47

## Featured Article

### Getting Serious About Gender Equality: Reflections on the Global Health 50/50 report

**Sana Contractor** (Center for Health and Social Justice, New Delhi) & **Sara Van Belle** (post-doc, ITM Antwerp)

In the year 2017, “Gender equality” was undoubtedly one of the hot topics that was discussed and debated both on online spaces as well as in global events. As the year closed, the appointment of the UNICEF’s new executive director Henrietta Fore and 7 new women to WHO’s leadership team drew wide attention and accolades in global development circles. After all, as Dr. Tedros in his letter to staff pointed out, “Despite setting a target of achieving 50% gender equity in 1997, WHO has not lived up to that goal. Two decades later, only 28% of the directors are women.”

The newly launched [report](#) “Global Health 50-50” released by the Center for Gender and Global Health at the University College of London, shows that in the Global Health world, this is not unusual at all. The report attempts to assess the extent to which 140 major organizations either working in or influencing global health address gender equality both in their programming as well as at the workplace, by reviewing their gender-related policies. It explores seven key domains which examine gender responsive programming in the organizations, and the extent to which they provide a gender equitable workplace. The findings of the report are sobering, to say the least. More than 20 years after Beijing, just over half of the organizations made a stated commitment to gender equality and less than half mentioned gender in their overall programme and strategy documents. Despite overwhelming evidence on the impact of gender on access to programmes, decision making, responsiveness of health care providers and exposure to health risks, two thirds of organizations do not disaggregate their data by sex. Organizations remain blind to queer concerns with just about ten percent recognizing the needs of persons with non-binary gender identities, and only one organization reported on health data of trans-persons. It is striking that among organizations that focus on the health of women and girls, most do so without a clear recognition of gender as a social construct. Many work largely on reproductive and maternal health that – ie, viewing women largely in their roles as mothers. The report rightly flags this as a problem, given that the changing patterns of NCDs clearly show women as a disadvantaged group, and therefore it is critical that women be looked at beyond their reproductive roles.

With regard to gender equitable work environments, the picture is quite dismal. Only a little over half of the organizations mentioned a stated commitment to gender equality at the workplace, and even among those, not all had specific measures to improve gender equality. As far as representation in decision making bodies and positions goes, it appears to lay heavily in the hands of men. The report points out this striking disparity, because close to 70 percent of those working in global health are women, but they seem to rarely occupy leadership positions.

At first sight, the standards seem rather simple and straightforward. What is striking however, is that even with these relatively “low-bar” indicators, organizations fare quite poorly. One wonders what the picture would look like, if a deeper analysis was carried out to understand the gender impact of the work of these organizations, and the roles that they play in global health policy making. Particularly for northern organizations, a critical question to ask would be – to what extent do they truly represent the needs of women on the ground, especially in the global south? To what extent

are the aspirations of women's resistance movements reflected in organizations' programmes? And indeed, what actions of global organizations run contrary to women's interests more broadly? The influence of the global political economy on global health policy making, and the functioning of key actors in that space have implications for gender equality. [Previous research](#) for instance has suggested that vertical channeling of resources by Global Health Initiatives has resulted in the fragmentation of the sexual and reproductive health rights agenda, moving the agenda away from comprehensive SRH services towards infectious diseases. This cannot merely be assessed through a review of policies and documents, but warrants a deeper investigation that must be undertaken moving forward, if we are serious about addressing gender equality.

Similarly, the discourse around women's leadership in global health, although indicative of gender biases, lacks an intersectional lens. It seems to be premised on an assumption that having a greater number of women in leadership positions will improve the lot of women in the health workforce (which is predominantly female), and ultimately the health of women themselves. The assumption seems to be that women in leadership positions will represent interests of other women, irrespective of their relative social positions and leadership styles. But can that really be the case? After all, even Pepsico's woman CEO Indra Nooyi did try to sell us [women-friendly Doritos](#). Leadership at the top is not sufficient to change organisational culture, especially in organisations with affiliates across the world and in which "masculine" styles of leadership may well be adopted by women as well. Having workplace policies similarly often results in isomorphic mimicry: it might look like the real thing but it is really a fake handbag. Therefore it is crucial that the implementation of these policies, internal monitoring and accountability also be assessed.

Moving forward, however, as the report notes, there is a growing interest and pressure to show a commitment to gender equality and this certainly needs to be capitalized upon. It may be useful to undertake such an exercise periodically, but as the idea of gender equality becomes more mainstream, there is also a danger of dilution - the temptation to turn this into a "box-checking" exercise - when in fact, what is needed is to deepen our understanding of WHY there is no gender parity. Why are certain organizations outliers and what might be the reasons for these. Is it because organisations working on girls education would experience an uncomfortable contrast with workplace policy? Or are organizations blind to these contradictions? How do organizations differ based on their geographic location? How do country offices differ from international headquarters? Perhaps in the future, the authors could consider a more theory-driven analysis informed by the myriad theories that are currently out there on crossing inequities (i.e.) intersectionality, post-colonialism, originating in (postmodern) power theories.

Overall, the report is timely and provides much food for thought and action. Ultimately, if we want to "do" gender equality in a substantive rather than tokenistic way, embracing the principles of feminism and intersectionality, the bar will have to be set higher. This report provides a starting point and hopefully will evoke a more nuanced, serious conversation on what it means to be "gender equitable".

## Highlights of the week

### Launch Global Health 50/50 report (London, 8 March)

<https://globalhealth5050.org/>

See this week's Featured article. We obviously recommend you read **the report** in full. Only about 30 pages + annexes.

But for the ones among you with less time, do read the following excellent **summaries & analyses**:

### **Lancet (Comment) - Report card shows gender is missing in global health**

Helen Clark; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30428-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30428-8/fulltext)

Helen Clark is a **member of the Advisory Council of Global Health 50/50** “—a new initiative to promote advocacy and accountability for gender equality in global health and contribute to the 2030 Agenda for Sustainable Development.” This is **her take on the brand new report**.

### **Lancet Global Health (Editorial) - All gender inequality is not equal**

[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30105-0/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30105-0/fulltext)

Must-read. Among others on some of the constraints of this report, as well as of “Women in Global Health”.

Or in the twitter words of **Kent Buse**: “Kudos to @LancetGH for fabulously provocative title & critical piece on **northern bias in #genderequality discourse in #globalhealth - #intersectionality critical to our efforts for social justice #GH5050 #IWD2018**”

**Sara Bennett**'s response on Twitter: “Thank you! And about time... the much needed movement to raise women's profiles in global health is northern dominated & has felt difficult 2 critique. We need to include women from south; transgender; lesbian; disabled; poorly and educated - not just women like me!”

For **Devex**' take on the report (including **Kent Buse**'s interpretation of some key messages), see “[Are global health organizations gender responsive or gender blind?](#)”.

Interestingly, ‘top performers’ in this report were rather swift in their reaction. See for example UNAIDS: “[UNAIDS a top-nine gender-responsive organization](#)” ... Quite different from the rather slow response to some less savory stories in recent weeks.

Some tweets from the launch – see [#GH5050](#). You can re-watch it [here](#).

“@JeremyFarrar of @wellcometrust reflects that **acting on #GH5050 findings may be the most important thing we can do**. Strong call to commit to changing”.

“The @GlobalHlth5050 report represents a **tipping point for change that could be the most important achievement in our lifetimes** #GH5050 @JeremyFarrar @wellcometrust”

*"#GH5050 report found huge mismatch between burden of disease & focus of orgs. **Most still focusing on MDG Agenda, looking at infectious diseases & women's health.** Very few organisations looking at wider SDG agenda, including NCDs - & only org that focused on smoking."*

*"At the launch of #GH5050 report, @kentbuse notes their call for volunteers yielded 59 females & 1 male- women doing the "global health housework"? #iwd2018"*

*"The Lancet's Executive Editor **Dr Jocalyn Clark** explains, "Like Global Health 50/50, we're determined to dig much deeper. "We can't take organisations or individuals at their word on equality. **There's too much lip service - we have to investigate it with deeper analysis.**""*

*Sadly: "**Audience** for launch on report on gender in global health institutions @globalhlth5050 @ucl. **Women: 119; Men: 30; Sigh.**"*

## International Women's Day (8 March)

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

This year's theme was 'Press for Progress'.

Lots of **news & analysis** related to International Women's Day, clearly.

But let's kick off with this spot-on tweet from **Els Torreele** (MSF):

*"Happy Woman's Day. **As long as we accept and even encourage these practices in the name of globalization, competition, and economic 'development', we are doomed - women and men alike.**"*  
She was referring to this article in the Guardian - [Yto Barrada's best photograph: the prawn factory where women can't talk.](#)

**UN – International Women's Day: The 'time is now' to transform global push for women's rights into action – UN**

<https://news.un.org/en/story/2018/03/1004382>

*"This year, **International Women's Day comes at a pivotal moment**, and with a **wave women's activism** – from the #MeToo movement to #TimesUp and beyond – exposing the structures that have allowed women's oppression to flourish, **the United Nations is urging the world to stand with rural and urban women activists** to topple the remaining barriers to gender equality and empowerment."*

Nice helicopter view of the current global momentum striving for gender parity.

For **WHO's** take, see **Tedros' International Women's Day statement** - [Gender equality must be at the core of 'Health for All'](#). Among others, focusing on UHC : )

The **Global Fund's** Peter Sands: [Advancing Gender Equality](#) Among others, focusing on HER : )

**UNAIDS' Sidibé's take -** Among others, "UNAIDS reaffirms its commitment to zero tolerance for sexual harassment".

### **Devex – What it will take to enter a new era of women's economic empowerment**

<https://www.devex.com/news/what-it-will-take-to-enter-a-new-era-of-women-s-economic-empowerment-92235>

Excellent analysis, among others drawing upon the recent **report by Cronin-Furman et al**, [Emissaries of empowerment](#) *"In Emissaries of Empowerment, Kate Cronin-Furman, Rafia Zakaria, and I examine the de-politicizing, and re-feminizing impact of contemporary empowerment-based interventions in the developing world and how these programs often reinforce, rather than combat, the deep marginalization of women."*

Instead of power, women are given livelihoods...

### **CGD event & blog – It's time we walk the talk on gender equality. Here's how.**

**Amanda Glassman**; <https://www.devex.com/news/opinion-it-s-time-we-walk-the-talk-on-gender-equality-here-s-how-92255>

This CGD event focused on US organizations working in the field of global development.

A few tweets on this CGD event:

*"Who runs the global health world? not women. That's not okay. Every organization needs to look at their own policies - assess what needs to change to recruit, hire, and pay women equally"*  
*@glassmanamanda gender equality in the global development workplace"*

*"@glassmanamanda suggests "Gender @IATI\_aid" to monitor #GlobalDevWomen @ #CGDTalks live at"*

You might also want to read (CGD blog by **Cindy Huang** et al) - [Practicing What We Preach: 5 Ideas to Promote Gender Equality within and among Development Organizations](#).

### **Lancet Global Health - African women working in global health: closing the gender gap in Africa?**

A Roca et al (on behalf of the MRC unit The Gambia Women in Science Working Group );  
[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30063-9/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30063-9/fulltext)

*"...We argue that to help close the gender gap in sub-Saharan Africa, women and men need to perceive women as intellectually equal. Moreover, female and male scientists need to work in*

*partnership to enhance the availability of flexible working hours, maternity benefits, and access to quality daycare, both for young children and elderly people. We believe that access to these benefits and services would enable African women to play a more prominent role in science and consequently improve the health and wellbeing of all people living in sub-Saharan Africa...”*

## **CGD (blog) Access to Contraception is a Global Development Issue**

Masood Ahmed; <https://www.cgdev.org/blog/access-contraception-global-development-issue>

*“... In development circles, only recently is the case for modern contraception being made on the grounds of economic empowerment...”*

*“... While these numbers are impressive and helpful in making the case for increased access to family planning services on the grounds of economic impact, I believe that they must be secondary to the fundamental issue of women’s rights. Two hundred million women who want to prevent pregnancy are not currently using modern contraception—too often because of poverty or environmental restrictions that deny them access to this essential service. **Given these facts, it is a shame to see the decline in international support for expanding family planning services in developing countries. ...**”*

## **Devex – The Gates Foundation launches \$170M gender strategy**

<https://www.devex.com/news/the-gates-foundation-launches-170m-gender-strategy-92241>

***“The Bill & Melinda Gates Foundation on Monday announced its first-ever gender equality strategy, which will commit \$170 million to women’s economic empowerment.** Previously, the foundation’s investments in gender-related work focused largely on areas such as family planning and nutrition, as well as financial services for the poor. “We’re aiming to invest this \$170 million over four years to support four critical and integrated pillars on women’s economic empowerment,” said Sarah Hendriks, director of gender equality at the Gates Foundation, who outlined the new strategy, which aims to transform how women participate in economies around the world....”*

See also [Medium](#).

## **DFID Strategic Vision for Gender Equality - A Call to Action for Her Potential, Our Future**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/685607/Strategic-vision-gender-equality.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/685607/Strategic-vision-gender-equality.pdf)

DFID & the UK government want to take the lead in the global drive for gender equality.

## **ODI (report) - Empowering adolescent girls in developing countries: gender justice and norm change**

<https://www.odi.org/publications/11062-empowering-adolescent-girls-developing-countries-gender-justice-and-norm-change>



*“...This book explores the detrimental impact of discriminatory gender norms on adolescent girls’ lives across very different contexts. Grounded in four years of in-depth research in Ethiopia, Nepal, Uganda and Viet Nam, the book adopts a holistic approach, recognising the inter-related nature of capabilities and the importance of local context. By exploring the theory of gendered norm change, and contextualising and examining socialisation processes, the book identifies the patriarchal vested interests in power, authority and moral privilege, which combine in attempts to restrict and control girls’ lives. Furthermore, the book demonstrates how efforts to develop more egalitarian gender norms can enable disadvantaged adolescent girls to change the course of their lives and contribute to societal change.”*

## **Blog series HSG to celebrate IWD – with a series of blogs by TWGs**

Among others, already posted:

Erlyn Macarayan (on behalf of the Translating Evidence into Action TWG) [How can data help health systems research #pressforprogress in women](#)

S Atkins et al (SHAPES TWG) - [Ensuring "G" in UHC: redressing gender for effective UHC.](#)

And a quick link:

Guardian - [Catholic hierarchy to be confronted over gender inequality](#)

*“Powerful vested interests” within the Catholic church are being challenged at a **conference in Rome** on International Women’s Day as calls grow for women to be given positions of authority and influence in the church. “In a sign that a new assertive mood around women’s rights has reached the Vatican, the Voices of Faith gathering will on Thursday hear demands for bold steps towards gender equality within the male-dominated church. Meanwhile **a manifesto of women for the church**, which calls for women’s roles that “are coherent with our competences and capacities”, is circulating on social media. It says: “As adult women we experience daily the subordinate role of women in the church.” **The rallying cry comes days after a magazine article exposed the exploitation of nuns at the Vatican.** Headlined “the (nearly) free work of nuns, the article revealed dire economic conditions experienced by many nuns, alongside resentment about the low value placed on their vocations compared with men’s.”*

## **UN SG progress report on the prevention & control of NCDs**

[http://www.un.org/ga/search/view\\_doc.asp?symbol=A%2F72%2F662+&Submit=Search&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A%2F72%2F662+&Submit=Search&Lang=E)

Published last weekend.

If you’re short of time, we recommend the short (but very neat) **analysis by the NCD Alliance: [Blunt UN Secretary-General’s report on NCDs decries lack of progress](#)**

*“Action to realise the commitments made in 2011 and 2014 is inadequate... the current level of progress is insufficient to meet target 3.4 of the Sustainable Development Goals on non-communicable diseases and... the world has yet to fulfil its promise of implementing measures to reduce the risk of dying prematurely from non-communicable diseases through prevention and treatment.”*

And yes, a **paradigm shift** is (thus) needed. Cfr this tweet, for example:

**Kent Buse** - “Yes! Secretary-General calls for ‘paradigm shift’ in approach to #NCDs – incl new strategic course to tax tobacco, alcohol & #SSB & policies to reduce impact on children of marketing of foods & beverages high in saturated fats, trans fats, sugars or salt <http://bit.ly/2F9DUsc>”

## 17<sup>th</sup> World Conference on Tobacco or Health (Cape Town)

Bloomberg & Tedros ( good buddies, it seems) played key roles so far at this conference.

### Guardian – Michael Bloomberg launches tobacco industry watchdog

[https://www.theguardian.com/us-news/2018/mar/07/michael-bloomberg-launches-tobacco-industry-watchdog?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/us-news/2018/mar/07/michael-bloomberg-launches-tobacco-industry-watchdog?CMP=Share_iOSApp_Other)

*“A new global watchdog agency has been launched to monitor the tobacco industry with \$20m of philanthropic funding amid fears of dirty tactics by cigarette companies hit by declining smoking rates in the west. The funding for the agency, named **Stop (Stopping Tobacco Organisations and Products)**, comes from Bloomberg Philanthropies, whose founder, Michael Bloomberg, a former mayor of New York, has committed almost \$1bn to the global fight against tobacco. The agency will “aggressively monitor deceptive tobacco industry tactics and practices to undermine public health,” said Bloomberg Philanthropies. Global information and data on the behaviour of the tobacco companies, especially in low- and middle-income countries where they are seeking to grow their markets, will be collated and held on a public website. **The move follows recent uproar among anti-tobacco and public health campaigners over the investment of \$80m by the world’s biggest cigarette-maker, Philip Morris International (PMI), in a new body called the Foundation for a Smoke-Free World.**”*

Bloomberg said he wants to fight the ‘**fake science**’ being spread by tobacco companies.

### [‘Pariah’ Yach told to stay away from global tobacco conference](#)

“...South African-born **Derek Yach**, a former World Health Organisation official, has been expressly **forbidden to attend.**”

Excerpts: “...When Derek Yach worked at the World Health Organisation (WHO) as executive director for non-communicable diseases, he was one of the architects of a global tobacco control convention that is now supported by 180 countries. Today, the South African-born doctor is a pariah in the tobacco control world, accused by former colleagues of “moving to the dark side”. ...

*"...The attendance section of the 17th World Conference of "Tobacco or Health" website expressly forbids access to anyone associated with the new foundation or any tobacco company...."*

*"...Dr Stanton Glantz is the director of the University of California San Francisco's Centre for Tobacco Research, Control and Education, and one of the world's foremost authorities on the harmful effects of tobacco. To Glantz, Yach's "journey to the dark side is complete" as he sees Foundation for a Smoke-Free World as simply part of Philip Morris's "efforts to promote its new heat-not-burn IQOS product"...."*

PS: had some (wicked) fun reading this blog by **Clive Bates** - [Foundation for a Smoke-Free World - the mob behaviour of tobacco control](#) (the term 'McCarthyism' even came up ! )

### **2018 Bloomberg Philanthropies Awards for Global Tobacco Control: Meet the Winning Organizations**

*"Congratulations to the **winners of the fourth Bloomberg Philanthropies Awards for Global Tobacco Control**. Each organization showed a strong commitment in the fight against this global epidemic, and we celebrated their success at the World Conference on Tobacco or Health in Cape Town, South Africa. ... The 2018 winners highlight the progress being made to control tobacco use and show the effectiveness of the MPOWER strategies, developed by WHO Global Ambassador for Noncommunicable Diseases Mike Bloomberg and former WHO Director-General Margaret Chan in 2008. **One winner is chosen for each MPOWER category**: Monitoring of tobacco use and prevention policies; Protecting people from tobacco smoke; Offering help to quit tobacco use; Warning about the dangers of tobacco; Enforcing bans on tobacco advertising, promotion and sponsorship; Raising taxes on tobacco."*

Among the winners: "Winners of Bloomberg Philanthropies Global Award for Tobacco Control: **Ministry of Health of Vietnam** for monitoring tobacco use, **Fundasalud in El Salvador** for protection from no smoking in public places, for help to quit, to **Mexico's Fundación Interamericana de Salud** #WCTOH2018" ...

### **Speech Tedros in Cape Town**

<http://www.who.int/dg/speeches/2018/world-conference-on-tobacco-or-health/en/>

Well worth a read to see what Tedros & WHO will focus on in the fight against tobacco.

Or see some tweets, to get a flavour:

*"@DrTedros states at #WCTOH2018 that **Africa is ground zero for war on tobacco** ... He could equally have said that Africa is also ground zero for war on excessive use of alcohol."*

*"WHO Director General at opening of WCTOH: **tobacco problem in Africa has not been given proper attention**. But there **emerging successes in several countries!** Time for scaling up the effort! World Bank Group supports Tedros's call to action".*

*"We kicked off the activities of the World Conference on Tobacco or Health with a press conference in #SouthAfrica. The tobacco industry is targeting low- and middle-income countries, which must be our focus for strengthening #NoTobacco measures. #WCTOH2018"*

## Tobacco Atlas (6<sup>th</sup>) edition

<http://tobaccoatlas.org/>

Updated.

## Peter Sands & the Global Fund

### Lancet (Editorial) – The Global Fund under Peter Sands

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30553-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30553-1/fulltext)

The Lancet's view on Peter "dodgy partnerships" Sands and his rather stormy start at the helm of the Gf.

*"...He accepts that the broader global health community is sceptical of the value of partnerships with businesses such as Heineken. He is willing to listen to critics. But **he is also unapologetic about engaging with the private sector. Partnerships with business will be his signature raison d'être.** Sands is pursuing a **strategy of constructive disruption at the Global Fund.** A shake-up is welcome. The Global Fund needs new energy and thinking. But alienating large parts of the global health community, with whom the Global Fund should be forging productive alliances, is an error. Sands needs to take a remedial course on global health diplomacy and balance his passion for the private sector with respect for the pluralism of the global health community...."*

**Robert Marten** on Twitter, drawing a comparison with how WHO would have been dealt with: "A soft rebuke from @TheLancet: "@GlobalFund needs new energy and thinking. But alienating large parts of #globalhealth community, w/whom Global Fund should be forging productive alliances, is an error." Can you imagine what they would have said about @WHO?"

### Lancet (Perspectives) - Peter Sands: charting a new course for The Global Fund

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30550-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30550-6/fulltext)

Must-read. *"...Sands believes The Global Fund's objectives should not only be framed around saving millions more lives but also on how to win... A major challenge for Sands is the turbulent global political environment in which populism and nationalism threaten global cooperation, and the subsequent decline in global health funding. "We need to be better at articulating the case for eliminating these three epidemics, not only the moral arguments, but the strong economic case, and reinforce the link with the broader health security agenda. We also must show impact to those countries that contribute to the fund, and measure and analyse it to help inform subsequent decisions.... ... Sands makes clear he will focus on "the internal effectiveness of the organisation, and will look for partnerships to strengthen existing capabilities, such as helping to address logistics and*

*supply challenges to reach key populations and to reduce new infections". Reflecting on the current storm around the private sector partnership with the alcohol industry, Sands argues: "the global health community needs to engage the private sector more rather than less. And must do so more effectively than it has in the past...."* He's willing to listen to critics, he notes, though.

Fyi – this week Ilona Kickbush coined the term **#healthwashing** (on what Big Alcohol & other corporate actors are trying to do) on Twitter. That hashtag should become trending sooner rather than later.

## **New GFO issue**

[http://www.aidspace.org/gfo\\_article/india-plans-transition-away-global-fund-support-over-next-nine-years](http://www.aidspace.org/gfo_article/india-plans-transition-away-global-fund-support-over-next-nine-years)

The new GFO issue features, among others, an evaluation of France's five percent initiative for Global Fund grant recipients; and an article on how India plans to transition away from the GF in the next 9 years.

## **Devex – Global Fund pushes countries to spend faster — or lose funds**

<https://www.devex.com/news/global-fund-pushes-countries-to-spend-faster-or-lose-funds-92244>

"The Global Fund to Fight AIDS, Tuberculosis and Malaria is cracking down on countries that don't spend the entire grants they've received from the fund for their HIV and AIDS, malaria and TB programs. In a change in policy, when the Global Fund's three-year funding implementation cycle ends, countries can no longer apply for extensions to use up the remaining funds. "

## **Aid & #MeToo**

### **Foreign Policy – U.N. Sexual Assault Investigations Die in Darkness**

<http://foreignpolicy.com/2018/03/08/how-u-n-sexual-assault-investigations-die-in-darkness/>

In-depth account of the (handling of the) Loures case at UNAIDS. Damning. Doesn't rhyme very well with UNAIDS' rather euphoric reaction on its ranking in the Global Health 50/50 report.

### **Guardian - 'You need to hear us': over 1,000 female aid workers urge reform in open letter**

[https://www.theguardian.com/global-development/2018/mar/08/1000-women-aid-workers-urge-reform-in-open-letter?CMP=tw\\_t\\_a-global-development\\_b-gdndevelopment](https://www.theguardian.com/global-development/2018/mar/08/1000-women-aid-workers-urge-reform-in-open-letter?CMP=tw_t_a-global-development_b-gdndevelopment)

See also [Devex](#). Hardhitting letter with three key asks.

## Devex - UK aid chiefs agree safeguarding action plan as DFID uncovers new incidents

<https://www.devex.com/news/uk-aid-chiefs-agree-safeguarding-action-plan-as-dfid-uncovers-new-incidents-92248>

*“Aid bosses who gathered in London on Monday have agreed a “shortlist” of practical steps that aim to make the sector safer and more accountable following a series of sexual abuse scandals.”*

*“... Twenty-seven mostly U.K.-based charities, as well as a number of safeguarding experts, came together for the **summit, organized by Mordaunt and the Charity Commission** in response to recent revelations of misconduct by some Oxfam aid workers posted to Haiti in 2011, alongside concerns that the incidents had not been fully disclosed to the charity regulator. The Oxfam scandal was followed by allegations of misconduct at other prominent NGOs, including Save the Children, which has launched an internal inquiry. **The summit**, which was not open to the press, **resulted in agreement on a “shortlist of actions,”** including the creation of an independent body to promote external scrutiny; new standards for vetting and referencing across the sector — an issue that has been at the forefront of discussions since it emerged that some of those involved in the Oxfam scandal were able to find employment at other aid organizations; ensuring that whistleblowers and survivors of exploitation have access to counseling and support; changing organizational cultures; and “ensuring concerns are heard and acted upon....”*

## Humanitarian aid

That **Ghouta** story is just too sad for words, sorry.

## Devex – Did WHO's quest to save lives in Mosul battle get too close to the front lines?

<https://www.devex.com/news/did-who-s-quest-to-save-lives-in-mosul-battle-get-too-close-to-the-front-lines-92156>

*“The term “**provider of last resorts**” has been a point of discussion in the World Health Organization’s draft 13th program of work. In efforts to illustrate what it means, Director-General Tedros Adhanom Ghebreyesus has often made an example of **the organization’s intervention in Mosul, Iraq, in 2017, where the organization made an unusual decision to run a referral chain for trauma cases from the frontlines as Iraqi forces fought the Islamic State militant group.** The decision, as Devex reported at the time, received support from multiple players and partners on the ground. Donors such as the European Commission were eager to provide financial and political support to the endeavor. But a **recent report by the Center for Humanitarian Health from the Johns Hopkins Bloomberg School of Public Health** reveals the events that unfolded on the ground in Mosul — and the decisions that actors made — **raised significant questions on the future of humanitarian response in today’s conflict settings....”***

In somewhat related news, you might also want to read (in Globalization & Health ) [Notes from a field hospital south of Mosul.](#)

## UNICEF starts 2018 with its largest appeal yet for humanitarian action

<https://www.devex.com/news/unicef-starts-2018-with-its-largest-appeal-yet-for-humanitarian-action-92216>

“...The United Nations Children’s Fund is starting 2018 with its largest appeal yet for humanitarian aid, reflecting the strain multiple protracted crises are placing on relief and development work across the world. Some 84 percent of the \$3.64 billion UNICEF is seeking would go toward conflict-driven crises, including Yemen, Syria, the Syrian refugee crisis, the Democratic Republic of the Congo, and South Sudan, Grant Leaity, the deputy director for UNICEF’s Office of Emergency Programmes, told Devex....”

## UN News - Urgent need to step-up protection of children in crises – UN rights wing

<https://news.un.org/en/story/2018/03/1004122>

*“Children in crisis situations face a raft of challenges – from family separation and forced recruitment to sexual exploitation and abject poverty – the deputy United Nations human rights chief said Monday, urging immediate action to protect children from the consequences of “all too adult failings.””*

## Planetary Health

### Lancet – Offline: The health of our societies is in peril

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30611-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30611-1/fulltext)

**Horton** discusses last week’s **Global Health Lab** in London which focused on the question whether global health really cares about planetary health. Must-read. **Political science** even gets a special mention from Richard : )

Horton concludes: *“...It is now a matter of urgency that planetary health progresses to using the best available evidence to guide decision making by political leaders. Investments in the broadest possible meaning of science will be essential to produce the knowledge to guide those decisions. As Levitsky and Ziblatt write, “The very health of our democracy hinges on it.””*

### Lancet Planetary Health – March issue

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

A really good issue this month. We recommend, among others, the following articles:

- Editorial: Water crisis in Cape Town: a failure in governance
- Pollution and non-communicable disease: time to end the neglect
- Antimicrobial resistance: an urgent need for a planetary and ecosystem approach

“Our planet is rushing towards a post-antibiotic era and the global burden of antimicrobial resistance is estimated to rise to 10 million annual deaths by 2050, a figure that can substantially increase if adequate measures are not taken. Antimicrobial resistance is an ancient but complex phenomenon that emerges in response to antimicrobial exposure. The abundance of existing scientific publications on antimicrobial resistance in an environmental context supports its inclusion in the planetary health agenda. **Unfortunately, antimicrobial resistance is still a public health concern and it has not been considered a priority area to work on from an ecological perspective....**” Needs to change.

- Framing planetary health: arguing for resource-centred science

*“We postulate that a resource-centred approach is the most parsimonious instrument to implement the SDGs while safeguarding the integrity of Earth's ecosystems. This approach is important because the major mutually enforcing stressors on public health and natural resources are (over)consumption coupled with socioeconomic inequalities, concentration of economic and financial dominance to drive political decision, and institutional inertia, enforced by inadequate norms and poor accountability and transparency.”*

- [Health co-benefits from air pollution and mitigation costs of the Paris Agreement: a modelling study](#) This last article got quite some attention late last week in media.

*“We analysed the extent to which health co-benefits would compensate the mitigation cost of achieving the targets of the Paris climate agreement (2°C and 1.5°C) under different scenarios in which the emissions abatement effort is shared between countries in accordance with three established equity criteria.”* **Conclusions:** *“...Substantial health gains can be achieved from taking action to prevent climate change, independent of any future reductions in damages due to climate change. Some countries, such as China and India, could justify stringent mitigation efforts just by including health co-benefits in the analysis. Our results also suggest that the statement in the Paris Agreement to pursue efforts to limit temperature increase to 1.5°C could make economic sense in some scenarios and countries if health co-benefits are taken into account.”*

## Belt & Road initiative & debt risks

### CGD (blog) – China’s Belt and Road Initiative Heightens Debt Risks in Eight Countries, Points to Need for Better Lending Practices

<https://www.cgdev.org/article/chinas-belt-and-road-initiative-heightens-debt-risks-eight-countries-points-need-better>

Based on a new CGD study. Apparently, Rex Tillerson does read articles (as compared to his boss) – see below.

In other China & Africa related news, read also (in **the Conversation**) - [Why China’s removal of term limits is a gift to African despots](#). They can now refer to Xi Jinping as a ‘role model’ of sorts.



## CGD (blog) - Chart of the Week: A New African Debt Crisis?

Justin Sandefur et al; <https://www.cgdev.org/blog/chart-of-the-week-new-african-debt-crisis>

*"Debt relief wiped away much of Africa's sovereign debt, but after a decade of growth, debt stocks are rising again. Here's a look at the numbers, and how we got here again."*

Among others: "...In the 2000s, most of the debt was owed to multilateral institutions like the World Bank and IMF and bilateral creditors who formed the Paris Club. Today, a much larger share of African debt is held by private banks and bondholders, so the dynamics of any hypothetical workout would be considerably different...."

See also **the Economist** - [Increasing debt in many African countries is a cause for worry](#).

## Lassa Fever

**BBC - Lassa fever: The killer disease with no vaccine**

<http://www.bbc.com/news/world-africa-43211086>

Analysis by **Dr Charlie Weller**, head of vaccines at the Wellcome Trust, of the current Lassa fever outbreak in Nigeria.

See also **WHO Afro** - [Nigeria battles its largest Lassa fever outbreak on record](#)

And a tweet:

*"The best thing that can come out of this outbreak is for the scientific community to finally pay attention to #LassaFever. The most neglected of the viral haemorrhagic fevers."*

## US & global health

**Guardian - Trade wars? Africa has been a victim of them for years**

A Hirsch; <https://www.theguardian.com/commentisfree/2018/mar/07/trade-wars-africa-donald-trump>

Good to keep in mind as Trump is starting a trade war. *"The continent has borne the brunt of taxes and tariffs from the US and Europe. No wonder some believe Africa needs its own version of Donald Trump"*

## Devex - Tillerson announces humanitarian aid to Africa, criticizes Chinese role

<https://www.devex.com/news/tillerson-announces-humanitarian-aid-to-africa-criticizes-chinese-role-92276>

*"U.S. Secretary of State Rex Tillerson announced nearly \$533 million in humanitarian aid to Somalia, South Sudan, Ethiopia, and the Lake Chad Basin, during a speech Tuesday that outlined the status of the United States' relationship with Africa and also jabbed aggressively at China's recent expansion of influence on the continent. The speech [came] as Tillerson departs for a five-nation, week-long visit to Africa, which [will be] his first visit to the continent as a U.S. government official." He also praised PEPFAR, [among others](#).*

See also AP - [Tillerson aims to show US cares despite Trump's Africa slur](#) - in other words, he's on a **damage-control mission** for Trump. But by and large, **security** is the focus, not aid.

## Lancet - Primary care research: a call for papers

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30296-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30296-4/fulltext)

*"To mark the 40th anniversary of the Alma-Ata Declaration, The Lancet will dedicate the issue of Oct 20, 2018, to primary care and related themes. While we welcome submissions on all aspects of primary care at all times, and across all Lancet titles, this call for papers is particularly aimed at researchers in primary care settings...." Deadline is May 1.*

## G20 & global health

[The first meeting of the Health Working Group at the CCK, Buenos Aires, focused on malnutrition as well as childhood overweight and obesity.](#)

*"...The [Argentinian] minister also outlined the **health agenda priorities for 2018**. "The three areas agreed upon are the strengthening of health systems in terms of efficiency, fairness and quality, with a focus on universal health coverage; the problem of malnutrition, with an emphasis on prevention of childhood overweight and obesity; and antimicrobial resistance and the fight against pandemics and health emergencies," he said..."*

## CEPI awards first contract

Stat News – Global health coalition inks agreement to develop vaccines for MERS, Lassa fever

[Stat news](#);

*“In a major step, that organization known as CEPI — the Coalition for Epidemic Preparedness Innovations — said this week that it has awarded its first contract, an agreement with an Austrian biotech company to develop vaccines to protect against Middle East respiratory syndrome, or MERS, and Lassa fever. Themis Bioscience, of Vienna, could receive up to \$37.5 million to develop and manufacture the vaccines. The privately held company already has Zika and chikungunya virus vaccines in its development pipeline....”*

## Guardian - 'Woefully off track': global goals leave behind over half the world's children

<https://www.theguardian.com/global-development/2018/mar/07/woefully-off-track-global-goals-leave-behind-over-half-worlds-children>

Based on a new [UNICEF report](#). ***“More than half a billion of the world’s poorest children are invisible to the international organisations that could help them most. Children worldwide are “uncounted” in development targets because they live in countries where the data required to monitor and evaluate key areas such as education and nutrition is unavailable, Unicef has warned. According to a report on child-related sustainable development goals (SDGs), roughly 650 million children live in countries where the targets will remain unattainable unless accelerated progress is made to meet current targets. Following current trends, roughly 10 million children will die of preventable causes before their fifth birthday, while 31 million children will be stunted because they lack adequate nutrition, Unicef claims. “More than half the world’s children live in countries where we either can’t track their SDG progress, or where we can and they are woefully off track,” said Laurence Chandy, Unicef’s director for the division of data, research and policy....”***

See also UN News - [Over half a billion ‘uncounted’ children live in countries unable to measure their development progress – UNICEF.](#)

## Unintended pregnancies

### Guttmacher Institute - Unintended Pregnancy Rates Declined Globally from 1990 to 2014

<https://www.guttmacher.org/news-release/2018/unintended-pregnancy-rates-declined-globally-1990-2014>

***“Rates of unintended pregnancy have decreased globally since 1990, according to a new [study](#) published today in *The Lancet Global Health*. While the unintended pregnancy rate fell worldwide from 1990–1994 to 2010–2014, it **dropped less sharply in developing regions (16%) than in developed regions (30%)**. “Global, Regional, and Subregional Trends in Unintended Pregnancy and Its Outcomes from 1990 to 2014,” by Guttmacher Institute researcher Jonathan Bearak and colleagues, highlights the incidence of unintended pregnancies in all world regions, using an updated methodology and a broader evidence base than past studies to examine changes over time....”***

## Child marriage

**Thomson Reuters Foundation – India's child marriage numbers drop sharply, driving down global rate: UNICEF**

[Reuters](#);

*“The proportion of girls getting married in India has nearly halved in a decade, the United Nations children’s agency UNICEF said on Tuesday, which has contributed significantly to a global decline in child marriage. UNICEF said 25 million child marriages were prevented worldwide in the last decade, with the largest reduction seen in South Asia - where India was at the forefront.”*

## Key publications of the week

**International Health –On the meaning of global health and the role of global health journals**

Seye Abimbola; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihy010/4924746#.WqGIDoLlO9N.twitter>

Based on a keynote speech at the last ECTMIH conference: “...My first challenge 2 years ago when I was appointed the inaugural Editor in Chief of BMJ Global Health was how tricky it was to define global health. It is an ongoing struggle. **In this editorial I describe where I am on that journey and how a well-considered meaning of global health could transform global health practice, research and journals...**”

*“...Delivery problems define global health....”*

*“In the last two decades, health policy and systems research (HPSR) has emerged as the multidisciplinary field that addresses delivery problems in global health, but the field has so far not moved towards becoming a discipline.<sup>10</sup> To create a discipline of global health, journals should explicitly acknowledge this crucial intersection between global health and HPSR.*

*If we take the meaning of our field seriously, and go where that meaning leads, we will probably do things differently, as practitioners, researchers and journal editors. If people who are the targets and intended beneficiaries of global health work were to define global health and determine how it is studied, practised and reported, I suspect it will not be about the global commissions, discussions and debates of the day in Geneva, New York and London and on Twitter, and the jostling of the privileged global elite for power and position, but rather about the information and motivation problems that limit and constrain delivery, beginning at the local level.”*

**BMJ Editorial – Global Health Watch: Challenging entrenched ideas in global health**

Anuj Kapilashrami & Ted Schrecker; <http://www.bmj.com/content/360/bmj.k956>

(sadly, paywalled) “... In 2014, the fourth report began with an overview of how four decades of neoliberal globalisation increased inequality and undermined access to healthcare and opportunities for healthy life for many of the world’s people, in countries rich and poor. **Global Health Watch 5**, published in December 2017, **continues the critique of neoliberalism but shifts the focus to more specific issues of governance and development policy, starting with the demanding political and institutional changes that will be needed if the sustainable development goals (SDGs) are to have any chance of being realised.** ...” “...the report’s strongest contribution to knowledge lies in making visible the ability of neoliberalism to structure debates, constrain policy spaces, and limit “what is sayable, doable, and even thinkable in global health....”

## **The Anthropocene Review - Understanding the relationship between ethics, neoliberalism and power as a step towards improving the health of people and our planet**

Solomon Benatar. Ross Upshur, Stephen Gill;

<http://journals.sagepub.com/doi/full/10.1177/2053019618760934>

*“This article seeks to evaluate the ethical underpinnings of neoliberalism and its associated power relations, and to illustrate the influence of such relationships on the health of people and the planet in the so-called era of the Anthropocene. We seek to reveal the current ethical standing of neoliberalism, and to identify other ethical positions and power relations that could be more conducive to promoting peaceful progress in an era during which all future life on our planet will be increasingly threatened by several organically inter-linked, human-caused crises, including that of the Earth’s biosphere. **We conclude that on a planet close to many tipping points, beyond which irreversible entropy may ensue, a shift is needed away from neoliberal and anthropocentric belief systems towards a more ecologically aware perspective on life. Fostering the ethics of greater cooperation, mutual respect, deeper democracy, solidarity and enhanced social justice could facilitate the development of sustainability as a maxim of wisdom and praxis. Ultimately however, such progress requires the transformation of political power, as well as policies that are grounded in new ethical commitments.**”*

If all that happens before the ants (or the aliens) take over, I promise I’ll go to Mecca.

## **World Development - The political path to universal health coverage: Power, ideas and community-based health insurance in Rwanda**

B Chemouni; <https://www.sciencedirect.com/science/article/pii/S0305750X18300330>

*“Rwanda is the country with the highest enrolment in health insurance in Sub-Saharan Africa. Pivotal in setting Rwanda on the path to universal health coverage (UHC) is the community-based health insurance (CBHI), which covers more than three-quarters of the population. **The paper seeks to explain how Rwanda, one of the poorest countries in the world, managed to achieve such performance by understanding the political drivers behind the CBHI design and implementation.** Using an analytical framework relying on political settlement and ideas, it engages in process-tracing of the critical policy choices of the CBHI development. The study finds that the commitment to expanding health insurance coverage was made possible by a dominant political settlement. CBHI is part of the broader efforts of the regime to foster its legitimacy based on rapid socio-economic development. Yet, CBHI was chosen over other potential solutions to expand access to healthcare*

*because it was also the option the most compatible with the ruling coalition core ideology. **The study shows that pursuing UHC is an eminently political process but explanations solely based on objective “interests” of rulers cannot fully account for the emergence and shape of social protection programme. Ideology matters as well.** Programme design compatible with the political economy of a country but incompatible with ideas of the ruling coalition is likely to run into political obstructions. The study also questions the relevance for poor countries to reach UHC relying on pure CBHI models based on voluntary enrolment and community management.”* Bloody interesting paper.

## Health Affairs (March issue)

<https://www.healthaffairs.org/toc/hlthaff/current>

Focus on health equity. But more US targeted. Arguably, much needed there.

## The Oxford Handbook of Global Health Politics

Edited by Colin McInnes, Kelley Lee, and Jeremy Youde;

<http://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780190456818.001.0001/oxfordhb-9780190456818>

Looks like a fascinating handbook in progress. Seven articles are already online.

## A few key blogs

### HS Governance Collaborative - Governance and the role of the state in fragile settings: broadening the health systems (governance) frame

Clara Affun-Adegbulu et al ; <https://hsgovcollab.org/en/blog/governance-and-role-state-fragile-settings-broadening-health-systems-governance-frame>

New blog by some of my more talented colleagues. Well worth a read.

### Financing Health in Africa – Informal payments and other failures in health care provision in public facilities: more than just an association

Hyacinthe Kankeu (EV 2014) <http://www.healthfinancingafrica.org/home/informal-payments-and-other-failures-in-health-care-provision-in-public-facilities-more-than-just-an-association>

*“Last year, a Working Group on corruption in health services in Africa was created on Collectivity. After a first blog by Juliette Alenda on the challenges of defining petty corruption, **we present here the results of the second strand of our activity: an empirical analysis covering more than thirty African countries.**”*

See also a **tweet by Agnes Soucat**: “New ! @afrobarometer @TheCollectivity @HyacintheKankeu critical analysis of informal payments generated bottom up and through crowd sourcing. New models of knowledge management #UHC @WHO”

## **Resyst (blog) - A focus on women in the health workforce on International Women’s Day**

Kate Hawkins; <http://resyst.lshtm.ac.uk/news-and-blogs/focus-women-health-workforce-international-women%E2%80%99s-day>

“Just in time for International Women’s Day 2018 the Gender Equity Hub (coordinated by Women in Global Health and The WHO Global Health Workforce Network) held a hard-hitting **webinar on Gender Transformative Approaches in the Health and Social Sectors**. Drawing on expert opinion from Africa, Europe and the Caribbean the speakers described a sector in crisis, and one that needs urgent reform if we are to meet the Sustainable Development Goals and other international targets.”

## **Global health events**

### **WHO-WIPO-WTO Technical Symposium on Sustainable Development Goals: Innovative technologies to promote healthy lives and well-being(26 Feb, Geneva)**

[http://www.who.int/phi/sustainable\\_development\\_goals\\_February2018/en/](http://www.who.int/phi/sustainable_development_goals_February2018/en/)

Presentations are available now.

### **WHO Independent Global High-level Commission on NCDs - 2 March 2018: The Commission convenes its first (virtual) meeting**

<http://www.who.int/ncds/governance/third-UN-global-high-level/en/>

For the **concept note** of this first virtual meeting, see [here](#).

In related news, a **tweet from Richard Horton**:

*“The Lancet’s Task Force on the Economics of NCDs, led by Rachel Nugent and Robert Beaglehole, is pleased to be a formal partner of WHO’s Independent High-Level Commission on NCDs. We want to make 2018 a year of unprecedented action against chronic diseases”*

## IISD - Statisticians Take up SDG Indicator Development, Data and Capacity Needs

[IISD](#);

*“Presenting the report of the IAEG-SDGs, Mexico noted that the number of Tier 3 indicators has been reduced, thanks to methodological development work by custodian agencies and countries. **The UN Statistical Commission's 49th session is convening from 6-9 March 2018, in New York, US.** Participants have stressed the “widening need for data” to implement the 2030 Agenda, and exchanged views on the tasks before countries, agencies and the UN in order to refine the indicator set, improve national-global data flows, and address new burdens on countries' statistical systems.”*

## Lancet Global Health (blog) - Highlights from the second MSF Paediatric Days, Dakar, December 2017

S Nejat; <http://globalhealth.thelancet.com/2018/03/05/highlights-second-msf-paediatric-days-dakar-december-2017>

*“Overshadowed by the Rohingya exodus and the gruesome war in Yemen, where children are the primary victims of malnutrition, diphtheria, and deprived of a dignified life, **the second edition of MSF (Médecins sans Frontières) Paediatric Days was held in Dakar, Senegal, on Dec 15-16, 2017.** The MSF Paediatric Days is a **2-day conference dedicated to improving quality of medical care for children in humanitarian crises.**”* Short report.

## GCC reviews criteria for certification as it accelerates work to prepare for polio eradication

<http://polioeradication.org/news-post/gcc-reviews-criteria-for-certification-as-it-accelerates-work-to-prepare-for-polio-eradication/>

*“On 26-27 February 2018, the **Global Commission for Certification of Poliomyelitis Eradication (GCC)** met in Geneva, Switzerland, to review the criteria that will need to be met to achieve global certification of wild poliovirus (WPV) eradication. With fewer cases of WPV reported from fewer countries than ever before, the GCC is accelerating its work to prepare for the eventual certification that WPVs have been eradicated from the world. As part of this process, the **GCC faces two important and challenging tasks:** obtaining and evaluating convincing evidence of interruption of poliovirus transmission; and, obtaining and evaluating evidence that polioviruses will be contained to a high level where they are being held.”*



## Coming up - International road safety symposium ( Paris, 19 March )

<https://www.icsorsi.org/international-symposium>

*"The one day symposium is being sponsored by the Independent Council for Road Safety International ([www.icsorsi.org](http://www.icsorsi.org)) when fourteen papers will be presented to focus on important theoretical and practical issues concerning road safety around the world."*

## Coming up - Third Global Conference on Health and Climate - with special focus on small island developing states.

For more info, see [WHO](#):

*"In 2018 WHO will hold the Third Global Conference on Climate and Health. Taking an innovative, geographically dispersed approach, **the Conference will be held in three locations in the Pacific (Nadi, Fiji; 15-16 March), the Indian Ocean (Mauritius; 22-23 March), and the Caribbean (Trinidad; June 6-7)**. WHO regional offices and partners from Government and other agencies will gather with technical experts for two days of workshops and discussion on further mobilizing work in climate change and health. The Conference will also be an opportunity for a formal launch in each of the regions of the Small Island Developing States (SIDS) special initiative announced by Dr Tedros at COP23 in Bonn in November 2017."*

## Coming up - WHO's First Global Conference on Air Pollution and Health, 30 October - 1 November 2018 (Geneva)

<http://www.who.int/airpollution/events/conference/en/>

The website is online now.

For some info, see **WHO's newsletter**:

*"The WHO's First Global Conference on Air Pollution and Health will bring together global, national and local partners to share knowledge and mobilize action for cleaner air and better health. The conference aims to update the evidence on the health impact of air pollution; methods of monitoring pollution and health exposure; and tools for assessing and implementing effective interventions. It will support health sector leadership to advocate for change in partnership with other sectors. Countries will be invited to join the #BreatheLife campaign and commit to reducing air pollution by 2030, in line with WHO Air Quality Guidelines. Global compliance to meet this commitment will save several million lives every year."*

## Coming up – 5-7 December: ITM's 59<sup>th</sup> colloquium (in Pnomh Penh, Cambodia)

<http://www.itg.be/E/Event/antibiotic-resistance-from-research-to-action>

Focus on antibiotic resistance, from research to action.

## TWN - People's Health Movement marks the anniversary of landmark Primary Health Care declaration of Alma Ata with 4th People's Health Assembly - Bangladesh 15-19 November 2018

<https://www.twn.my/title2/health.info/2018/hi180301.htm>

With all info on this must-attend event.

**A few other upcoming global health events** we want to flag:

- **March 13:** [Innovation and pathways in global health governance](#) (Geneva, Graduate institute, Global Health Centre)
- **March 27:** [Harnessing New Technologies for Global Health Security](#) (Chatham House, London)

## Global governance of health

### Science (Editorial) – Health security's blind spot

Seth Berkley; <http://science.sciencemag.org/content/359/6380/1075>

*“The severity of this year's influenza virus is a reminder of the daunting task facing the global health community as it struggles to prevent infectious diseases from sparking deadly epidemics. Today, yellow fever and cholera continue to spread in Africa, while Brazil is in the midst of a major yellow fever outbreak. It was only recently that Zika virus and Ebola virus epidemics were in the headlines. The world needs to harness every resource and tool in the battle to catch outbreaks before they catch us. Prevention is always the first line of defense, and nations must maintain vigilant surveillance—and yet, effective and affordable, quick and definitive diagnostics are absent in the countries*

*where they are most needed. This represents one of our most serious global health security blind spots."*

## **Critical Public Health - Preparedness for the next epidemic: health and political issues of an emerging paradigm**

PM David et al; <https://www.tandfonline.com/doi/full/10.1080/09581596.2018.1447646>

*"‘Preparing for the next epidemic’ has been a recurrent theme in global health in recent years. Starting with SARS, by way of the Avian influenza, and intensifying after the 2013–2016 Ebola outbreak, the urgency of preparing for the next health disaster has been recommended by numerous global health stakeholders. Recommendations and global partnerships are aligned with the many action proposals that have been formulated by international political actors, including the WHO, that have made ‘preparedness for the next epidemic’ a new paradigm, alongside prevention. The intent of this commentary is to argue the need to discuss some aspects of the preparedness paradigm from both health and democratic perspectives. We believe preparedness reveals a new and problematic biopolitical orientation in global health. Our argument is that preparedness enacts a model that: (i) reconfigures knowledge about epidemics by disconnecting them from the social and historical contexts in which they arise and (ii) imposes new modalities of intervention that raise issues for democratic autonomy. After first tracing back the genealogy of the preparedness paradigm, this paper then discusses some of the issues at stake for both health and democracy."*

## **Eurodad - Towards new Guiding Principles: United Nations discusses the human rights impact of economic reforms**

M Perera; <http://www.eurodad.org/Guiding-Principles-UN>

*"This week, the UN Independent Expert on foreign debt and human rights presented a [report](#) to the Human Rights Council on the development of guiding principles to put human rights at the forefront of economic policy-making in moments of crisis. As the enjoyment of universal human rights continues to be undermined by austerity and irresponsible sovereign lending and borrowing, is the IMF taking full responsibility for its role in ensuring governments meet their obligations under international human rights law?"*

## **Devex - Q&A: Penny Mordaunt on the urgent need for disability-inclusive development**

<https://www.devex.com/news/q-a-penny-mordaunt-on-the-urgent-need-for-disability-inclusive-development-92095>

*"Wednesday afternoon, Secretary of State for International Development Penny Mordaunt [gave] a speech at the All Party Parliamentary Group on Disability, outlining **her goals for the United***

*Kingdom's Department for International Development's focus on disability and inclusion. Three months into her role as head of DFID, Mordaunt has made disability a firm focus of U.K. aid. The upcoming disability summit in London this July aims to bring together the private sector, government, technology companies, multilateral development organizations, and NGOs to raise funds for disability-inclusive development, with large contributions expected from key players such as the World Bank."*

## Devex - Draft Brexit agreement plots future for UK aid — up to a point

<https://www.devex.com/news/draft-brexit-agreement-plots-future-for-uk-aid-up-to-a-point-92227>

From late last week. *"The European Commission has released the first draft of the legal document that will eventually guide the United Kingdom out of the European Union and in the meantime, sets out some ground rules for the U.K.'s engagement during the transition period ending Dec. 2020, namely in the European Development Fund and some migration-related funds, such as the EU Facility for Refugees in Turkey. While the document is not legally binding, the draft begins the months-long process of revisions and negotiations that will, by May, produce the blueprint for Brexit. When it comes to aid, perhaps fortunately for the U.K.'s Department for International Development, the document closely mirrors DIFD's unofficial agreements with the EU so far, translating the joint report published in December into legal jargon. Still, the insights from the joint report and now the new draft bill only go up to a point: Specifically up to Dec. 2020. In short, it provides a reassuring look at how aid will function through that Brexit transition period, but not much further."*

## Canada's foreign aid spending still below OECD average after budget boost

<http://www.cbc.ca/news/politics/canada-foreign-aid-budget-1.4556537>

On last week's news on the Canadian development budget. *"Despite a welcome boost in the amount of money Ottawa spends on foreign aid, the federal government's new budget puts Canada's international development assistance well below the average spent by its peers in the Organization for Economic Co-operation and Development (OECD), say actors in the Canadian humanitarian and development community. The budget unveiled by Finance Minister Bill Morneau on Tuesday proposes to provide an additional \$2 billion over five years, starting in 2018-19, to Canada's International Assistance Envelope to support Ottawa's humanitarian assistance and development priorities under its new Feminist International Assistance Policy. CARE Canada President and CEO Gillian Barth said that while the budget marks a welcome first step that will provide a measure of certainty and allow for longer-term planning, it falls short of expectations."*

See also a new **Lancet World Report** on the new Canadian budget - [Canada's federal budget under review](#)

*"...The government stated it will reorient Canada's international development programmes towards expanding reproductive health services for women and girls, which pleased many who are alarmed*

*by diminished US support for such programmes. But critics expressed disappointment that spending on international development will remain at about 0.26% of gross national income, a level far below that of many of Canada's peers in the G7...."*

## **BMJ Global Health (blog) - We need to question all 'donor fads', not only performance-based financing**

Shola Molemodile; <http://blogs.bmj.com/bmjgh/2018/03/06/we-need-to-question-all-donor-fads-not-only-performance-based-financing/>

Damned right. New blog in the series related to the paper by Paul et al. The author is based in Nigeria.

## **Devex - These new maps point to the power of 'precision public health'**

<https://www.devex.com/news/these-new-maps-point-to-the-power-of-precision-public-health-92256>

“Last week, the Institute for Health Metrics and Evaluation published two studies revealing health and education disparities on the African continent. **What is significant about these studies is not only the results, but also the process that was used to arrive at them, known as “precision mapping.”** With the support of the Bill & Melinda Gates Foundation, IHME is mapping a range of global health metrics using 5x5 kilometer units. Whereas national or provincial maps can hide inequality at the community level, these local maps provide stakeholders with better information on where to direct resources. In an email interview, Devex asked Simon Hay, director of the Local Burden of Disease Study at IHME at the University of Washington in Seattle, to **explain the connection between precision public health and sustainable global development.**”

## **International Women's Health Coalition - Power Lessons: Women's Advocacy and the 2030 Agenda**

<https://iwhc.org/resources/power-lessons-womens-advocacy-2030-agenda/>

For a quick summary of this report (from late last year), see **Open Democracy** - [How the global women's movement shaped the UN international development agenda.](#)

## Reuters - EU tax haven blacklist set to shrink further, causing outcry

<https://www.reuters.com/article/us-eu-tax-blacklist/eu-tax-haven-blacklist-set-to-shrink-further-causing-outcry-idUSKCN1GI1F4>

*“European Union states are set to remove Bahrain, the Marshall Islands and Saint Lucia from a list of tax havens next week, leaving only six jurisdictions on it, an EU document shows. The planned removals from the EU list drew criticism from an anti-corruption watchdog on Tuesday. The decision is also likely to bring more disapproval from lawmakers and activists who had strongly criticized a first delisting in January that cut the number of jurisdictions named to nine from 17....”*

*“The jurisdictions that remain on the blacklist are American Samoa, Guam, Namibia, Palau, Samoa and Trinidad and Tobago.”*

And the quote of the week: ***“This ever-decreasing list of tax havens will soon be so short it will be able to fit on a post-it. It’s time for the EU to publish how it chooses which countries go on the list and why,”*** said Elena Gaita, of Transparency International EU, an anti-corruption watchdog.”

## GFF (fact sheet)– The GFF’s contribution to domestic resource mobilization for health and nutrition

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

Interesting short fact sheet. *“In the first 16 countries, GFF support to domestic resource mobilization has focused on three areas: i) identifying potential additional sources of sustainable resources for health; (ii) increasing the prioritization of health in the budget (i.e. increasing the share of health in the government budget) and; (iii) increasing health-specific revenues, mainly from sin taxes. In support of this agenda, the GFF Secretariat is also working with different partners to intensify collaboration.”*

## CGD (blog) - The Global Compact Negotiations Have Started. What’s On the Docket for the Next Five Months?

K Gough; <https://www.cgdev.org/blog/global-compact-negotiations-have-started-whats-docket-next-five-months>

*“... As I’ve listened to the sometimes heated debates, I hear **three big issues** come up repeatedly as **potential sticking points**. A predictable issue is how to handle returns and readmissions of migrants. One that is more prominent than anticipated is the debate around securitization, and within that the debate around regular versus irregular migrants. A third one, which surprised me, is settling the relationship between the Global Compact on Migration and the Global Compact on Refugees. How these debates play out have the potential to shape global migration for the next century.”*

## CGD (blog) - Strugglers: The New Poor of the 21st Century

Nancy Birdsall; <https://www.cgdev.org/blog/strugglers-new-poor-21st-century>

*“Mohamed Bouazizi is the man whose protest sparked the Arab Spring in December 2010. Bouazizi, shown in the second slide here, was a typical **“struggler,”** as in the title of my **keynote speech** at the Australasian Aid conference several weeks ago: **“Strugglers: This Century’s New Development Challenge.”** Below is a rough summary of my talk....”*

For the ppt, see [here](#).

## New Publication: Access to Health Care Is Key to a New Global Agenda

<https://www.intrahealth.org/news/new-publication-access-health-care-key-new-global-agenda>

*“As the international community works toward new global goals—including the 2030 Agenda for Sustainable Development, the Paris Accord on Climate Change, and the New Urban Agenda—building up health systems that provide everyone with access to the care they need is crucial. This is the crux of a **chapter** by IntraHealth International's Pape Gaye and Gracey Vaughn in a new book released [today], **A New Global Agenda: Priorities, Practices, & Pathways of the International Community**. “By 2030, there will be 8.5 billion of us,” Gaye and Vaughn write. “The global demand for health care will only continue to rise as our populations grow—and get older. And **as the economies of low- and middle-income countries mature, more leaders are looking to health as a powerful investment, not just for well-being, but for economic development.**””*

## McGill International Review - The Global Burden of Disease: Use and Abuse of Health Metrics

<https://www.mironline.ca/global-burden-disease-use-abuse-health-metrics/>

*“...Understanding their imperfections, researchers and countries should supplement indicators like the DALYs with local qualitative knowledge for responsible health priority-setting.”*

## WHO Bulletin – The Global Virome project

D Carroll et al; [http://www.who.int/bulletin/online\\_first/BLT.17.205005.pdf?ua=1](http://www.who.int/bulletin/online_first/BLT.17.205005.pdf?ua=1)

Guess by now, you know all about this project. But if not, this WHO Bulletin has all the detail.

## Global Public Health – Re-situating abortion: Bio-politics, global health and rights in neo-liberal times

M Unnithan; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1445271>

*“New modes of neoliberal and rights-based reproductive governance are emerging across the world which either paradoxically foreclose access to universal health services or promote legislative reform without providing a continuum of services on the ground. These shifts present new opportunities for the expansion but also the limitation of abortion provision conceptually and ‘on-the-ground’, both in the Global North and South. The **collection of papers in this special issue** examine current abortion governance discourse and practice in historical, socio-political contexts to analyse the threat posed to women’s sexual and reproductive health and rights globally. Focusing on abortion politics in the context of key intersectional themes of morality, law, religion and technology, the papers conceptually ‘re-situate’ the analysis of abortion with reference to a changing global landscape where new modes of consumption, rapid flows of knowledge and information, increasingly routinised recourse to reproductive technologies and related forms of bio-sociality and solidarity amongst recipients and practitioners coalesce.”*

## SDG tracker

<https://sdg-tracker.org/>

Resource.

## Advance unedited version of the 2018 report of the Inter-agency Task Force (IATF) on Financing for Development

<https://developmentfinance.un.org/iatf-2018-report>

Key messages & recommendations you find [here](#).

The report will be launched on 23 April.

## Book – Geopolitics in Health: Confronting Obesity, AIDS, and Tuberculosis in the Emerging BRICS Economies

E Gomez; [Amazon](#);

*“In recent years, political leaders in Brazil, Russia, India, China, and South Africa, collectively known as the BRICS, have worked to reformulate international discussions and policies on issues ranging from fair and free trade to human rights. When it comes to health epidemics, however, the BRICS*



have differed greatly in terms of how—and when—they respond, highlighting important differences in their political commitment to meeting healthcare needs. **In *Geopolitics in Health*, Eduardo J. Gómez takes a critical look at how the emerging BRICS economies dealt with the obesity, AIDS, and tuberculosis epidemics.** Despite the countries having similar international political and economic ambitions, Gómez finds that domestic policy responses were driven mainly by international, as opposed to domestic, pressures and interests. Using a **theoretical framework** called **geopolitical positioning**, Gómez explores how nations respond to international pressures and policy criticisms, as well as offers of financial and technical assistance; countries then utilize domestic policy innovations and ultimately engage in global health diplomacy in order to bolster their international reputation....”

## WHO (in collaboration with Climate and Clean Coalition, the Global Alliance for Clean Cookstoves, UN Environment, UNICEF and United for Energy Efficiency) Policy brief 10 – Health and energy linkages: maximizing health benefits from the sustainable energy transition

[https://sustainabledevelopment.un.org/content/documents/17486PB\\_10\\_Draft.pdf](https://sustainabledevelopment.un.org/content/documents/17486PB_10_Draft.pdf)

“This policy brief is a part of a series of Policy Briefs being developed to support SDG7 review at the UN High Level Political Forum to be held in July 2018. The objective is to inform intergovernmental discussions by providing substantive inputs on SDG7 and its interlinkages with other SDGs prepared through inclusive multistakeholder consultation processes. “

## Lant Pritchett - Can Rich Countries be Reliable Partners for National Development?

<https://www.cirsd.org/en/horizons/horizons-winter-2015--issue-no2/can-rich-countries-be-reliable-partners-for-national-development>

Long read. Very interesting.

He concludes: “...The strategic and tactical repositioning to maintain rich country coalitions for development assistance may make receiving any assistance under the terms and conditions available **a less and less attractive option for developing countries**. They are likely to opt more and more to finance development through their own resources, or by forming new or expanding existing international financial organizations that are more amenable to the development objectives of developing country citizens. The world is shifting in ways that make it difficult for rich countries to continue being reliable partners for the national development aspirations of the citizens of poor countries. How the tensions between the differing objectives and resistance of national governments will play out in setting the new global agenda for development, as well as in defining the concrete actions of development organizations, remains to be seen. **I suspect that existing development organizations—both multilateral and bilateral—will be unable to remake themselves enough to remain relevant to the national development agendas of poor countries.** It is probable that they

*will become increasingly limited players, with new organizations rising to prominence as development actors in the twenty-first century.”*

## **The Future for Women and Children: UNICEF and WHO Joint Statement on Strengthening Civil Registration and Vital Statistics (CRVS)**

[http://www.who.int/healthinfo/civil\\_registration/WHO\\_UNICEF\\_Statement\\_CRVS\\_2018.pdf?ua=1](http://www.who.int/healthinfo/civil_registration/WHO_UNICEF_Statement_CRVS_2018.pdf?ua=1)

“WHO and Unicef have committed to work together to improve civil registration and vital statistics globally.”

## **UHC**

### **WISH to research nursing, universal health coverage**

<http://www.gulf-times.com/story/583492/WISH-to-research-nursing-universal-health-coverage>

News related to the launch of Nursing Now, from last week. *“The World Innovation Summit for Health (WISH), an initiative of Qatar Foundation (QF), is bringing together a group of leading healthcare experts to produce a special report on the role of nursing in delivering universal health coverage. **The findings of the report will be presented at WISH 2018, which will take place in Doha from November 13-14.**”*

### **Alliance - Primasys Primary Health Care Systems (PRIMASYS) - New case studies available**

<http://www.who.int/alliance-hpsr/projects/primasys/en/>

Check them out. As a reminder, *“PRIMASYS supports the development of twenty case studies focused on primary health care systems in selected LMICs. Funded by the Bill & Melinda Gates Foundation, PRIMASYS aims to inform efforts to strengthen PHC systems and improve the implementation, effectiveness, and efficiency of PHC interventions worldwide....”*

## Social Science and Medicine – Brokerage in commercialised healthcare systems: A conceptual framework and empirical evidence from Uttar Pradesh

B Hunter; <https://www.sciencedirect.com/science/article/pii/S0277953618300972>

Highlights: “Notes importance of third-party actors as mediators of healthcare access; Sets out a novel framework for healthcare brokerage analysis; Applies the framework to healthcare brokerage in Lucknow's urban slums; Emphasises the precarity and costs of brokerage, and its potential rewards; Discusses wider relevance and implications for equity of access to healthcare.”

## Globalization & Health – Scoping literature review on the basic health benefit package and its determinant criteria

R Hayati et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0345-x>

“There are various criteria and methods to develop Basic Health Benefit Package (BHBP) in world health systems. The present study aimed to extract criteria used in health systems in different countries around the world using scoping review method.”

## Uber & health care

A few reads:

Stat News - [Uber starts offering rides to the doctor](#)

“Uber is driving deeper into health care by offering to take patients in every U.S. market where it operates to their next medical appointment. The ride-hailing service said Thursday its **Uber Health business** will handle rides set up by doctor's offices or other health care providers and then bill that business, not the patient, for the service. The company said rides can be set up within a few hours or days in advance. Patients won't need access to a smartphone to use the service....”

Guardian - [Uber drivers often make below minimum wage, report finds](#)

“Uber and Lyft drivers in the US make a **median profit of as little as \$8.55 per hour before taxes**, according to a **new report** that suggests a majority of ride-share workers make below minimum wage and that some actually lose money.” Ah, the wonders of disruptive entrepreneurialism.

Finally, a few **UHC related tweets** from this week:

On UHC & global health security as two sides of the same coin: “UHC is impossible w/out public-health systems to prevent epidemics. Instead of “2 sides of the same coin” (per @who), public-health systems (=OneHealth) are a prerequisite for UHC. Burdening healthcare systems with new epidemics is health policy malpractice. @CIDRAP @jonoquick”

On UHC & NCDs: “#UHC advocates, and we all know who they are, are presenting it as a panacea. We hear little about what is left out of UHC such as primary prevention outside the health system. And hear even less about its limits. Let's talk.”

On the [HQSS commission](#): “Mark your calendars! The HQSS Commission will be **launching its report at #HSR2018 in a satellite session on October 9**. We hope to see you there! “

## Planetary health

### Researchers Unveil Several Ways To Limit Global Warming To 1.5°C By 2100

<https://cleantechnica.com/2018/03/06/researchers-unveil-several-ways-to-limit-global-warming-to-1-5c-by-2100/>

“A group of researchers led by International Institute for Applied Systems Analysis has used new modelling scenarios to showcase several ways with which to limit global temperature rise to 1.5°C by 2100. According to their [research](#), “Scenarios towards limiting global mean temperature increase below 1.5 °C”, published in the journal **Nature Climate Change**, there are in fact **several ways to limit global warming to the Paris Agreement’s goal of 1.5°C by 2100, but their modelling shows that the right circumstances are necessary**. The research represents one of the first times that scientists investigating limiting global warming to 1.5°C by 2100 have also looked at how socioeconomic conditions such as inequalities, energy demand, and international cooperation would contribute to the feasibility of achieving those goals. The new research is based on six integrated assessment models and a simple climate model, run under different socio-economic, technological, and resource assumptions that stem from five **Shared Socio-economic Pathways (SSPs)**....”

### Mr. Michael R. Bloomberg of the United States of America - Special Envoy for Climate Action

<https://www.un.org/sg/en/content/sg/personnel-appointments/2018-03-05/mr-michael-r-bloomberg-united-states-america-special>

“United Nations Secretary-General António Guterres announced the **appointment of Michael R. Bloomberg of the United States as his Special Envoy for Climate Action**. Michael R. Bloomberg will support the Secretary-General’s climate strategy and efforts toward the planned 2019 Climate

*Summit at UN Headquarters. The 2019 Climate Summit will mobilize stronger and more ambitious action towards 2020 climate targets...."*

The new climate envoy already pointed out that [Trump will be 'great' if he accepts the \(Paris\) climate deal](#). I'd rather call him 'less tiny' then.

## Guardian - Arctic has warmest winter on record: 'It's just crazy, crazy stuff'

<https://www.theguardian.com/world/2018/mar/06/arctic-warmest-winter-record-climate-change>

Meanwhile, things are not so 'great' at the Arctic & elsewhere on the globe. *"The Arctic winter has ended with news that is worrying even the scientists who watch the effects of climate change closely. The region experienced its warmest winter on record. Sea ice hit record lows for the time of year, new US weather data revealed on Tuesday..."*

## Euractiv - Greenpeace: Cut out meat to meet Paris Agreement goals

<https://www.euractiv.com/section/agriculture-food/news/greenpeace-cut-out-meat-to-meet-paris-agreement-goals/>

*"The world needs to cut the production and consumption of meat in half by 2050 in order to meet the climate goals of the Paris Agreement, a new **Greenpeace report** said."*

## Infectious diseases & NTDs

### Science - Malaria-free but still sick: What's giving millions of kids fevers?

[Science](#);

*"In the past decade, malaria RDTs—which use antibodies to detect the parasite's proteins—have transformed the landscape. The tests help reduce unnecessary prescriptions for malaria medicines, but they have exposed a new problem: the previously hidden prevalence of "negative syndrome"—feverish kids who don't have malaria. Even in places with the highest rates of malaria, only about half of fevers are actually due to the disease. In many places, that figure is 10% or less. In 2014, the World Health Organization (WHO) estimated that 142 million suspected malaria cases tested negative worldwide. **Negative test results pose a dilemma for health care workers, who in remote areas may be community volunteers with minimal training.** When their one diagnostic test comes up negative, they are left empty-handed, with nothing to offer except some advice: Return if the child*

gets sicker. But often the family lives hours from the nearest clinic and even farther from a hospital. And patients, or their parents, expect to receive some sort of treatment. So health workers "usually give all the medicine they have," says Didier Ménard, a malaria expert at the Pasteur Institute in Paris. **That approach often means antibiotics....**"

Robust tests are needed to diagnose other causes of fever.

## Lancet Public Health (Comment) – Gone or forgotten? The rise and fall of Zika virus

[Lancet Public Health:](#)

*"The rise of Zika virus, from a little known pathogen to an internationally recognised cause of birth defects, was swift and devastating. ... ..*

*"... As the scale of the epidemic and its complications came into focus, the public health community developed a multipronged response that included WHO declaring a public health emergency of international concern to encourage the development of surveillance networks, diagnostics, risk communication strategies, and vector-control measures. Yet, **even before a substantial response was realised, the incidence of Zika virus infections in the western hemisphere began to fall almost as fast as it had risen.** Seasonal variation was not to blame. Most of Latin America and the Caribbean had a massive decline in cases in 2017 compared with similar periods in 2016. Birth defects associated with Zika virus also declined by over 50%. Before the end of 2016, WHO called an end to the international Zika emergency. **So, what is to be made of these sizeable fluctuations in the epidemiology of Zika virus disease? And how should the public—most notably women of childbearing age—and public health planners prepare for the future? ...**"*

## NYT – Yellow Fever Circles Brazil's Huge Cities

[NYT:](#)

*"Brazil is suffering its worst outbreak of yellow fever in decades. The virus, which kills 3 percent to 8 percent of those who are infected, is now circling the megacities of Rio de Janeiro and São Paulo, threatening to become this country's first-blown urban epidemic since 1942. Although there have been only 237 deaths since the hot season began, the fatality rate will explode if the virus reaches the slums and the clouds of Aedes aegypti mosquitoes swarming there...."*

*"...To head off a catastrophe, health officials are struggling to vaccinate 23 million people. But the effort has been slowed by what critics call a series of government missteps and the spread of false rumors about the vaccine...."*

The article also has some info on the **vaccine stockpile**.

## Stat News - Despite push for a universal flu vaccine, the 'holy grail' stays out of reach

[Stat News](#);

There's some momentum, but we're nowhere yet when it comes to developing a universal flu vaccine. "...last week, the [US] National Institute of Allergy and Infectious Diseases released a strategic plan for the development of a universal flu vaccine..." With the take from several experts.

## Reuters - Sanofi may seek U.S. approval for Dengvaxia despite Philippines outrage

[Reuters](#);

*"French pharmaceuticals group Sanofi says it will decide shortly whether to seek regulatory approval for dengue vaccine Dengvaxia in the United States, saying it was committed to the medicine despite a health scare in the Philippines...."*

## Jama (Editorial) - The Global HIV Epidemic - What Will It Take to Get to the Finish Line?

<https://jamanetwork.com/journals/jama/fullarticle/2674478>

Editorial linked to a new study in JAMA – "[Effect of Offering Same-Day ART vs Usual Health Facility Referral During Home-Based HIV Testing on Linkage to Care and Viral Suppression Among Adults With HIV in Lesotho](#)". "

## AMR

## FT - New diagnostic tools needed to stop antibiotic resistance

<https://www.ft.com/content/8d9ac24e-0aa0-11e8-bacb-2958fde95e5e>

*"...There is an urgent need to develop more effective tools for diagnosing illness. TB provides one of the more striking illustrations of this need, but more generally drug resistance is growing, undermining the power of the already limited range of antibiotics available to treat patients. "Rapid diagnostics could transform the way we use antimicrobials in humans and animals: reducing unnecessary use, slowing AMR and so making existing drugs last longer," wrote Jim O'Neill, the*

economist, in his 2016 report on antimicrobial resistance for the British government. “I find it incredible that doctors must still prescribe antibiotics based only on their immediate assessment of a patient’s symptoms, just like they used to when antibiotics first entered common use in the 1950s.”...

“... **diagnostics remains the poor cousin of medicine**, suffering from under-investment in research and insufficient support to ensure that treatments that are already available are widely disseminated and used where doctors and patients need them. “About 80 per cent of healthcare decisions are influenced by diagnostics, but only 1 per cent of spending goes on them,” says Catharina Boehme, chief executive of Find, the Geneva-based non-profit Foundation for Innovative Diagnostics, which works with researchers and companies with a focus on patients in poorer countries.”

## Plos Med (Policy Forum)- Surveillance of antimicrobial consumption in animal production sectors of low- and middle-income countries: Optimizing use and addressing antimicrobial resistance

Daniel Schar et al; <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002521>

“Daniel Schar and colleagues discuss the need for surveillance of antimicrobial consumption in animals in low- and middle-income countries.”

And a quick link:

WSJ - [Common ‘Superbug’ Found to Disguise Resistance to Potent Antibiotic](#)

“Some common “superbugs” appear to harbor a little-known type of resistance to a last-resort antibiotic, a **new study** shows, suggesting a worrying new way in which dangerous bacteria can evade one of the few remaining treatment options....”

For the **study** (by Chinese researchers), see [here](#). “Characterization of a transferable plasmid-borne mcr-1 in a colistin-resistant *Shigella flexneri* isolate”

Interpretation by our far more scientific colleagues from [Stat News](#): “... Researchers in China have identified a gene that makes bacteria resistant to last-resort antibiotics in a new strain of bacteria, one that is found widely in the developing world and is a leading cause of diarrhea globally. The gene, mcr-1, was found in a strain of *Shigella flexneri* isolated from pig feces in China. ... Mcr-1 is so feared because it confers resistance to an antibiotic called colistin, which is used to treat infections that are already resistant to other antibiotics. Plus, mcr-1 is contained in mobile pieces of DNA called plasmids, so it can be transferred easily to other bacteria. The gene has already been found in other types of bacteria, including *E. coli*, but this is the first documentation of it in *S. flexneri*.”

Next time I eat pork in China, I promise ‘ll be extra careful : )



## NCDs

### Negotiations on modalities of UN HL meeting on NCDs start on Friday

<https://ncdalliance.org/resources/ncda-priorities-for-the-modalities-of-the-2018-un-hlmncds>

The **NCD Alliance** hopes for:

“(1) A date back-to-back with #UNHLM on #TB ; (2) Heads of State & Government participation; (3) Civil society, #PLWNCDs, #youth engagement; (4) Action oriented outcomes”

**Menno van Hilten** (WHO) added:

“And (5) time-bound commitments covering 2018 until #HLM4 on #NCDs and (6) a fourth high-level meeting in 2022 (progress after four years) or 2023 (aligned with #GPW13).”

Another tweet of Menno:

“The global business case for #NCDs, including the cost of action vs inaction, is being finalized by @WHO (thanks to financial support from @BloombergDotOrg) and will be launched on 20 May 2018 on the eve of #WHA71. See [prep process for #HLM3 #UNGA #NCDs](#)”

### WB (resource) – WB group tobacco taxation site

<http://www.worldbank.org/en/topic/tobacco>

World Bank Group tobacco taxation site for accumulated global evidence on the public health and domestic resources mobilization impact of this fiscal measure.

### Lancet Diabetes & Endocrinology– Novel subgroups of adult-onset diabetes and their association with outcomes: a data-driven cluster analysis of six variables

[http://www.thelancet.com/journals/landia/article/PIIS2213-8587\(18\)30051-2/fulltext?utm\\_campaign=lancet&utm\\_content=67833116&utm\\_medium=social&utm\\_source=twitter](http://www.thelancet.com/journals/landia/article/PIIS2213-8587(18)30051-2/fulltext?utm_campaign=lancet&utm_content=67833116&utm_medium=social&utm_source=twitter)

From last week. “Diabetes is presently classified into two main forms, type 1 and type 2 diabetes, but type 2 diabetes in particular is highly heterogeneous. A refined classification could provide a powerful

*tool to individualise treatment regimens and identify individuals with increased risk of complications at diagnosis....”*

See also the **Guardian** - [Five categories for adult diabetes, not just type 1 and type 2, study shows](#).

*“Diabetes that begins in adulthood falls into five distinct categories, new research has revealed, with scientists suggesting it is time to ditch the idea that diabetes is largely split into two types. Researchers say all of the newly classified subgroups are genetically distinct and have numerous differences, including the age at which they tend to occur and different levels of risk for complications such as kidney disease....”*

## **Vox - We need new ways of treating depression**

[Vox](#):

Interesting read. “Experts are now looking to the social and environmental causes of the disorder affecting millions”.

And a few quick links:

**BBC news** - [Coca-Cola plans to launch its first alcoholic drink](#)

*“Coca-Cola is planning to produce an alcoholic drink for the first time in the company's 125-year history - with an alcopop-style product in Japan.”*

## **The Conversation - 40% of Uganda’s health centres don’t stock drugs to treat chronic diseases**

J Schwartz et al; <https://theconversation.com/40-of-ugandas-health-centres-dont-stock-drugs-to-treat-chronic-diseases-91631>

Based on a new study in [Plos One](#).

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

## **Health Services Research – Content of Care in 15,000 Sick Child Consultations in Nine Lower-Income Countries**

M Kruk et al; <http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12842/abstract>

This new study describes the content of clinical care for sick children in low-resource settings. Based on nationally representative health facility surveys in Haiti, Kenya, Malawi, Namibia, Nepal, Rwanda, Senegal, Tanzania, and Uganda from 2007 to 2015. Conclusions: *“Consultations for children in nine lower-income countries are brief and limited. A greater number of clinical actions was associated with caregiver knowledge and satisfaction.”*

## **Disasters (Special issue) - Gender, sexuality, and violence in humanitarian crises**

<https://issblog.nl/2018/03/07/womens-week-special-challenging-humanitarianism-beyond-gender-as-women-and-women-as-victims-by-dorothea-hilhorst-holly-porter-and-rachel-gordon/>

*“Problematic assumptions related to women’s position and role in humanitarian crises are unpacked in a **special issue of the journal Disasters on gender, sexuality and violence**. The **main lesson** drawn from the special issue is that aid actors should tread carefully and seriously invest in their capacity to carefully monitor the intended and unintended effects of programming on gender relations.”*

## **Lancet Global Health (Comment) – Are older women forgotten in the fight against sexual violence**

A Nobels et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30074-3/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30074-3/fulltext)

*“In light of this year's International Women's Day on March 8, we want to draw attention to the risk of neglecting older women in the discourse on women's rights and in the recent campaigns around sexual victimisation.”*

## **WB’s Investing in Health blog - How can we ensure women receive adequate health care as they age?**

<http://blogs.worldbank.org/health/how-can-we-ensure-women-receive-adequate-health-care-they-age>

With some info on the WB’s global study, “WE CARE, WE HEAL”. *“the study, supported through the Umbrella Trust Fund for Gender Equality, focuses on two aspects of aging and elderly care from a gender-based perspective. WE CARE (Women’s Empowerment – CAREgiving REGimes) aims to equip policymakers, especially in client countries with a growing elderly population, with evidence-based tools to inform the design of quality, integrated and affordable long-term care service provision systems; and WE HEAL (Women’s Empowerment - HEalth And Livelihoods) aims to strengthen the evidence base and operational knowledge on multi-sectoral interventions that support better health and livelihoods for women in their middle to late ages (45 years and above), with a special focus on those who themselves are informal care providers for their own family members or others.”*

## Lancet (Letter) - Addressing paediatric surgical care on World Birth Defects Day

N Wright et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30501-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30501-4/fulltext)

*“As we pause to reflect on the burden of disease caused by birth defects during **World Birth Defects Day on March 3, 2018**, we highlight the **importance of developing surgical systems for children**, to decrease the morbidity and mortality of birth defects....”*

## Access to medicines

### Stat News - Advocates protest Novartis ‘bullying tactics’ over access to medicines in poor countries

[Stat News;](#)

(gated) *“Nearly a dozen advocacy groups began a series of protests against Novartis this week for using “lies, threats and bribes” to pressure developing countries not to pursue measures to widen access to medicines. **The groups are targeting Novartis because the drug maker figures prominently in an intensifying effort by the U.S. Trade Representative and pharmaceutical industry trade groups to lean on the Colombian government to revamp its policies toward pricing and patents.**”*

### IP-Watch - Medicines Vastly Overpriced, Generics Too: Discussion At WTO-WIPO-WHO Symposium

<https://www.ip-watch.org/2018/03/02/medicines-vastly-overpriced-generics-discussion-wto-wipo-symposium/>

(gated) *“**The price of hepatitis C medicine marked a turning point in the discussion on access to medicines, with developed countries suddenly confronted to prices they could not afford.** [This week], a symposium jointly organised by the World Health Organization, the World Trade Organization, and the World Intellectual Property Organization explored the question of the pricing of medicines. **A number of suggestions were made** to alleviate the issue, such as ensuring wide use of generic medicines, encouraging competition, and alerting countries about the cost of medicine production so they negotiate better with pharmaceutical companies.”*

## IP-Watch - Pharma, Nonprofits Collaborate On Affordable Hepatitis C Treatment In Latin America

<https://www.ip-watch.org/2018/03/06/pharma-nonprofits-collaborate-affordable-hepatitis-c-treatment-latin-america/>

*“The Drugs for Neglected Disease initiative (DNDi), a nonprofit research and development organisation, announced a collaboration with pharmaceutical companies and other nonprofits to manufacture and supply a “new, more affordable” hepatitis C treatment in Latin America. Hepatitis C medicines have been renowned for their high prices worldwide....”*

## National Academies of Sciences, Engineering and Medicine (report) – Making Medicines Affordable: a national imperative

<https://www.nap.edu/catalog/24946/making-medicines-affordable-a-national-imperative>

One of the many big problems of the US now – but this one they have in common with the rest of the world, how to make medicines (more) affordable. “... Affordability is a complex function of factors, including not just the prices of the drugs themselves, but also the details of an individual’s insurance coverage and the number of medical conditions that an individual or family confronts. Therefore, any solution to the affordability issue will require considering all of these factors together. The current high and increasing costs of prescription drugs—coupled with the broader trends in overall health care costs—is unsustainable to society as a whole. **Making Medicines Affordable** examines patient access to affordable and effective therapies, with emphasis on drug pricing, inflation in the cost of drugs, and insurance design. This report explores structural and policy factors influencing drug pricing, drug access programs, the emerging role of comparative effectiveness assessments in payment policies, changing finances of medical practice with regard to drug costs and reimbursement, and measures to prevent drug shortages and foster continued innovation in drug development. It makes recommendations for policy actions that could address drug price trends, improve patient access to affordable and effective treatments, and encourage innovations that address significant needs in health care.”

## Human resources for health

### Resyst (blog) - 3 lessons for tackling global nursing challenges

<http://resyst.lshtm.ac.uk/news-and-blogs/3-lessons-tackling-global-nursing-challenges>

Blog from last week. “With the launch of the **Nursing Now** campaign, we highlight cross-country findings that support nurse training, retention and resilience.”

## Miscellaneous

### Vox – False news stories travel faster and farther on Twitter than the truth

<https://www.vox.com/science-and-health/2018/3/8/17085928/fake-news-study-mit-science>

Coverage of an important new study. “... the journal *Science* has published a study validating this pattern — at least when it comes to the spread of misinformation on Twitter. The study analyzed millions of tweets sent between 2006 and 2017 and came to this chilling conclusion: “Falsehood diffused significantly farther, faster, deeper, and more broadly than the truth in all categories of information.” It also found that “the effects were more pronounced for false political news than for false news about terrorism, natural disasters, science, urban legends, or financial information.” It’s a huge analysis that brings data to bear on the suspicion many have that social media, as a platform for news, has a bias for the sensational, unverified, emotional, and false. And it’s concerning, considering how social media has become a dominant force for news distribution. But perhaps even more important is what the study reveals about what’s responsible for fueling the momentum of false news stories. It’s not influential Twitter accounts with millions of followers, or Russian bots designed to automatically tweet misinformation. It’s ordinary Twitter users, with meager followings, most likely just sharing the false news stories with their friends....”

### IP-Watch - WHO Joint Tropical Disease Program Issues Report On Research Fairness

<https://www.ip-watch.org/2018/03/02/joint-tropical-disease-program-issues-report-research-fairness/>

“The World Health Organisation’s Special Programme for Research and Training in Tropical Diseases (TDR) has published the **first [report on research fairness](#)** under a new initiative. The report includes an analysis of how TDR manages intellectual property rights in a positive way. **The Research Fairness Initiative (RFI) was developed by the Council on Health Research for Development (COHRED).** It is a “first attempt at creating a systematic global evidence-based assessment of fairness in the field of global health.”...”

### Wellcome is going to review its open access policy

<https://wellcome.ac.uk/news/wellcome-going-review-its-open-access-policy>

“The Wellcome Trust is going to do the first full review of our open access policy. Robert Kiley, Head of Open Research, explains the motivation behind the review, and how and when it will happen.”

## FT special report – 50 Ideas to Change the World

[FT](#):

*“The FT has enlisted the help of readers, researchers and entrepreneurs to find 50 new ideas that will shape the world in the future. **The first 40 ideas have addressed the challenges of a growing world population, resource scarcity, handling information and looked at new approaches to healthcare.** The final tranche of ideas, about our planet and the universe, will be published on 29 March 2018.”*

With, among others, [Six ways to increase uptake of family planning](#) (Dec 2017); [Redesigning the toilet for areas without running water](#) and [New diagnostic tools needed to stop antibiotic resistance](#). The latter is a must-read (and new).

## Eurekalert - With Health EU, everyone will have an avatar to manage their health

[https://www.eurekalert.org/pub\\_releases/2018-02/epfd-whe022618.php](https://www.eurekalert.org/pub_releases/2018-02/epfd-whe022618.php)

*“What if everyone had their own medical avatar - a virtual replica of themselves featuring their own personal data - that could improve the way their health is managed and the way they are treated if they fall ill? That is the bold proposal put forward by the **Health EU project**, whose tagline is “Human avatars to prevent and cure diseases”. This international project, led by a consortium\* headed by EPFL in collaboration with the Institute for Human Organ and Disease Model Technologies based in the Netherlands, recently applied to become a FET Flagship....”*

## Emerging Voices

The **EV Liverpool call** received **over 500 applications**, spread over the two tracks. Thanks all for applying! And now it's up to the reviewers...

## Research

### Journal of the International AIDS society (Viewpoint) - Children, HIV, emergencies and Sustainable Development Goals: roadblocks ahead and possible solutions

D Chamla et al; <http://onlinelibrary.wiley.com/doi/10.1002/jia2.25046/full>

Interesting (holistic) SDG short paper. “Climate change, violent conflicts, and HIV/AIDS are linked to multiple Sustainable Development Goals (SDGs) through **complex pathways** that include food

*insecurity, population displacements and migration, disruptions of health and HIV services, and increased incidences of sexual based violence. **This interlinkage has the potential to result in high newborn and under five mortality rates and increased burden of HIV, directly affecting SDG 3.2 and 3.3 with children and adolescents being primarily affected....***

*“...The humanitarian-development nexus provides an important framework that could bridge a divide between these two fields that are guided by two separate, but complementary global processes – Agenda 2030 for sustainable development and Agenda for Humanity, endorsed during the World Humanitarian Summit in 2016.*

## **European observatory on health systems and policies (brief) - How to make sense of health system efficiency comparisons?**

<http://www.euro.who.int/en/about-us/partners/observatory/publications/policy-briefs-and-summaries/how-to-make-sense-of-health-system-efficiency-comparisons>

*“Improving health system efficiency is a compelling policy goal, especially in systems facing serious resource constraints. However, in order to improve efficiency we must know how to properly measure it. This new policy brief therefore proposes an analytic framework for understanding and interpreting many of the most common health care efficiency indicators. The brief’s **key messages** are: The inexorable growth in health expenditure has led to a widespread demand for efficiency improvements; There is no single metric or set of indicators that will give the complete picture of health system efficiency in a country; The real causes of any identified inefficiencies need to be carefully identified and analysed to inform good policymaking; More nuanced indicators require more standardized and detailed cost accounting data and linked datasets and registries; This policy brief gives a useful framework for understanding and interpreting the healthcare efficiency metrics that are widely used.”*

## **Health research policy & systems - Developing a workbook to support the contextualisation of global health systems guidance: a case study identifying steps and critical factors for success in this process at WHO**

E Alvarez et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0297-x>

*“Global guidance can help countries strengthen their health systems to deliver effective interventions to their populations. However, to have an impact, guidance needs to be contextualised or adapted to local settings; this process includes consideration of health system arrangements and political system factors. To date, methods to support contextualisation do not exist. In response, **a workbook was designed to provide specific methods and strategies to enable the contextualisation of WHO’s ‘Optimizing health worker roles to improve maternal and newborn health’ (OptimizeMNH) guidance at the national or subnational level.** The **objective** of this study was to describe the*



*process of developing the workbook and identify key steps of the development process, barriers that arose and facilitators that helped overcome some of these barriers...."*

## **Development Policy Review – Rwandan “home grown initiatives”: Illustrating inherent contradictions of the democratic developmental state**

M Hasselskog; <http://onlinelibrary.wiley.com/doi/10.1111/dpr.12217/full>

*“The 21st-century developmental state is envisaged as implying democratic participation. Rwanda both explicitly aspires to follow the developmental state example and eloquently ascribes to far-reaching participatory ideals, and a number of development programmes, “home grown initiatives,” have been launched, allegedly reviving traditional participatory practices. Based on original material, this article analyzes local experiences of the participation entailed in some of these programmes. In the conclusion, the poor practice of participation reported is found to point to inherent contradiction of the idea of a democratic and participatory version of the developmental state.”*