

IHP news 461 : Global health's X-files & TB momentum

(16 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,

*This week's intro comes from IHP contributor **Clara Affun-Adegbulu**. Among others, she ponders the somewhat mysterious sounding "Disease X".*

Disease X, Maladie X, [Krankheit X](#)... Is this is a multilingual list of illnesses from a medical sci-fi series based in outer space, or one of Elon Musk's apocalyptic nightmares? No. It is in fact, the 8th disease on the WHO's recently released [list of Blueprint priority diseases](#).

Globalisation, cheap flights and unprecedented levels of human movement mean that new diseases and mutated strains of old ones can spread more easily, rapidly turning local outbreaks into global epidemics. Outbreak preparedness [through research and development](#) is vital to containing such epidemics and ensuring global health security. Yet it is clear that focusing only on specific diseases could leave us open to being taken by surprise, by an outbreak of a different disease which may be just as deadly, but requires different responses. It is of course impossible to decide with certainty, which diseases will be causing havoc in any one year, so adding a disease with a placeholder name to the list is a great idea. This should force people to think outside the Blueprint of priority diseases box, and enable the prioritisation of cross-cutting preparedness measures which go beyond the research and development of particular vaccines, to more general but just as important ones like reinforcing health systems and ensuring that they are ready and resilient enough to cope with outbreaks of previously unknown diseases. It also shows that the WHO (and the wider community of global health security experts) have finally decided to be pragmatic and accept the fact that predictions of the diseases which are likely to lead to epidemics are sometimes nothing more than educated guesses.

Educated guesses and increased unpredictability bring us to today's geopolitical context, where authoritarianism is becoming de rigueur; populism and nationalism are on the rise; wars seem to go on forever; and some leaders act with impunity, not caring one jot about international conventions. In the current climate of international instability, it is becoming increasingly difficult for the WHO and other global stakeholders to take the lead and act. Navigating an unpredictable, dynamic situation, where everything is changeable and changing is challenging, one could say, borrowing from the WHO's nomenclature, that we are currently living in a "**World X**" (the "*Allo Allo*" fans among you might prefer the term '*Krank Welt*'). The latter feels at least as dangerous as 'Disease X' (at least if you're not Elon Musk and [counting on Mars](#) as a way out).

So we now live in a “World X” which is at significant risk of a “Disease X” outbreak, and this requires “Research X” in preparation for a “Response X” which can be scaled up, adapted and deployed quickly, should the need arise. This, as the WHO has recognised, is one of the most effective ways of assuring global health security. But if this starts to sound a bit like the X-files, we don’t blame you.

Enjoy your reading.

The editorial team

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Featured Article

Canadian leadership in global health: a work in progress

Sameera Hussain, CIHR Health System Impact Fellow

Canadian leadership in global health: sounds great, right? In Canada, we are well regarded internationally for UHC—[anchored in the Canada Health Act, and implemented domestically in our 13 health systems](#) (whether it is equitable is a question we are now grappling with—but more on that later). I’m told that the WHO considers Canada as a leader in its efforts to bring [UHC to full realization for people all over the world](#). A tall order? Well, yes and no: Canada has become well known for promoting a Maternal, Newborn and Child Health (MNCH) focus within global health, yet in this vast and diverse country, we are still coming to terms with the notion of “global” as going beyond the “international” (as well as looking within).

‘Canada is back,’ said many, who welcomed a change in government almost 3 years ago. With a popular PM, Justin Trudeau, leading us, there was a collective sigh of relief. Indeed, on many fronts, his party platform promised change in the way things are done. That doesn’t seem to be the case (yet) on all fronts— recently we saw [a scathing \(and honest\) reminder](#) that our aid budget in Canada had decreased after the change in government to 0.26% of GNI for ODA (for 2016), meaning we have been doing less than the oft criticised previous government, noted for its spending cuts in social and aid programs. [Canada’s new budget announcement indicates some improvement is on the horizon, though nowhere near the 0.7% target established by the UN.](#)

Despite such Canadian self-criticisms, we are internationally perceived, once again, as a leader in global health and development. Just a few weeks ago, The [Lancet launched a series on Canada’s leadership in global health](#)—editor in chief Richard Horton went to great lengths to laud Canada’s leadership role, pointing to Canada stepping in to [pick up slack from the gag order from our \(now rogue\) neighbour to the south](#). Domestically, our 13 health systems are seen as successful examples of UHC, and gave us the cred to use our [position in WHO’s Executive Board](#) to help push UHC to the centre of the 13th General Programme of Work ([GPW](#)), to be ratified at the next World Health Assembly.

Global health diplomacy [is a thing](#) now, and there are nuances for Canada that were always present but perhaps not quite so explicit as they are now. Both have to do with redressing inequities—first in terms of women and girls (specifically in reference to international assistance); the second is a domestic focus to address inequities resulting from the colonization of Indigenous peoples.

In terms of health disparities, there is in a sense, a developing world within Canada—Indigenous peoples’ health status reflects the social, political, economic, environmental contexts of their lives that are rooted in a history of colonial policies and practices—overcrowding, remoteness, poverty, and unemployment, with low levels of education and poor access to health care services (to learn more about the kind of structural issues faced by Indigenous health service users in Canada, read about [Jordan’s Principle](#)). There are also inequities in the non-Indigenous population, but with boiled water advisories, tuberculosis, and maternal and infant mortality on the table, one of the most pressing challenges for Canada is the issue of poor health outcomes of Indigenous peoples— certainly, it is no coincidence that after [a cabinet reshuffle the Minister of Health became the Minister of Indigenous Services](#).

All of this implies that we need to be held accountable, both domestically and internationally, even if it sometimes feels uncomfortable.

And yes, Canada is stepping up domestically; this is perhaps most apparent in the imminent launch of [Alliance 2030](#), a civil society platform that has petitioned the national government, requesting information on the progress made by Canada in meeting the SDGs. The idea behind it is that we hold ourselves just as accountable as we expect from the countries traditionally viewed as “developing” — a novel concept, perhaps, but one that Canada (and other “developed countries” by the way) committed to in getting on board the SDG agenda.

Internationally, there is clearly a space for Canadian leadership in the SDG agenda, in global health initiatives for UHC, for putting rights at the core of maternal, adolescent, and child health (specifically addressed in the feminist international policy). Canada also [hosts the G7](#) this year. Along with the upcoming Summit in Charlevoix, Quebec, Canada is thus well placed to push items in the global health agenda forward, despite [an anticipation of pushback from the US](#).

Much work remains to be done, but “let’s make Canada great again” in global health. The current state of affairs in the world requires no less.

Highlights of the week

Global Health Science & Practice - A New World Health Era

A Pablos-Mendez et al; <http://www.ghspjournal.org/content/ghsp/early/2018/03/14/GHSP-D-17-00297.full.pdf>

*“Unprecedented economic progress and demands for social protection have engendered an economic transition in health in many low- and middle-income countries, characterized by major increases in domestic health spending and growing national autonomy. At the global level, development assistance is refocusing on fragile states, the poorest communities, and cooperation on global public goods like health security, technical norms, and innovation. Intergovernmental organizations like WHO need the wherewithal and support to provide leadership and to properly advance this **new world health era**.”*

In spite of sounding a bit like Bush sr’s ‘a New World Order’, this is the read of the week.

Global Health Governance - Special Issue: Human Rights in Global Health Governance

Guest edited by B Meier, H Huffstetler & L Gostin; <https://blogs.shu.edu/ghg/2018/03/15/special-issue-human-rights-in-global-health-governance/>

An absolute must for this weekend. Plenty of interesting articles that will not just trigger human rights scholars to salivate.

“To understand the ways in which human rights are realized in global health, this Special Issue of Global Health Governance examines the role of global health governance institutions in structuring the implementation of human rights for public health.”

End TB summit (Delhi)

The **End Tuberculosis (TB) Summit** began on March 13, **to review ongoing efforts and accelerate action to reach the 2030 End TB goal**. Hosted by India’s Health and Family Welfare Ministry, the World Health Organization (WHO) and the Stop TB Partnership, the 2018 End TB Summit was inaugurated by Indian Prime Minister Narendra Modi and addressed by WHO director general Tedros Adhanom Ghebreyesus, India’s Health and Family Welfare Minister JP Nadda and Stop TB Partnership chair Aaron Motsoaledi. Among others.

Huffington Post - India’s Prime Minister Pledges Massive Push To Fight World’s Top Infectious Killer

https://www.huffingtonpost.com/entry/india-tuberculosis-global-fight_us_5aa88a98e4b001c8bf14f0a3

Must-read. Good overview piece of the Delhi End TB summit, key decisions and relevance.

“India’s Prime Minister Narendra Modi announced the country’s plan to eradicate tuberculosis by 2025, a bold move that global health experts hailed as game-changing in the (global) fight against tuberculosis....”

“...The global health community “needs to capitalize on the momentum gained by having Modi speaking on TB,” in the lead-up to world TB Day next week and the the first U.N. high-level meeting on tuberculosis in September, Dr. Lucica Ditiu, executive director of the international Stop TB Partnership, said. She’s hopeful that Modi’s speech will spur him and other heads of state to attend the U.N. summit, which advocates consider pivotal in the acceleration of the eradication of TB.

*“... This is **part of a growing momentum for the eradication of TB** — an achievable goal considering the world knows how to treat and cure tuberculosis. Now it’s only a matter of scale and delivery systems.”* Still, there is also scepticism.

At the end of the summit, the **Delhi Statement for action to end TB** was adopted.

You might also want to read [A historic chance to end tuberculosis](#) (by L Ditiu & Peter Sands).

*“... But we need to get our act together now. India’s Prime Minister Narendra Modi will be guest of honor at this week’s Delhi TB Summit in India, **where WHO and Stop TB Partnership will launch a joint initiative aimed at finding 4 million missing people with TB. The initiative will be built on a***

Global Fund program with Stop TB, WHO and partners, which will contribute to finding an additional 1.5 million people with TB in 13 countries by 2020. We hope such efforts will ignite concrete political leadership and action on the ground to end TB....”

And a tweet:

“Let's speak money for TB - can we do it? **A financing dialogue @StopTB facilitated by Mark Dybul with 10 governments & ED @GlobalFund @USAIDGH @tatatrusters @PeterASands @arunkjhaies**”

Global Fund

Lancet - Open letter to The Global Fund about its decision to end DPRK grants

Kee Park et al; <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2818%2930672-X/fulltext>

Hard-hitting letter. *“On Feb 21, 2018, The Global Fund quietly announced its intention to close down its malaria and tuberculosis (TB) projects in the Democratic People's Republic of Korea (DPRK, North Korea). The decision will have profound negative effects on the health of millions of North Koreans and the populations of other countries in the northeast Asia region....”*

*The authors conclude: “To avert such a public health and humanitarian crisis, **we respectfully request the following:** a full account of The Global Fund's process in reaching the decision; a description of the conditions that would need to be met to resume the projects; and, if the conditions are not able to be met, then the continuation of the projects until an alternative source of funds is secured. The goal of these requests is to ensure a continuous supply of quality-assured TB and malaria medications for North Korean patients. **The decision to suspend The Global Fund projects in North Korea, with almost no transparency or publicity, runs counter to the ethical aspiration of the global health community,** which is to prevent death and suffering due to disease, irrespective of the government under which people live. **It is indeed “a catastrophic betrayal of the people of DPRK”.**”*

See also Xinhua News - [DPRK urges Global Fund not to stop grants on humanitarian grounds.](#)

NCD Alliance - Meeting is first step towards ending Global Fund's ill-advised Heineken partnership, though concerns remain

<https://ncdalliance.org/news-events/news/meeting-is-first-step-towards-ending-global-fund%E2%80%99s-ill-advised-heineken-partnership-though-concerns-remain>

(must-read report of this meeting between the GF's Wijnroks & civil society organisations) *“The **inappropriate partnership** between the Global Fund and Heineken was the topic of **discussion between Marijke Wijnroks, Interim Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and representatives of IOGT International, the Global Alcohol Policy Alliance, and NCD Alliance last Friday in Geneva.** During the meeting the civil society representatives underscored concerns over the partnership expressed in a public letter (link is external) on 1 February.”*

Including this: ***"We call on the World Health Organisation and the UN Interagency Task Force on NCDs to convene a high-level dialogue among UN entities with the aim of making concrete recommendations on dealing with the industry interference impeding progress on improving global health,"*** said Katie Dain, Chief Executive Officer of the NCD Alliance." "

PS: you might also want to read another **update on the GF/Heineken partnership story (in NPR Goats & Soda)** - [Global Fund Pounded For Partnering With Heineken](#) Quite like the last paragraph.

"A lot of the philanthropies that are now very much mainstream sprung up from robber barons who made their money in lots of unsavory ways," he (i.e. John Norris) says. "I can certainly understand a legitimate grievance coming from the community that deals with noncommunicable diseases worried about a company that sells alcohol being involved with the Global Fund. But you know, we now live in a world that is so interconnected, we need to figure out how to have companies inside the tent." My take: get rid of the philanthropies as well :)

More in general, see **Robert Marten's take on this NPR article**: "Unfortunately, this story which tries to show a "balanced" approach to understanding the brewing scandal at @GlobalFund is a textbook example of **corporate spin** conflating COIs and downplaying them as if everyone has a COI. **#healthwashing**"

IHP - A steep learning curve ahead for Peter Sands in the SDG era

Kristof Decoster; <http://www.internationalhealthpolicies.org/a-steep-learning-curve-ahead-for-peter-sands-in-the-sdg-era/>

As you know, I prefer the term 'dodgy partnerships' over 'inappropriate partnerships' (the latter, I feel, belong more in the private sphere). In this piece, I argue that in the current international environment, actually most partnerships with the private sector (certainly the corporate private sector) are 'tainted' as most corporate actors are tax-dodgers. Hence, the term 'dodgy partnerships' – going far beyond Big Alcohol, thus.

IOGT – Joint open letter: Concern about UNITAR partnering with alcohol giant

<http://iogt.org/open-letters/joint-open-letter-concern-unitar-partnering-alcohol-giant/>

*"Civil Society Expresses Grave Concern About **Partnership Between UN Agency UNITAR And Alcohol Giant Anheuser-Busch InBev**"* in this letter. On the commotion around Big Alcohol's partnership with another UN organization (**United Nations Institute for Training and Research**).

Excerpts:

"... Alcohol is no ordinary product and the alcohol industry is no ordinary industry. It is in fact manufacturing disease and has accumulated so much financial and political power that they can block, alter, and derail public policies that promote public health, social justice and sustainable

*development when they jeopardize their profit margins. **AB InBev, for example, has a long track record of unethical business practices. The Lux Leaks, the Paradise Papers, and an ActionAID report all show that AB InBev actively works to avoid paying appropriate taxation.** AB InBev is also tightly connected to the tobacco industry. American tobacco company, Altria, is a major shareholder...."*

In short, a lovely "partner", AB Inbev.

#MeToo & Aid

Guardian - UN official questions ethics of sexual misconduct victims in bizarre speech

[Guardian;](#)

"The head of a UN agency has attacked whistleblowers who raised concerns about the handling of a recent sexual harassment and assault case, apparently suggesting they lacked ethics and morals.

Michel Sidibé, the director of UNAids, made disparaging remarks about employees who have spoken out, while praising as "courageous" the decision of his deputy to step down following an unsubstantiated allegation of sexual harassment and assault. Many of those who have raised concerns about misconduct within the agency allege that they also experienced abuse. Sidibé made the comments in a private speech to hundreds of staff, details of which have been leaked to the Guardian. His words are likely to be seen as further evidence that international organisations and charities are neither taking allegations of sexual misconduct seriously nor offering protection to whistleblowers...." Baffling.

UN News – Report highlights UN progress in fight to stamp out sexual exploitation and abuse

<https://news.un.org/en/story/2018/03/1004902>

*"The number of allegations of sexual exploitation and abuse committed by personnel serving with the United Nations dropped from 165 in 2016 to 138 last year, according to the latest **report** by the UN Secretary-General on implementing a zero-tolerance policy for these crimes."*

Devex - Sweden is the first donor to resume Oxfam funding

<https://www.devex.com/news/sweden-is-the-first-donor-to-resume-oxfam-funding-92332>

The cool-headed Scandinavians do what's the obvious thing to do. Hope others follow suit.

Gender equality

Lancet (Offline) - Owning up on gender equality

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30663-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30663-9/fulltext)

Horton's take on the Global Health 50/50 report. *"There are moments to admit failure. Gender equality is one of those moments.... The publication of Global Health 50/50 is a landmark in the history of global health. If our collective commitment to justice and equity is to mean anything, it's time we changed and changed now...."*

He also mentions how the Lancet (not one of the investigated organisations in the report) is doing in this respect and what is still being planned.

Open democracy - Gender equality cannot be achieved without tax reform for multinational companies

M Sepulveda; <https://www.opendemocracy.net/5050/magdalena-sep-lveda/gender-equality-tax-reform-multinational-companies>

"We can't achieve gender equality, or ensure women's rights, without progressive tax policies."

UN News - UN women's commission opens annual session at 'pivotal moment' for gender equality movement

<https://news.un.org/en/story/2018/03/1004732>

"Taking place at "a pivotal moment for the rights of women and girls," the United Nations body dedicated to gender equality and women's empowerment opened its annual session on Monday hearing calls to help women, especially those in rural communities, secure an end to the male-dominated power dynamic that has long marginalized their participation and muted their voices. "Across the world, women are telling their stories and provoking important and necessary conversations – in villages and cities; in boardrooms and bedrooms; in the streets and in the corridors of power," said Secretary-General António Guterres, opening the 62nd session of the UN Commission on the Status of Women (CSW62). "From 'MeToo' to 'Time's Up' and 'The Time is Now' [...] women and girls are calling out abusive behaviour and discriminatory attitudes," he added. Under the Commission's theme 'Challenges and opportunities in achieving gender equality and the empowerment of rural women and girls,' the UN chief observed that although a marginalized group, they were often the backbone of their families and communities, managing land and resources...."

Guterres: *"...Women and girls are calling out abusive behaviour and discriminatory attitudes. And let's be clear the central question we face is a question of power. Power is normally never given, power normally needs to be taken...."*

See also (on **Open Democracy**, by A M Goetz) - [Will reactionary delegations torpedo UN talks on rural women?](#)

NYT - China To Set Up a New International Development Cooperation Agency

<https://www.nytimes.com/reuters/2018/03/12/world/africa/12reuters-china-parliament-aid.html?mtrref=t.co&gwh=C7B3DF99B4467B814ADBAAA246946B5D&gwt=pay>

See also Xinhua – [China to form int'l development cooperation agency](#)

"China plans to set up an international development cooperation agency, according to a parliament document released on Tuesday, to better coordinate its foreign aid program. The new agency will be responsible for forming policies on foreign aid, as well as granting aid and overseeing its implementation, according to the document. "The move is to give full play to foreign aid as a key means of major-country diplomacy, enhance strategic planning and coordination of foreign aid, and better serve the country's overall diplomatic layout and the Belt and Road Initiative,"

PS: China will host a once-every-three-years summit with African leaders in Beijing in September.

[See also China in Africa the Real Story](#)

"... This is a move long under discussion. As China's aid has grown, this new agency directly under the State Council will enhance the profile of China's assistance program, and give the agency equal standing with other agencies directly under the State Council. It will resemble Britain's Department for International Development, which has similar standing, more than the US Agency for International Development, which is firmly under the US State Department.

ODI – 5 expert views on China's new development agency

<https://www.odi.org/comment/10624-chinas-new-development-agency-five-expert-views>

Check them out.

Science - China's government shake-up could have big payoffs for public health, environment

<http://www.sciencemag.org/news/2018/03/china-s-government-shake-could-have-big-payoffs-public-health-environment>

Other news from Beijing.

*“China [today] unveiled a sweeping revamp of its bureaucracy that is expected to reap benefits for public health, the environment, and combatting climate change—while raising questions about the management of basic research. **The draft plan, which is expected to be adopted in the next few days by the National People’s Congress in Beijing, would resolve one long-standing conflict of interest that has undermined efforts to discourage smoking. Tobacco control has long been under the purview of the industry ministry, which also manages China’s hugely profitable tobacco monopoly. As part of the overhaul, the health ministry would assume responsibility for cutting smoking.** “It’s potentially a real breakthrough moment,” says Angela Pratt, a World Health Organization official in Manila who previously headed the organization’s Tobacco Free Initiative in China. Putting the health ministry in charge “removes one block to progress” toward achieving taxation and smoking restriction policies that were strangled by the tobacco industry, she says. **China would also take a fresh approach to environmental issues.** The plan would create a **Ministry of Ecological Environment:** a “positive development” that would put a single entity in charge of policies related to climate change, water resource management, and pollution...”*

Lancet Editorial – China through the lens of health in 2018 and beyond

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30563-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30563-4/fulltext)

*“On March 11, China's National People's Congress, the top legislative body, approved major constitutional changes that would enable President Xi Jinping to stay in power for more than two terms in office. **The healthy China strategy was reviewed in the annual government work report,** released by Chinese Premier Li Keqiang at the National People's Congress on March 5, with several key aspects highlighted....” Focus on domestic health in this piece, and what still requires more attention. But also:*

*“...China does not have a documented global health strategy but has already played a distinctive part in global health through its commitment to domestic health security, its health aid programme, health governance, and knowledge exchange, according to an analysis by Peilong Liu and colleagues. China's contribution to global health goes back to the time of the Silk Road, while the Belt and Road Initiative—Xi's foreign policy strategy—will create a new silk road for health. **Global health should be identified as a key foreign policy objective for the Government of China. The Lancet is also planning a commission led by Chinese authors to explore the global health implications of the Belt and Road Initiative....”***

Tobacco control

Some more reads related to last week’s tobacco control conference in Cape Town:

BMJ (Feature) – Global watchdog to counter big tobacco

<http://www.bmj.com/content/360/bmj.k1172>

“Hannah McNeish reports from the world conference on tobacco or health, where Michael Bloomberg announced a new organisation to monitor and fight industry’s underhand tactics.”

WHO – WHO issues new guidance on tobacco product regulation towards maximum protection of public health

<http://www.who.int/tobacco/communications/news/guidance-tobacco-product-regulation/en/>

*“WHO has launched new guidance on the role tobacco product regulation can play to reduce tobacco demand, save lives and raise revenues for health services to treat tobacco-related disease, in the context of comprehensive tobacco control. A new guide, **“Tobacco product regulation: Building laboratory testing capacity”**, and a collection of country approaches to regulation of menthol, presented in the publication titled **“Case studies for regulatory approaches to tobacco products – Menthol in tobacco products”** have been launched at the 2018 World Conference on Tobacco or Health in Cape Town, South Africa....”*

For coverage on these new guidelines, see for example **UN News** - [New UN health agency regulation guidelines aim to help countries end ‘reign’ of tobacco industry](#)

Axios – Big Tobacco is targeting developing nations: report

[Axios](#);

Cfr the updated **Tobacco Atlas** (see also last week’s IHP news). *“**Scientists and tobacco control advocates report the “tobacco epidemic” continues to grow, particularly in the Middle East, Asia and African countries that lack tobacco control laws and have low taxes, according to “The Tobacco Atlas” released Thursday.**”*

Guardian - How children around the world are exposed to cigarette advertising

https://www.theguardian.com/world/2018/mar/09/how-children-around-the-world-are-exposed-to-cigarette-advertising?CMP=Share_iOSApp_Other

“Research in more than 22 countries found cigarettes are being sold and promoted near schools by an industry that needs to recruit the young to maintain profits.”

NYT – In poor countries, antismoking activists face threats and violence

<https://www.nytimes.com/2018/03/12/health/antismoking-activists-threats.html?mtrref=t.co&gwh=0BF58E513B556FCBB0995675EEAFF61B&gwt=pay>

Maybe Derek Yach can do some “research” about this.

Devex - ILO chief wants to cut ties with big tobacco. Will the governing body heed the call?

[Devex](#);

*“The International Labour Organization is again under intense pressure from a growing number of stakeholders to put an end to its relationship with big tobacco. But after ILO postponed a long-awaited vote on divestment Wednesday, many wonder whether the governing body will be able to reach an agreement by the end of its ongoing **332nd session in Geneva on March 22...**”*

Devex – Bad news: How does media coverage affect public attitudes toward aid?

[Devex](#) :

Very interesting. *“This is the **first of a three-part series on the relationship between the United Kingdom media and aid**, the result of a year-long special reporting project. In this article, Devex looks at the **impact of media coverage on public attitudes toward aid, and the growth of antiaid sentiment.**”*

Excerpts: “

*“... Still, **trust in those who deliver aid continues to fall. Concerns about corruption and accountability in the intermediaries of aid are growing**, Will Tucker, a consultant and one of the researchers behind the Aid Attitudes Tracker, a Bill & Melinda Gates Foundation-funded initiative to track shifts in attitudes toward aid in four countries, told Devex. **Whether it’s the government, charities, or for-profit contractors, the last decade has seen a precipitous fall in trust.***

*... ... The professional suggested that the U.K. aid community isn’t fully acknowledging that the **public increasingly associates aid institutions with corruption and a lack of accountability**, and that it is no coincidence those associations “line up perfectly with the Daily Mail and the Express’ vendetta on aid.”...*”

Lancet series - Pathology and laboratory medicine in low-income and middle-income countries

<http://www.thelancet.com/series/pathology-and-laboratory-medicine>

*“A three-paper Series highlights the **importance of pathology and laboratory services in low-income and middle-income countries**, in providing an accurate diagnosis and treatment of diseases.” Check out also the Comments.*

*“**Pathology and laboratory medicine (PALM)** is an important part of any health system. Diagnosis, choice of treatment, predicting outcomes, and monitoring disease progression are in many cases impossible without pathology and laboratory services. Global cancer and surgery strategies are incomplete with attention to PALM. And yet, **in the discussion about universal health coverage, especially for low-income and middle-income countries, PALM has been hardly mentioned at all.** This Series of three papers aims to start and accelerate global efforts to strengthen this neglected part of medicine. The first paper examines the current barriers in resource-poor settings. The second*

paper suggests ways of overcoming these barriers, and the third paper issues eight recommendations and calls for concerted efforts of all to ensure the provision of effective and sustainable PALM services.”

See the press release:

“Shortage of pathologists inhibits progress on universal health coverage in low and middle income countries. Shortage of laboratories, staff and basic medical tests results in misdiagnoses, inappropriate treatments and wasted resources in countries with already scarce resources....”

Trump & global health

What has The Donald been up to this week? Well, quite a lot. Like for quite a few other people, I suspect, the past few weeks the Trump administration is really starting to scare the shit out of me.

Washington Post – The Health 202: Tillerson’s rhetoric didn’t match reality on global health

[Washington Post](#);

Donald sacked Minister of Foreign Affairs Rex Tillerson. This WP article is a must-read analysis of how Tillerson did in terms of global health. In short: his rhetoric (towards funding global health initiatives) didn’t quite match with reality (i.e. Trump’s budgets). One of the few good things: *“...Experts say Tillerson left in place or brought on top administrators with strong backgrounds in global health, including Deborah Birx, who oversees PEPFAR, and Mark Green, head of USAID....”*

Devex - Tillerson's firing leaves Africa trip a missed opportunity for US

<https://www.devex.com/news/tillerson-s-firing-leaves-africa-trip-a-missed-opportunity-for-us-92322>

*“... “Taken together with the administration’s position on immigration, human rights and climate change, **Tillerson’s firing signals the progressive erosion of U.S. soft power in Africa, and by implication U.S. relevance to Africa’s development agenda,**” Dr. Bonny Ibhawoh, African history teacher at McMaster University, wrote in a statement to Devex. Ibhawoh called his replacement a “setback” to already delicate ties.... ... Trump had called them “shithole countries” during discussions over immigration. The reported remarks were raised several times during the Tillerson trip and now **his firing is likely to increase the sense that Africa is not high on the Trump foreign policy agenda.**”*

Devex - Pompeo's nomination carries risks, opportunity for US development efforts

<https://www.devex.com/news/pompeo-s-nomination-carries-risks-opportunity-for-us-development-efforts-92329>

Tillerson's replacement is Pompeo, a man you easily associate with the bad guys in Jason Bourne movies. He's already being called "mini-Trump".

Excerpt:

"... For a U.S. development community that has been largely disappointed by Tillerson's tenure and approach, Pompeo's rise represents both opportunity and risk. On one hand, aid experts who spoke to Devex welcomed the potential to see foreign affairs agencies led by someone with the ear of the president and who knows how to get things done in Washington. On the other hand, some expressed reservations that Pompeo will accelerate U.S. foreign aid's ongoing drift towards harder-line policies and a security-first agenda. ... Nearly all of them agreed that replacing Tillerson with Pompeo will amount to a major leadership change with significant implications for the U.S. development community."

See also **Devex** - [Pompeo not expected to shake up US relations at the United Nations](#)

"... President Donald Trump's sudden firing of Secretary of State Rex Tillerson is unlikely to have any immediate major impact on U.S. relations at the United Nations, international affairs experts say. Already, Nikki Haley, U.S. ambassador to the U.N., had limited Tillerson's involvement in work at the U.N., said U.N. expert Richard Gowan. ...

"... Yet a true "game-changer" in U.S.-U.N. relations could still come if rumors are true that John Bolton, former ambassador to the U.N. under the George W. Bush administration, takes over H.R. McMaster's job as national security advisor. "The real game-changer would be if John Bolton takes over as National Security Advisor, as is widely rumored to be on the cards. Bolton truly despises the UN, and would probably push Haley to weaken the organization more decisively than she has so far," according to Gowan."

I always thought John Bolton was even worse than [Michael Bolton](#). Let them both please stay wherever they are now.

NYT – White House hails success of disease-fighting program, and plans deep cuts

[New York Times](#)

Sounds like vintage Trump. " ... The **National Security Council released a report on Monday trumpeting the achievements of the multinational Global Health Security Agenda**, which helps low-income countries halt epidemics before they cross borders. The report 'clearly shows how the investments made by taxpayers to improve global health security are paying dividends,' White House officials said in the announcement. But the United States is set to dramatically shrink its contributions to the initiative, a point that the report omitted. ... "

For the **White House press statement**, see [here](#). As for the report itself, see [here](#).

Foreign Policy - Haley: Vote With U.S. at U.N. or We'll Cut Your Aid

<http://foreignpolicy.com/2018/03/15/haley-vote-with-u-s-at-u-n-or-well-cut-your-aid/>

*“In a proposed aid overhaul, Nikki Haley embraces an “America first” foreign policy. S. Ambassador to the United Nations Nikki Haley is proposing a sweeping reassessment of U.S. foreign assistance with a view to punishing dozens of poor countries that vote against U.S. policies at the U.N., according to a **confidential internal memo** drafted by her staff....”*

Finally, “pour la petite histoire” – via our colleagues from **Stat News** – Donald is clearly looking up to the likes of Duterte et al. “... *President Trump praised countries that impose the death penalty or life sentences for drug dealers at a rally this weekend and said the U.S. should consider a similar policy....”*

Plos Med (Policy Forum) – Global child and adolescent mental health: The orphan of development assistance for health

Chunling Lu et al; [Plos Med](#);

“In an analysis of data from the Creditor Reporting System, Chunling Lu and colleagues investigate the level of development assistance from high-income countries towards child and adolescent mental health in low- and middle-income countries.” As you can imagine, it’s not very high.

See also a tweet by **Stefan Peterson**: “Top cause of death in adolescence. Yet an orphan.... **@unicef now launches learning agenda on adolescent mental health.**”

FT special report on dementia

<https://www.ft.com/content/abcb2ba2-2335-11e8-ae48-60d3531b7d11>

“Efforts to find a treatment or cure are intensifying as more drugs flunk trials. We also look at dementia’s growing financial burden, China’s big potential care market, and why some scientists are turning to Ayurvedic medicine.”

Check out in particular [Financial burden of dementia is set to grow](#) “Higher health insurance premiums may be the only solution.”

*“... In its most recent estimate, Alzheimer’s Disease International (ADI), a UK-based international federation of Alzheimer’s patient groups, put the **global cost of dementia at \$818bn in 2015**. This means that if dementia were a country, it would be the 18th largest economy in the world. Instead, **in developed countries at least, the main economic burden of the disease is the cost of looking after those who are affected**. ADI estimates **global social care costs alone** — provided by community care professionals or in residential homes — **amounted to \$327bn in 2015, or two-fifths of the total**. Social care is not medical care. That means its costs are often not fully covered by medical insurance, where it exists....”*

FT – Multinationals pay lower taxes than a decade ago

<https://www.ft.com/content/2b356956-17fc-11e8-9376-4a6390addb44>

“Big multinationals are paying significantly lower tax rates than before the 2008 financial crisis, according to Financial Times analysis showing that a decade of government efforts to cut deficits and reform taxes has left the corporate world largely unscathed. Companies’ effective tax rates — the proportion of profits that they expect to pay, as stated in their accounts — have fallen 9 per cent (two percentage points) since the financial crisis. This is in spite of a concerted political push to tackle aggressive avoidance. Governments’ cuts to their headline corporate tax rates only explain around half the overall fall, suggesting multinationals are still outpacing attempts to tighten tax collection....”

Key publications of the week

Health Systems & Reform (Commentary) – Learning from Doing: How USAID's Health Financing and Governance Project Supports Health System Reforms

<https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1447242>

“This special issue of Health Systems & Reform presents a series of commentaries and articles that reflect the work of the Health Finance and Governance (HFG) project, a global flagship health project of the United States Agency for International Development (USAID). Over its six-year life, the \$200 million project has worked with more than 40 partner countries to increase their domestic resources for health, manage those resources more effectively, and reduce system bottlenecks in order to increase access to and use of priority health services and strengthen health systems overall.”

Globalization & Health – Health system innovations: adapting to rapid change

Gerald Bloom et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0347-8>

“This paper introduces the Thematic Issue on Innovation in Health Systems in Low- and Middle-Income Countries.” “... The purpose of this thematic issue is to stimulate analyses of innovation in the context of complex and dynamic health systems. Although the focus is on low and middle-income countries, the papers have a wider geographic relevance. “

Global Public Health - Behind the scenes: International NGOs’ influence on reproductive health policy in Malawi and South Sudan

Katerini Storeng et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1446545>

“Global health donors increasingly embrace international non-governmental organisations (INGOs) as partners, often relying on them to conduct political advocacy in recipient countries, especially in controversial policy domains like reproductive health. Although INGOs are the primary recipients of

donor funding, they are expected to work through national affiliates or counterparts to enable 'locally-led' change. Using prospective policy analysis and ethnographic evidence, **this paper examines how donor-funded INGOs have influenced the restrictive policy environments for safe abortion and family planning in South Sudan and Malawi.** While external actors themselves emphasise the technical nature of their involvement, the paper analyses them as instrumental political actors who strategically broker alliances and resources to shape policy, often working 'behind the scenes' to manage the challenging circumstances they operate under. Consequently, their agency and power are hidden through various practices of effacement or concealment. These practices may be necessary to rationalise the tensions inherent in delivering a global programme with the goal of inducing locally-led change in a highly controversial policy domain, but they also risk inciting suspicion and foreign-national tensions."

Lancet Global Health – April issue

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

Most articles already appeared online. Make sure you (re-)read the Editorial, if you haven't done so yet.

Book - Human Rights in Global Health

Edited by B M Meier; <https://global.oup.com/academic/product/human-rights-in-global-health-9780190672683?cc=be&lang=en&>

"Institutions matter for the advancement of human rights in global health. Given the dramatic development of human rights under international law and the parallel proliferation of global institutions for public health, there arises an imperative to understand the implementation of human rights through global health governance. This volume examines the evolving relationship between human rights, global governance, and public health, studying an expansive set of health challenges through a multi-sectoral array of global organizations...."

Global Public Health - Has development assistance for health facilitated the rise of more peaceful societies in sub-Saharan Africa?

Vin Gupta et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1449232>

You have Vin Diesel but there's also Vin Gupta. "Growing evidence suggests that health aid can serve humanitarian and diplomatic ends. This study utilised the Fragile States Index (FSI) for the 47 nations of the World Health Organizations' Africa region for the years 2005–2014 and data on health and non-health development aid spending from the United States (US) for those same years. Absolute amounts of health and non-health aid flows from the US were used as predictors of state fragility. We used time-lagged, fixed-effects multivariable regression modelling with change in FSI as the outcome of interest. The highest quartile of US health aid per capita spending ($\geq \$4.00$ per capita) was associated with a large and immediate decline in level of state fragility ($b = -7.57$; 95% CI, -14.6 to -0.51 , $P = 0.04$). A dose-response effect was observed in the primary analysis, with increasing levels of spending associated with greater declines in fragility. Health per-capita expenditures were correlated with improved fragility scores across all lagged intervals and spending quartiles. **The association of US health aid with immediate improvements in metrics of state stability across sub-**

Saharan Africa is a novel finding. This effect is possibly explained by our observations that relative to non-health aid, US health expenditures were larger and more targeted.”

A few must-read blogs from this week

Health Affairs - Pragmatism, Not Ideology, Must Drive Health Systems Development

Y Raikotia et al; <https://www.healthaffairs.org/doi/10.1377/hblog20180301.968144/full/>

In the PBF debate (and beyond). Recommended.

WB's Investing in Health (blog) - Taxes for Better Health: Making the Case at the Joint Learning Network

<https://blogs.worldbank.org/health/taxes-better-health-making-case-joint-learning-network>

“Accumulated evidence on taxes from across the world, particularly on tobacco taxation, shows that taxing these products can offer a “win–win” for countries strengthening their health systems by increasing: positive health outcomes and domestic resources to fund priority investments and programs. The public health impact, revenue generation, and increased equity all point to the value of a redoubled and sustained effort to support the utilization of this fiscal policy as a global public good. ... To move this global agenda forward, over 35 participants from 12 low-and middle-income countries came together in Nairobi, Kenya, on February 13, 2018 to participate in a learning exchange of country experiences organized by the Joint Learning Network for Universal Health Coverage (JLN) with support from the World Bank’s Global Tobacco Control Program and co-hosted by the Ministry of Health of Kenya. This event was the first offering of a new JLN collaborative on Fiscal Policy for Public Health. ... The range of experiences from Ukraine, Malaysia, England, Mexico, and the United States presented at the JLN event, showed taxation to be not only an effective but a progressive policy. ... In moving forward, all of us should realize that fiscal policies such as taxation of products that pose major health risks for noncommunicable diseases are clearly amongst the most cost-effective measures for health systems, as countries seek to achieve universal health coverage.”

Global Health 50/50 - Putting the Global Health 50/50 report to work

Mikaela Hildebrand ; <https://globalhealth5050.org/updates/putting-the-global-health-50-50-report-to-work/>

What are the next steps, after the launch of the Global Health 50/50 report last week?

BMJ Global Health - Call for papers—the Alma Ata Declaration at 40: reflections on primary healthcare in a new era

Steph Topp & S Abimbola; <http://gh.bmj.com/content/3/2/e000791>

Sharpen your pencils... “... BMJ Global Health welcomes commentaries, analysis and practice papers, and original research papers from low-income, middle-income and high-income countries, addressing these or other questions of relevance to the theme: The Alma Ata Declaration at 40: reflections on Primary Health Care in a new era. While submissions will be accepted throughout 2018, accepted manuscripts already published as part of the themed series will be officially launched online between 6 and 12 September 2018 to coincide with the 1978 anniversary of the conference.”

HSG – Update on HSR 2018 individual abstract submissions

<http://healthsystemsresearch.org/hsr2018/news/update-hsr2018-individual-abstract-submissions/>

2,874 submissions were received. A new record. Competition will be stiff...

Bill and Melinda Gates think a weaponized disease may be the biggest threat to humanity

<http://nordic.businessinsider.com/pandemic-risk-to-humanity-2017-9/>

The biggest global risk Melinda Gates can imagine is "most definitely" a bioterrorism attack, she said in an interview at South by Southwest. Within 10 years.

JAMA (viewpoint) – Health, Faith, and Science on a Warming Planet

<https://jamanetwork.com/journals/jama/fullarticle/2675564>

“In this Viewpoint, authors from the Vatican, academic medicine, and climate sciences highlight areas of consensus about climate change in their respective health, science, and faith communities and call for global collaboration to mitigate its effects, reduce health disparities, and improve human health.”

Global health events

The Changing Global Health Landscape: What role for an Elite, Northern Research Institution

<https://www.jhsph.edu/departments/international-health/news/deans-lecture-sara-bennett-role-of-elite-northern-research-institutions-in-the-changing-global-health-landscape.html>

Good question. **Sara Bennett** tackled it in a recent lecture. Now online, so you can re-watch it.

9th Annual CUGH Global Health Conference (March 15, NY)

<https://www.cugh.org/events/9th-annual-cugh-global-health-conference>

Our colleagues from [Global Health Now](#) are covering this event. Interesting programme & line-up.

A new strategy for European health policy – the Global Perspective (Berlin, 15 March)

We hope to have a short account on this meeting soon via some of our colleagues who attended the event.

Graduate Institute (13 March, Geneva) - Innovation and Pathways in Global Health Governance

http://graduateinstitute.ch/lang/en/pid/8646-1/_/events/globalhealth/innovation-and-pathways-in-global-health-governance

Focus of the event was: "Over the last twenty years, despite a clear trend towards increasingly difficult multilateral cooperation on health issues, global health has evolved into one of the most dynamic arenas of global governance. How can we ensure that global health governance remains "fit for purpose" in the 21st century?"

See hashtag #GHGPathways for some of the key quotes.

Check out some of the **tweets** on this meeting:

"@SuerieMoon: current trends in global governance will have substantial impact on global health governance. We might see less leadership by some Western countries, but this also opens a lot of opportunities for positive change. #GHGPathways"

"#GlobalHealthGovernance must consider new countries, new partners, women participation, and make marginalised voices heard, @IlonaKickbusch concluded at #GHGPathways symposium. @GHC_IHEID"

"What is the biggest of changing geopolitics on #globalhealth #governance ? @SNISGeneva @GHC_IHEID Symposium: 'Watch China, the US but more so populist movements and nationalism - citizens an important role to push back' says @adamkams @IHEID #GHGPathways"

"David Held: #globalhealth governance has shown unique capabilities of bypassing, circumventing or otherwise working through pathways to gridlock. #GHGPathways"

UN News - UN anti-drug conference offers 'opportunity to chart a better and balanced path' forward – UN chief

<https://news.un.org/en/story/2018/03/1004712>

*"Inclusive partnerships are essential to addressing drug challenges and achieving the Sustainable Development Goals (SDGs), according to the top United Nations panel dealing with all aspects of narcotic drugs." Short article on the start of the **61st Commission on Narcotic drugs**.*

"... At this session, UNODC and WHO will present a new report on treatment and care for people with drug use disorders in contact with the criminal justice system, and addressing alternatives to conviction or incarceration," ... Over the next week, the session, chaired by Ambassador Alicia Buenrostro Massieu of Mexico, will also consider a variety of resolutions, such as on combating the synthetic opioid crisis, strengthening drug prevention in schools and measures to prevent mother-to-child HIV transmission."

Joint Statement of INCB, UNODC and WHO in Implementation of the UNGASS 2016 Recommendations

<http://www.unodc.org/unodc/en/press/releases/2018/March/working-together-for-the-health-and-welfare-of-humankind.html>

Statement at this 61st Commission, related to the world drug problem.

Coming up - 7 April – People's Health Day

<http://www.phmovement.org/en/node/10849>

PHM has renamed the World Health Day as the 'People's Health Day'.

Check out how you can play a role (if your health is not for sale).

Coming up: WB/USAID - Third Annual UHC Financing Forum: Greater Equity for Better Health and Financial Protection (April 19-20, 2018)

http://www.worldbank.org/en/events/2017/10/20/third-annual-universal-health-coverage-financing-forum?cid=EXT_WBSocialShare_EXT

"...The Forum will focus on mobilizing and shaping health financing to achieve equity and access to health services. This two-day event builds on previous Forum discussions, which looked at resource mobilization and strategic policies and practical interventions to help governments use health system resources more efficiently...."

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

71st World Health Assembly (Geneva, 21-26 May 2018)

Provisional agenda is already online: see http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_1-en.pdf

See a **tweet by I Kickbusch**: *"Beyond the technical issues- #WHA71 is closer than you think. Critical first assembly for @DrTedros and his team - challenged by big political shifts - will the world see new commitments to @who on 70th birthday?"*

HSG - Call for nominations for societal awards

<http://www.healthsystemsglobal.org/blog/272/Call-for-nominations-for-2018-Societal-Awards.html>

"Health Systems Global (HSG), in close cooperation with the Alliance for Health Policy and Systems Research (AHPSR), is pleased to announce the call for nominations for its awards to recognise and reward high standards of professional performance and contributions of individuals or organisations to the field of Health Policy and Systems Research (HPSR) and health systems strengthening."

Deadline for nominations is 25 May.

The quote from last week:

"Our vision is to be the McDonald's of primary care." Frans van Houten, CEO of @Philips, tells FT Health about his company's community life centres in Africa.

Dutch people always think big.

Global governance of health

Brookings institution - Are tough times ahead for countries graduating from foreign aid?

Gavin Yamey et al; [Brookings](#);

The authors compared "two groups of countries: a "previous cohort" of countries that have already graduated from IDA over the past decade, and an "upcoming cohort" of countries expected to graduate from IDA, Gavi, or both in the coming years. In our analysis... we compared the two cohorts across five sets of indicators: macroeconomic conditions, health financing, health performance, governance, and overall poverty and inequality. The choice of indicators reflects our hypothesis that countries will find the aid transition easier if they start with a robust economy, strong governance, adequate domestic finances for health, health outcomes that are improving, and policies that promote equality..." Check out the blog for the results.

Or the **working paper** - [Transitioning from foreign aid: is the next cohort of graduating countries ready?](#)

NCD global governance

Graduate Institute (blog) - Commentary: Politics and Expertise meet at the WHO Independent Global High-level Commission on NCDs

Michaela Told;

http://graduateinstitute.ch/home/research/centresandprogrammes/globalhealth/news/past-news.html/_/news/ghp/commentary-politics-and-expertis

(from a few weeks ago already) - **Michaela Told's** (short) analysis of the composition of the WHO independent global HL commission on NCDs. She finds the composition interesting in two respects.

NCD Alliance – Members named to Civil Society Working Group on UN HLM/NCDs

https://ncdalliance.org/news-events/news/members-named-to-civil-society-working-group-on-un-hlmcnds?goal=0_1750ef6b4b-d8e76e785a-64397109

*“Twenty-five members have been named to the **Civil Society Working Group** on the third UN HLM on NCDs (link is external). They will join two Co-chairs: the WHO Assistant Director-General Dr Svetlana Axelrod and the NCD Alliance CEO Katie Dain. The Working Group’s aim is to advise the WHO Director-General on “bold and practical recommendations on mobilising civil society in a meaningful manner to advocate for a successful high-level meeting in New York,” according to the WHO....”* The civil society working group already had its first meeting.

Meanwhile, as a reminder on the (upcoming) [WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease \(NCD\) Prevention and Control](#) (Copenhagen 9-11 April)

“The Global Dialogue’s mandate derives from the WHO Global Coordination Mechanism’s work plan (2018-2019). The goal of the Global Dialogue is to share information on existing and potential sources of finance and development cooperation at the local, national, regional and global levels, and explore new opportunities for multistakeholder and multisectoral partnerships in order to catalyse action for effective national NCD responses.

***The objectives of the Dialogue are to:** Assess the progress made since 2011 in funding national NCD responses through domestic, bilateral and multilateral channels, including traditional and voluntary innovative financing mechanisms; Explore new financing streams to develop and implement national NCD responses for SDG 3.4, including blended finance, public-private partnerships, pooled funding structures, and innovative financing mechanisms; Showcase concrete examples and best practices on how to mobilize resources and increase financing for national NCD responses through multistakeholder partnerships; Explore synergies between financing SDG 3.4 and broader health systems strengthening efforts for Universal Health Coverage (UHC); Reinvigorate and strengthen the financing for NCDs follow-up process.”*

WHO - revamped website for NCD High-level meeting & WHO independent HL commission

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

Check it out.

A new group of experts is helping WHO transform

<http://unfoundationblog.org/new-group-experts-helping-transform/>

*“The World Health Organization (WHO) is in the midst of a transformation. Led by Director-General Dr. Tedros Adhanom Ghebreyesus, WHO is embarking on an ambitious effort to make 1 billion people healthier, protect 1 billion more people from health emergencies, and extend universal health coverage to 1 billion more people. Dr. Tedros is pushing to modernize WHO, making the guardian of the world’s health nimbler and more connected. **To support this work, the United Nations Foundation last week in Geneva brought together an influential group of civil society leaders from around the world to advise WHO on its next chapter – built around the organization’s proposed General Programme of Work for 2019-2023.”***

UNDP Financing Solutions for Sustainable Development – Goal 3: Good Health and well-being

<http://www.undp.org/content/sdfinance/en/home/sdg/goal-3--good-health-and-well-being.html>

This nice overview article focuses on the financing (options) for the health SDG.

Guardian - Finland is the happiest country in the world, says UN report

<https://www.theguardian.com/world/2018/mar/14/finland-happiest-country-world-un-report>

Article on the new global Happiness survey (2018). “... *The study reveals the US has slipped to 18th place, five places down on 2016. **The top four places are taken by Nordic nations, with Finland followed by Norway, Denmark and Iceland.** Burundi in east Africa, scarred by bouts of ethnic cleansing, civil wars and coup attempts, is the unhappiest place in the world. Strikingly, there are five other nations – Rwanda, Yemen, Tanzania, South Sudan and the Central African Republic – which report happiness levels below that of even Syria. **For the first time the UN also examined the happiness levels of immigrants in each country, and found Finland also scored highest.***”

BMJ (Observations) – Kent Buse: A mass of contradictions

<http://www.bmj.com/content/360/bmj.k1015>

For the ones among you who want to know more about Kent. Guess what, he’s been a drummer in a Swedish band at some point in his life! Recently, he’s been quite involved in Global Health 50/50.

Bio: “*Kent Buse, 53, serves as senior adviser to the executive director of UNAIDS. Educated at the University of Toronto, he completed a PhD at the London School of Hygiene and Tropical Medicine. He has taught at Yale University and worked in dozens of countries for a wide range of organisations concerned with health and development. He is coauthor of **Making Health Policy**, a guide to policy making in public health. He believes that the AIDS movement has wider lessons for non-communicable diseases. Community organising, human rights, and politics were at the core of the response to AIDS, he argues, and should drive the response to non-communicable diseases.*”

Devex – USAID West Africa focus pivots to regional support for peace and security

<https://www.devex.com/news/usaid-west-africa-focus-pivots-to-regional-support-for-peace-and-security-92302>

“The spread of insecurity in West Africa beyond the Boko Haram stronghold of northeast Nigeria has seen violence break out in Burkina Faso, Mali, Niger, and Chad, and has put peace and security at the forefront of most development efforts there. In response, the West Africa Regional mission of the United States Agency for International Development has shifted focus to promote regional stability by aligning closer with priorities set by regional political and development leaders including countering violent extremism, helping build a regional crisis early warning alert system and promoting peaceful elections....”

SDG tracker - Goal 3: Ensure healthy lives and promote well-being for all at all ages

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

Nice resource.

Launch of a research network against epidemics in Africa

<http://www.itg.be/E/Article/clinical-research-network-for-epidemics-launched-in-sub-saharan-africa#>

*“‘Disease X’, an unknown disease the world must prepare itself for, has hit the headlines in recent days. **This week, an international network was launched in the Ethiopian capital Addis Ababa. The network should be able to quickly respond with clinical research and interventions in case of an outbreak.** The African coalition for Epidemic Research, Response and Training (ALERRT) receives € 10 million from the European and Developing Countries Clinical Trials Partnership (EDCTP). **ITM Antwerp is one of the 21 African and European partner organisations in this network.**”*

If you want to know more about Disease X (see also this week’s intro), see for example CNN - [World Health Organization gets ready for 'Disease X'](#).

ODI (comment) - Reviewing DFID's new approach to gender equality

<https://www.odi.org/comment/10622-reviewing-dfids-new-approach-gender-equality>

Abigail Hunt’s take on DFID’s new Strategic Vision for Gender Equality.

Dr Jeremy Farrar, the Director of Wellcome, has been reappointed by Wellcome's Board of Governors for a second five-year term.

https://wellcome.ac.uk/news/jeremy-farrar-reappointed-wellcomes-director?utm_source=twitter&utm_medium=referral-wellcome&utm_campaign=news

No comment needed here, title is clear enough.?

Social Watch – Is the private sector the “preferred partner” of the UN over civil society?

<http://www.socialwatch.org/node/18020>

(video) *“Civil society organizations are natural allies of the United Nations, but the partnership modality is not the primary way for civil society to engage with the UN” argued **Barbara Adams** at a panel discussion on “Strengthening partnerships and stakeholder engagement” that took place in the framework of the ECOSOC Operational Activities for Development on 27 February 2018. **From a CSO perspective, she added, the primary way of leveraging resources for the Sustainable Development Goals is fair and progressive taxation.**”*

It's also common sense.

Health Systems & Reform – Can Ethiopia Finance the Continued Development of its Primary Health Care System if External Resources Decline?

Peter Berman et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1448240>

*“Global health progress has benefitted from a rapid and large increase in development assistance for health beginning in the 1990s and extending to the mid-2010s. Ethiopia's improvements in health outcomes benefitted from this increase, much of which came from external funding directed towards the primary care system. Increased domestic resource mobilization for health will be needed to sustain progress given recent and likely future declines in external support. **We empirically estimate Ethiopia's ability to finance its primary health care system through the development of a projection model of resources the government is likely to mobilize compared with potential future costs to deliver health services that the government intends to provide.**”*

Health Systems & Reform – Fighting Health Security Threats Requires A Cross-border Approach

C J Hospedales et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1446698>

Focus on **the Caribbean**. « ...With our small health systems and deeply intertwined and tourism-dependent economies, we recognize that uncontrolled disease outbreaks pose an existential threat. **Our region is the first to take on the challenges and opportunities of multi-sectoral, regional planning, cooperation, coordination, and monitoring of global health security strengthening.** Given the small sizes of our countries we have no choice.”

South Centre – How international investment agreements have made debt restructuring even more difficult and costly

<https://www.southcentre.int/investment-policy-brief-10-february-2018/>

Policy brief.

In somewhat related news, check out also (CESR) - [Assessing Austerity: Tools for preventing another Lost Decade for human rights](#)

*“Ten years on from the global financial and economic crisis, fiscal discipline in the shape of austerity has become the new normal for governments in more than two-thirds of countries worldwide. CESR’s new briefing, **Assessing Austerity**, argues that another “lost decade” for human rights is impermissible and sets out a methodological framework for assessing and addressing the human rights impacts of fiscal consolidation....”*

Devex – Aid sector slams DFID partnership with Saudi Arabia

<https://www.devex.com/news/aid-sector-slams-dfid-partnership-with-saudi-arabia-92309>

It’s not just the Global Fund that is keen on dodgy partnerships these days.

See also **the Guardian** - [‘A national disgrace’: fury over £100m aid deal between UK and Saudi Arabia](#)

News from late last week: “The controversial aid deal between the UK and Saudi Arabia announced on Friday has been branded a “national disgrace”. Amid further outcry over Britain’s relationship with the Gulf state, government ministers have **signed a £100m aid agreement with Riyadh to coincide with Crown Prince Mohammed bin Salman’s visit** to London this week. The government described the deal as a “**new long-term partnership” to improve livelihoods and boost economic development in some of the world’s poorest countries.** But the accord has been greeted with fury by opposition MPs and the aid sector, with **grave concerns expressed about Saudi Arabia’s role in the**

Yemen conflict. *Kate Osamor, the shadow international development secretary, said the agreement “made a mockery” of Britain’s reputation as a global leader in delivering humanitarian aid. ...*

A few tweets:

Ilona Kickbusch - “I guess it’s true - whatever remained of the values of the liberal international order has gone out the window”

Rob Yates -“ Britain’s reputation as a global leader in development is now officially in tatters..... “

CGD – Perspective in Economic Evaluations of Healthcare Interventions in Low- and Middle-Income Countries: One Size Does Not Fit All

Kalypso Chalkidou; <https://www.cgdev.org/publication/perspective-economic-evaluations-healthcare-interventions-low-and-middle-income>

“As developing nations are increasingly adopting economic evaluation as a means of informing their own investment decisions, new questions emerge. Is adopting a broader perspective to include, say, the non-health-related benefits of healthcare interventions, a wise strategy? Is it what LMICs governments want? Would it attract more internal and external funding to health? Is breaking down the funding silos—disease by disease, sector by sector—possible or even desirable? Does the choice of perspective in economic analyses matter for countries in pursuit of Universal Health Coverage (UHC)? Our answer is that it all depends. Specifically, it depends on the question economic analysis or health technology assessment (HTA) is being invited to address, on the health aspirations of the country in question, on feasibility in terms of the information and analytical capacity available in a country, and on the local cultural, historical, and political landscape. The right answer to the question “which perspective?” is the one tailored to these local specifics. We conclude that there is no one-size-fits-all and that the one who pays must set or have a major say in setting the perspective.”

Guardian - 'Attacks and killings': human rights activists at growing risk, study claims

<https://www.theguardian.com/global-development/2018/mar/09/human-rights-activists-growing-risk-attacks-and-killings-study-claims>

*“Human rights defenders who challenge big corporations are being killed, assaulted, harassed and suppressed in growing numbers, researchers have claimed. **A survey by the Business and Human Rights Resource Center recorded a 34% global rise in attacks against human rights activists last year**, including 120 alleged murders and hundreds of other cases involving threats, assaults and intimidation. The number of incidents were found to have risen sharply, with attacks recorded in 2017 compared with 290 the previous year. The research focused on attacks against activists involved in protests against corporate activities. Victims included unionists, protests, whistleblowers and indigenous communities....”*

Book - Transforming Multilateral Diplomacy: The Inside Story of the Sustainable Development Goals

M Kamau et al; https://www.amazon.com/Transforming-Multilateral-Diplomacy-Sustainable-Development/dp/0813350867/ref=sr_1_1?s=books&ie=UTF8&qid=1520952754&sr=1-1

Guess many of you will want to read this book. *“Transforming Multilateral Diplomacy provides the inside view of the negotiations that produced the UN Sustainable Development Goals (SDGs). Not only did this process mark a sea change in how the UN conducts multilateral diplomacy, it changed the way the UN does its business. This book tells the story of the people, issues, negotiations, and paradigm shifts that unfolded through the Open Working Group (OWG) on SDGs and the subsequent negotiations on the 2030 Sustainable Development Agenda, from the unique point of view of Ambassador Macharia Kamau, and other key participants from governments, the UN Secretariat, and civil society.”*

Global Health Now - Inside Resolve’s Global Health Mission to Save 100 Million Lives

[Global Health Now;](#)

Short update on “Resolve”, via an **interview with Tom Frieden**.

Cfr a tweet: *“Great interview with @DrFrieden of @ResolveTSL: to reduce preventable deaths, Frieden has built a lean team that emphasizes speed and working with #healthsystems rather than creating parallel efforts.”*

Global Compact on Migration: A now or never moment to address climate-induced human mobility

Edward Michaud; <https://www.linkedin.com/pulse/global-compact-migration-now-never-moment-address-human-mishaud>

Must-read.

*“... the zero draft of the Global Compact lacks strong language on how it would protect people displaced by the effects of climate change. **The zero draft must go further. It should include language that firmly anchors migration in climate adaptation strategies and commits UN Member States to incorporate migration as a priority consideration within climate adaptation efforts.** This would be a timely inclusion to encourage developing countries to place climate migration as a key component of their national adaptation plans (NAPs)—medium- and long-term strategies that countries are now formulating under the UN Framework Convention on Climate Change (UNFCCC)...”*

Michaud concludes: “**Ultimately, the time is now to amplify why climate change has to be front and centre in the Global Compact on Migration.** This first-of-its-kind agreement on migration is the international community’s best chance to respond proactively to human displacement linked to climate change. It is a **now or never moment.**”

IISD – Advancing National SDG Implementation: Assessing VNR Reports to Learn from SDG Experiences

<http://sdg.iisd.org/commentary/policy-briefs/advancing-national-sdg-implementation-assessing-vnr-reports-to-learn-from-sdg-experiences/>

“The Canadian Council for International Co-operation has issued an independent assessment of the VNR reports submitted to the HLPF in 2017. The report, guided by a Steering Committee comprising representatives from CCIC, A4SD, Bond, CAFOD, IFP-FIP, Together 2030, and WWF-UK, analyzes VNR reports based on a common framework comprising 10 pillars of implementation and against the 2016 proposal by the UN Secretary-General for voluntary common reporting guidelines. The report highlights recommendations and best practices inherent to the various phases of implementation of the 2030 Agenda that range from preparing to implement the SDGs (such as assessing SDG gaps) to assessing progress based on data and reporting.”

“The report titled, ‘**Progressing National SDG Implementation: An Independent Assessment of the Voluntary National Review Reports Submitted to the UN High-level Political Forum on Sustainable Development in 2017,**’ examines SDG implementation through a review of 42 VNR reports (comprising 45 countries) that were released in English, Spanish and French prior to the 2017 HLPF. It also considers a sample of reports produced by civil society organizations (CSOs) for the 2017 HLPF that assess SDG implementation by their governments....”

UHC

Lancet (Comment) – The future of the NHS: no longer the envy of the world?

E Mossialos, R Horton et al ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30574-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30574-9/fulltext)

“...Taking stock of the latest developments in the NHS and the work of previous commissions, The Lancet's joint Commission with the London School of Economics and Political Science (LSE) on the future of the NHS will focus on big questions facing the NHS....”

UHC2030 welcomes PHCPI as a new related initiative

<https://www.uhc2030.org/news-events/partner-insights/article/uhc2030-welcomes-phcpi-as-a-new-related-initiative-460892/>

*“The **Primary Health Care Performance Initiative (PHCPI)** has joined UHC2030 as a related initiative and we interviewed **Executive Director Beth Tritter** to find about the initiative’s motivations for doing so, and how they consider UHC2030 to be of value.”*

HSG – Rebuilding health systems in conflict & crisis affected settings: evidence, experience and organisations

<http://www.healthsystemsglobal.org/blog/273/Rebuilding-health-systems-in-conflict-amp-crisis-affected-settings-Evidence-experience-and-organisations.html>

*“The **Thematic Working Group on Health Systems in Fragile and Conflict Affected States (TWG-FCAS)** is developing two linked resources to support access to key evidence, knowledge and recommended reading for people working on health systems in conflict and crisis-affected settings....”*

Business standard - Health ministry, WHO ink pact for enhanced coop

http://www.business-standard.com/article/pti-stories/health-ministry-who-ink-pact-for-enhanced-coop-118031301246_1.html

News from India.

*“The **Union health ministry and the World Health Organization (WHO)** today inked an MoU for enhanced cooperation in the health sector. The agreement was signed and exchanged between Joint Secretary (Health Ministry) Lav Agarwal and Dr Tedros Adhanom Ghebreyesus, Director General of the WHO, in the presence of Union Health Minister J P Nadda. Tedros complimented the government of India on the initiatives taken to expand universal health coverage through the Ayushman Bharat programme....”*

Health Financing in Africa (blog) – Verification in PBF: the way forward for LMICs

E Josephson et al; <http://www.healthfinancingafrica.org/home/verification-in-pbf-the-way-forward-for-low-and-lower-middle-income-countries>

*“A growing number of low- and middle-income countries are adopting Performance-Based Financing (PBF) as part of their health financing strategies. A key function in any PBF system is **"verification"**: it ensures that health providers report in a correct and honest manner the services for which they claim a payment. In many PBF systems, this verification is costly and weighs on the PBF budget. Last year, the PBF Community of Practice (PBF CoP) entrusted to some of its members a strategic reflection on the verification function. In this blogpost, they share with us some key thoughts.”*

Cfr a tweet by **Bruno Meessen**: “Verification in PBF programs. **A blog with 3 messages**: (1) verification key for health systems (both accountability & policy guidance); (2) verification costs will reduce; (3) the new generation of PBF/P4P experts is developing leadership - very welcome!”

CGD (blog) – Results-Based Funding in Health: Progress in Poorest Communities in Mesoamerica

Amanda Glassman et al; <https://www.cgdev.org/blog/results-based-funding-health-progress-poorest-communities-mesoamerica>

“Early this month, CGD co-hosted a conference with the Inter-American Development Bank (IDB), highlighting progress, challenges, and lessons learned from the first phase of the Salud Mesoamerica Initiative (SMI), a seven-year-old results-based funding (RBF) partnership between donors and national governments in health. Uniquely, the event brought together country governments, external funders, intermediaries, and evaluators—from different stages of the program—to discuss motivations, results, issues, and lessons learned....”

WHO Euro (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.”

BMJ (blog) – Chris Simms: The British and Canadian health systems at 70 and 60

Chris Simms; [BMJ blog](#);

“As both healthcare systems celebrate landmark years, they also share similar threats to their continued survival.”

Planetary health

Guardian - Microplastic pollution in oceans is far worse than feared, say scientists

<https://amp.theguardian.com/environment/2018/mar/12/microplastic-pollution-in-oceans-is-far-greater-than-thought-say-scientists>

For more on microplastics, see also [WHO launches health review after microplastics found in 90% of bottled water](#) (Guardian).

“The World Health Organisation (WHO) has announced a review into the potential risks of plastic in drinking water after a new analysis of some of the world’s most popular bottled water brands found that more than 90% contained tiny pieces of plastic. A previous study also found high levels of microplastics in tap water.”

And see [Canada should lead on plastic waste at the G7 summit](#) (The Star).

Guardian - World’s great forests could lose half of all wildlife as planet warms – report

<https://www.theguardian.com/environment/2018/mar/14/worlds-great-forests-could-lose-half-of-all-wildlife-as-planet-warms-report>

“From the Amazon to Africa, WWF report predicts catastrophic losses of as much as 60% of plants and 50% of animals by the end of the century.”

During Stanford Medicine talk, editor of The Lancet advocates for planetary health

<https://scopeblog.stanford.edu/2018/03/12/the-lancet-editor-advocates-for-planetary-health/?linkId=49198410>

“Richard Horton, editor-in-chief of The Lancet medical journal, isn’t at all sure which direction the world is headed. He relayed both optimistic and pessimistic perspectives last week, in a talk sponsored by Stanford Medicine’s Office of the Dean and the Rambam Health Care Campus in Israel....”

Guardian - UN experts denounce 'myth' pesticides are necessary to feed the world

<https://www.theguardian.com/environment/2017/mar/07/un-experts-denounce-myth-pesticides-are-necessary-to-feed-the-world>

"The idea that pesticides are essential to feed a fast-growing global population is a myth, according to UN food and pollution experts. A new report, being presented to the UN human rights council on Wednesday, is severely critical of the global corporations that manufacture pesticides, accusing them of the "systematic denial of harms", "aggressive, unethical marketing tactics" and heavy lobbying of governments which has "obstructed reforms and paralysed global pesticide restrictions". The report says pesticides have "catastrophic impacts on the environment, human health and society as a whole", including an estimated 200,000 deaths a year from acute poisoning. Its authors said: "It is time to create a global process to transition toward safer and healthier food and agricultural production."..."

NYT - Hotter, Drier, Hungrier: How Global Warming Punishes the World's Poorest

<https://www.nytimes.com/2018/03/12/climate/kenya-drought.html>

Report somewhat related to Rex Tillerson's visit to Africa, before he was going to be fired. "... **Northern Kenya** — like its arid neighbors in the Horn of Africa, where Secretary of State Rex W. Tillerson paid a visit last week, including a stop in Nairobi — **has become measurably drier and hotter, and scientists are finding the fingerprints of global warming.** According to recent research, the region dried faster in the 20th century than at any time over the last 2,000 years. Four severe droughts have walloped the area in the last two decades, a rapid succession that has pushed millions of the world's poorest to the edge of survival. **Amid this new normal, a people long hounded by poverty and strife has found itself on the frontline of a new crisis: climate change.** More than 650,000 children under age 5 **across vast stretches of Kenya, Somalia and Ethiopia** are severely malnourished. The risk of famine stalks people in all three countries; at least 12 million people rely on food aid, according to the United Nations...."

Devex - Cities emerge onto the climate change science agenda

<https://www.devex.com/news/cities-emerge-onto-the-climate-change-science-agenda-92312>

*"In December 2015, nearly 2,000 mayors and local leaders gathered under the ornate ceilings of Paris City Hall to make a single argument: As the epicenters of the world's greenhouse gas emissions, cities are where the battle for climate change will be won or lost. Their voice generated a lot of attention, but ultimately did little to influence the Paris Agreement on climate change inked a few days later. Many sector watchers believe the mayors lacked something important: Robust research specifically into the role cities play in climate change. That changed **last week in Edmonton, Canada, where the Intergovernmental Panel on Climate Change convened its first conference on the science***

*of cities' role in climate change. Some 750 climate scientists, urban thinkers, and city leaders gathered in response to a landmark decision by the IPCC in 2016 to **include a special urban-focused research track for the first time....***"

Guardian – UN moves towards recognising human right to a healthy environment

<https://www.theguardian.com/environment/2018/mar/09/un-moves-towards-recognising-human-right-to-a-healthy-environment>

*"It is time for the United Nations to formally recognise the right to a healthy environment, according to the world body's chief investigator of murders, beatings and intimidation of environmental defenders. John Knox, the **UN special rapporteur on human rights and the environment**, said the momentum for such a move – which would significantly raise the global prominence of the issue – was growing along with an awareness of the heavy toll being paid by those fighting against deforestation, pollution, land grabs and poaching...."*

And a quick link:

Guardian - [Nuclear fusion on brink of being realised, say MIT scientists](#)

Infectious diseases & NTDs

CSIS - The Spanish Flu a Century Later: 2018 Is Not That Different from 1918

J S Morrison; <https://www.csis.org/analysis/spanish-flu-century-later-2018-not-different-1918>

Interesting analysis. J S Morrison sees quite some similarities between the situation in 1918 and now. There are also differences.

Science – Concern as HIV prevention strategy languishes

<http://science.sciencemag.org/content/359/6381/1205>

*"Some 200,000 people uninfected with HIV now take antiretroviral drugs as preventive medicine—but 75% of them are in the United States. Called pre-exposure prophylaxis, or PrEP, this daily pill has proved its worth in several clinical trials and was approved by the U.S. Food and Drug Administration in 2012. **Other countries have been slow to adopt PrEP even though the World Health Organization recommended it for everyone at "substantial risk" of becoming infected.** At the Conference on Retroviruses and Opportunistic Infections held in Boston last week, there was a **growing clamor***

about the underuse of PrEP. In hard hit sub-Saharan Africa, only Kenya aggressively promotes the use of PrEP. Evidence from San Francisco, California, and the state of New South Wales in Australia, which both have prominent PrEP campaigns, shows that it has helped reduce new infection rates. Several presenters at the meeting discussed why PrEP has been slow to catch on both at the government level and with people who are at high risk of becoming infected....”

Global Forum on MSM and HIV (report) – Getting on track in agenda 2030

<http://msmgf.org/new-publication-getting-on-track-in-agenda-2030/>

*“A new report released today by the Global Forum on MSM and HIV (MSMGF) in collaboration with the Global Platform to Fast Track the Human Rights and HIV Responses with Gay and Bisexual Men and the Free Space Process **argues for consistent and robust reporting on HIV in the Voluntary National Reviews on Sustainable Development**. Titled “**Getting on Track in Agenda 2030**,” the report is released ahead of regional meetings commencing this month in preparation of the annual High Level Political Forum on Sustainable Development. The report calls upon UN agencies, Member States, and members of civil society to collaboratively ensure HIV-related data is included in the framework of Agenda 2030....”*

Lassa Fever outbreak in Nigeria

Some good reads & analyses related to the outbreak in Nigeria:

Science – [Health workers scramble to contain deadly rat-borne fever in Nigeria](#)

Vox - [Why Lassa, an Ebola-like fever, has exploded in Nigeria](#) (by Julia Belluz)

Meanwhile, in news that came as a relief, **genome sequencing** for Lassa Fever in Nigeria by @NCDCgov & partners suggested that the **current outbreak is not caused by a new strain of the virus** - see [NCDC](#).

Meanwhile, the WB [confirmed](#) it believes the **recent outbreak of Lassa Fever in Nigeria is an ‘eligible event’** under the terms of the Class B pandemic swaps and pandemic catastrophe bonds that were issued to support the financing of the **Pandemic Emergency Financing Facility (PEF)**.

Nature (News) – Deadly Lassa-fever outbreak tests Nigeria's revamped health agency

Amy Maxmen ; https://www.nature.com/articles/d41586-018-03171-y?utm_source=twtr&utm_medium=social&utm_campaign=naturenews&sf184644665=1

“Reforms put in place after Ebola epidemic in West Africa have built Nigeria's capacity to diagnose diseases and track their spread.” On Nigeria’s NCDC.

NEJM (Editorial) Recognizing the Global Impact of Zika Virus Infection during Pregnancy

M Honein; <http://www.nejm.org/doi/full/10.1056/NEJMe1801398>

“In this issue of the Journal, Hoen et al report data from a cohort of pregnant women with polymerase-chain-reaction–confirmed symptomatic ZIKV disease in French territories in the Americas. ...” This is the related Editorial.

See also CIDRAP - [Study: 7% risk of birth defects in Zika pregnancies.](#)

Lancet Infectious Diseases (Perspective) - Precision medicine for drug-resistant tuberculosis in high-burden countries: is individualised treatment desirable and feasible?

Helen Cox et al; [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30104-X/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30104-X/fulltext)

*“Treatment for drug-resistant tuberculosis is largely delivered through standardised, empirical combination regimens in low-resource, high-burden settings. However, individualised treatment, guided by detailed drug susceptibility testing, probably results in improved individual outcomes and is the standard of care in well-resourced settings. Driven by the urgent need to scale up treatment provision, new tuberculosis drugs, incorporated into standardised regimens, are being tested. Although standardised regimens are expected to improve access to treatment in high-burden settings, they are also likely to contribute to the emergence of resistance, even with good clinical management. **We argue that a balance is required between the need to improve treatment access and the imperative to minimise resistance amplification and provide the highest standard of care, through a precision medicine approach. In tuberculosis, as in other diseases, we should aim to reduce the entrenched inequalities that manifest as different standards of care in different settings.**”*

CNN - AI and big data joins effort to predict deadly disease outbreaks

<https://edition.cnn.com/2018/03/06/health/rainier-mallol-tomorrows-hero/index.html>

Article on the company “**Artificial Intelligence in Medical Epidemics**” which tries to predict outbreaks. The accuracy rate is pretty high. “... Their company's **Dengue Outbreak Prediction platform** now supplies the Malaysian government and regional governments in Brazil and the Philippines with insights to manage and curb outbreaks.... ... AIME plans to roll out their platform to other countries and regions. With visits to The Clinton Global Initiative and Harvard University under its belt, the co-founder says governments are more receptive to the start-up....”

UN News – Over 4,700 UN agency trained veterinarians new vanguard against deadly disease outbreaks

<https://news.un.org/en/story/2018/03/1004612>

“More than 4,700 veterinary health professionals who have just completed a United Nations (FAO) training to tackle disease outbreaks are the new front line of defence protecting farm animals against deadly illnesses in 25 countries across Africa, Asia and the Middle East. In addition to keeping fowl, cattle, pigs and other animals safe, the freshly trained veterinarians will also help keep at bay diseases that are deadly to humans....”

And some **quick links**:

- **Reuters** - [South Africa blames food firms for world's worst listeria outbreak](#). See also Quartz - [South Africa's listeria outbreak is forcing the country to rethink its iconic national foods](#)

*“South Africans now have reason to fear some of their favorite foods. **An outbreak of listeria responsible for the deaths of at least 180 people has been traced to processed meats, the health ministry said in a statement on March 4.** The foods carrying the *Listeria monocytogenes* bacteria are ready-to-eat staples of the South African lunchbox: rolls of cold meat known as polony, and sausages known as viennas and russians....”*

Meanwhile, [South Africa expects listeria infections to increase](#) (Reuters).

- Scidev.net - [Test spots malaria in two minutes, without blood](#)

“Magnetism and light have been combined in a test that can diagnose malaria in under two minutes without the need to take blood. The new test, which has yet to undergo clinical trials, won a prize for entrepreneurs hosted by Britain's Prince Andrew on 28 February.”

- **Guardian** - [British scientists set to work on Zika vaccine](#)

“Scientists in the UK have started work on developing a vaccine to protect women against the Zika virus. The £4.7m project, involving the universities of Manchester and Liverpool, and Public Health England, aims to have trials on humans up and running within the next three years.”

- **Scidev.net** – **Hookworms can suppress malaria infection**

<https://www.scidev.net/asia-pacific/malaria/news/hookworms-can-suppress-malaria-infection.html>

Key messages: *“Hookworm treatment can exacerbate malaria in co-infected patients; Mass deworming programmes may need to factor in possible malaria control; Ecological thinking offers new light on co-infections that can aid clinicians.”*

- [Mutating Ebola's key protein may stop replication](#) “Researchers may be able to stop the replication of Ebola virus by mutating its most important protein.”

AMR

AMR Times (February issue) – Issue 23

For all the latest on AMR (policy), news, publications, ...

[IBM lab designs molecule to kill drug-resistant superbugs](#)

*An IBM team developed “a new molecule, called a polymer, that targets five deadly types of drug-resistant microbes and kills them like ninja assassins. Their research, a collaboration with Singapore’s Institute of Bioengineering and Nanotechnology, was reported this week in the journal **Nature Communications**. If commercialized, the polymer could boost the fight against “superbugs” that can fend off every antibiotic that doctors throw at them. An estimated 700,000 people worldwide die every year from these untreatable infections. The research is part of IBM’s ongoing effort to develop synthetic polymers for medical uses, based on a technology discovered in 2012 when exploring new ways to etch silicon wafers used in semiconductor chips. In 2016, the team showed they could be used to combat deadly viral diseases....”*

A ‘significant potential breakthrough’, according to some.

NCDs

JECH - Science organisations and Coca-Cola’s ‘war’ with the public health community: insights from an internal industry document

P Barlow, M McKee, D Stuckler et al; <http://jech.bmj.com/content/jech/early/2018/03/14/jech-2017-210375.full.pdf?ijkey=6AVlwjwzh0y6Qzs&keytype=ref>

*“Critics have long accused food and beverage companies of trying to exonerate their products from blame for obesity by funding organisations that highlight alternative causes. Yet, conclusions about the intentions of food and beverage companies in funding scientific organisations have been prevented by limited access to industry’s internal documents. **Here we allow the words of Coca-Cola employees to speak about how the corporation intended to advance its interests by funding the Global Energy Balance Network (GEBN).** The documents reveal that Coca-Cola funded and supported the GEBN because it would serve as a ‘weapon’ to ‘change the conversation’ about obesity amidst a ‘growing war between the public health community and private industry’. Despite*

*its close links to the Coca-Cola company, the GEBN was to be portrayed as an 'honest broker' in this 'war'. The GEBN's message was to be promoted via an extensive advocacy campaign linking researchers, policy-makers, health professionals, journalists and the general public. **Ultimately, these activities were intended to advance Coca-Cola's corporate interests: as they note, their purpose was to 'promote practices that are effective in terms of both policy and profit'.** Coca-Cola's proposal for establishing the GEBN corroborates concerns about food and beverage corporations' involvement in scientific organisations and their similarities with Big Tobacco."*

Economist – Food deserts may not matter that much

[Economist](#);

"Demand, not supply, looks like the key to healthier eating." So next time I move house, I go living just next to a Burger King, KFC & a couple of take-away Chinese places. Although "demand" is a bit a problem in my case.

Lancet Global Health - Diabetes Academy Africa: training the next generation of researchers in sub-Saharan Africa

S-P Choukem et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30066-4/fulltext?rss=yes](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30066-4/fulltext?rss=yes)

This article explains **the D2A initiative - Diabetes Academy Africa**. "...The aim of D2A is to provide high-quality training and mentorship for young physicians and scientists who work in diabetes prevention, care, or research, and who are committed to excellence..."

Global Public Health – A multi-level, multi-jurisdictional strategy: Transnational tobacco companies' attempts to obstruct tobacco packaging restrictions

B Hawkins et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1446997>

"Despite the extensive literature on the tobacco industry, there has been little attempt to study how transnational tobacco companies (TTCs) coordinate their political activities globally, or to theorise TTC strategies within the context of global governance structures and policy processes. **This article draws on three concepts from political science – policy transfer, multi-level governance and venue shifting – to analyse TTCs' integrated, global strategies to oppose augmented packaging requirements across multiple jurisdictions.** Following Uruguay's introduction of extended labelling requirements, Australia became the first country in the world to require tobacco products to be sold in standardised ('plain') packaging in 2012. Governments in the European Union, including in the United Kingdom and Ireland, adopted similar laws, with other member states due to follow. TTCs vehemently opposed these measures and developed coordinated, global strategies to oppose their

implementation, exploiting the complexity of contemporary global governance arrangements. These included a series of legal challenges in various jurisdictions, alongside political lobbying and public relations campaigns. This article draws on analysis of public documents and 32 semi-structured interviews with key policy actors. **It finds that TTCs developed coordinated and highly integrated strategies to oppose packaging restrictions across multiple jurisdictions and levels of governance.**"

WHO Bulletin – A global campaign to combat ageism

A M Officer et al; http://www.who.int/bulletin/online_first/BLT.17.202424.pdf?ua=1

« ... In May 2016, the 194 WHO Member States called on the organization's Director-General to develop, in cooperation with other partners, a **global campaign to combat ageism**.... »

"...To develop the global campaign to combat ageism, **WHO needs to find answers to six fundamental questions:** (i) what is the global prevalence of ageism? (ii) what are the causes or determinants of ageism? (iii) what are the consequences of ageism at an individual and at a societal level? (iv) what strategies exist to effectively tackle ageism? (v) what are the available metrics to measure the different dimensions of ageism and its implicit and explicit expressions? (vi) What are the most effective ways of building public understanding and expanding thinking about age and ageing?"

... To start answering these questions, in July 2017 WHO held a meeting with researchers from several universities to outline the methods for conducting a global set of systematic reviews on ageism... ... **To meet the conditions to effectively steer a campaign, in May 2017 WHO convened a meeting of key experts and stakeholders to clarify the campaign's vision – a world for all ages – and goal – change the way we think, feel and act towards age and ageing...**"

FT - Putin claims credit for healthier Russia as vodka intake falls

<https://www.ft.com/content/7ea81518-2222-11e8-9a70-08f715791301>

Vlad might not be good for every Russian's health (especially in the UK lately), but from an NCD angle, Putin hasn't been too bad. **"Smoking and drinking have declined sharply and life expectancy has risen to 73 years."**

Interestingly, the man is using this to get re-elected. Parallels with Modi and other authoritarian leaders who are to some extent showcasing their health policy credentials are obvious. Tedros might want to take fewer 'selfies with handshake' with powerful leaders, if he doesn't want to be instrumentalized too much in the years to come.

Some quick links:

Guardian - [Secrecy over costs in Philip Morris plain packaging case stokes TPP fears](#)

“The Australian government is fighting to keep secret the amount it paid to fight a legal battle with the tobacco industry over its plain packaging laws. Philip Morris, a tobacco multinational, used a clause in a Hong Kong-Australia trade deal to sue the Australian government over its Gillard-era plain packaging laws. It eventually lost the case, but the Nick Xenophon Team has since attempted to find out how much Australia paid to fight the case in The Hague. NXT is concerned the newly-signed Trans-Pacific Partnership – which contains similar clauses to the Hong Kong deal – could prompt similar actions against the Australian government....”

Guardian - [Some Chinese ready meals found to have more salt than 11 bags of crisps](#) So the Silk & Belt Road better be without instant noodles & Chinese takeaway dishes.

And a tweet:

*“Huge news on #tobaccocontrol coming out of #China: **responsibility for WHO FCTC implementation being transferred from Industry Ministry to Health Ministry** as part of Govt ministry changes. This is a game changer if true. “*

Sexual & Reproductive / maternal, neonatal & child health

Kicking off with a tweet in French:

*“ « Je suis heureuse de vous annoncer ici aux Nations Unies, au nom de la **République française**, notre augmentation de **10millions d’€ supplémentaires en faveur de #SheDecides** pour l’accès aux droits sexuels et reproductifs. » #CSW62 #diplomatieféministe @UN_Women @franceonu »*

UNAIDS - Measuring homophobia to improve the lives of all

http://www.unaids.org/en/resources/presscentre/featurestories/2018/march/20180309_homophobia

*“... A **new index to measure levels of homophobia** that can show the impact that homophobia has on countries has been developed. ... The **new index, published in the European Journal of Public Health**, combines both data on institutional homophobia, such as laws, and social homophobia—relations between people and groups of people ... The **Homophobic Climate Index** gives estimates for 158 countries. Western Europe was found to be the most inclusive region, followed by Latin America. Africa and the Middle East were the regions with the most homophobic countries, with the exceptions of South Africa and Cabo Verde, which were among the top 10 most inclusive low- and middle-income countries. Among low- and middle-income countries, Colombia was the most inclusive, and Sweden was the most inclusive of all countries....”* For the **paper**, see [A socioecological measurement of homophobia for all countries and its public health impact](#).

CNN - US abortion funding rule hurting health overseas, aid groups argue

[CNN](#);

See also Devex - ['Global gag rule' prompts uncertainty in Uganda, Nigeria, PAI finds](#)

*(recommended analysis) "...It could take several years before United States aid recipient countries such as Uganda and Nigeria feel the full impact of the expanded Mexico City Policy. But **new analysis shows there are already clear signs now that the policy is pushing these countries to limit their expansion of key health services, including for women's health care.** This is according to research conducted by the global health organization **PAI**, following country visits in November 2017 to Uganda and Nigeria. The findings from these trips were released last week...."*

*"The Trump administration's cuts to global health assistance have also extended beyond the "global gag rule," as **it also announced on Monday it would not fund the U.N. Population Fund for a second year running....** (see UNFPA's reaction: [Statement on the United States Decision to Again Withhold Funding from UNFPA](#))*

The impact is different in Uganda & Nigeria. *"...It was much clearer **in Nigeria** how it is not just the 'global gag rule,' but the negative environment and influence the U.S. is creating out there, because of the defunding of UNFPA, because of the threats the administration has made to cutting family planning overall. The wider undercurrent of negative U.S. foreign policy was much stronger in Nigeria," she said.* *"...In **Uganda**, both U.S. and local NGOs seemed more concerned about the return of the "global gag rule," which some had previously seen during the George W. Bush administration...."*

Devex – UK aid official offers 'loud and strong' support for access to abortion worldwide

[Devex](#) ;

*"A top United Kingdom aid official has reassured advocates that the Department for International Development remains a **"loud and strong voice for universal access to sexual and reproductive health" services, including abortion, for women and girls in developing countries.** Speaking at the launch of a new report from the U.K. All-Party Parliamentary Group on Population, Development and Reproductive Health, which calls for the U.K. government to support safe abortion at home and abroad, international development minister Alistair Burt said: **"DFID is absolutely clear that safe abortion is a crucial element of the full range of comprehensive sexual and reproductive health and rights services."** ..."*

HP&P – Donor funding for family planning: levels and trends between 2003 and 2013

C Grollman et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czy006/4925381>

*“The International Conference on Population and Development in 1994 set targets for donor funding to support family planning programmes, and recent initiatives such as FP2020 have renewed focus on the need for adequate funding to rights-based family planning. Disbursements supporting family planning disaggregated by donor, recipient country and year are not available for recent years. We estimate international donor funding for family planning in 2003–13, the period covering the introduction of reproductive health targets to the Millennium Development Goals and up to the beginning of FP2020, and compare funding to unmet need for family planning in recipient countries. We used the dataset of donor disbursements to support reproductive, maternal, newborn and child health developed by the Countdown to 2015 based on the Organization for Economic Cooperation and Development Creditor Reporting System. **We assessed levels and trends in disbursements supporting family planning in the period 2003–13 and compared this to unmet need for family planning.** Between 2003 and 2013, disbursements supporting family planning rose from under \$400 m prior to 2008 to \$886 m in 2013. More than two thirds of disbursements came from the USA. There was substantial year-on-year variation in disbursement value to some recipient countries. Disbursements have become more concentrated among recipient countries with higher national levels of unmet need for family planning. Annual disbursements of donor funding supporting family planning are far short of projected and estimated levels necessary to address unmet need for family planning. The reimposition of the US Global Gag Rule will precipitate an even greater shortfall if other donors and recipient countries do not find substantial alternative sources of funding.”*

CSIS (report) – A Ripe Moment for Reducing Vaccine-Preventable Disease

Nellie Bristol; <https://www.csis.org/analysis/ripe-moment-reducing-vaccine-preventable-disease>

*“... Over the next several years, three global health activities growing out of programs championed by the U.S. government will come together in a way that could catalyze immunization system improvements in the most disease-prone countries. These include **immunization and disease surveillance goals outlined in the Global Health Security Agenda (GHSa)** and **two activities related to global polio eradication: the need for worldwide delivery of the inactivated polio vaccine; and the repurposing of the polio infrastructure for immunization and other health activities, a process known as polio transition.** All three activities create concerted attention to immunization systems that could result in sustained increases in global vaccination rates and amplify U.S. investments in vaccine promotion mechanisms, such as Gavi, the Vaccine Alliance...”*

*“... **Yet an uncertain budget future for each of the activities threatens not only the potential expansion of this global public good but could cause regression in successful vaccine delivery and related coverage rates.** ... To capitalize on this unique opportunity to expand a valuable global health tool and avoid deterioration in immunization delivery with consequent increased risk of vaccine-preventable disease importations, **the U.S. government should:** Provide stable, consistent funding for the Global Health Security Agenda; Continue financial and technical support for polio*

eradication through certification and post-certification activities; Be an active player in polio transition planning with an eye toward encouraging countries to sustain key polio assets like immunization and surveillance systems and have a willingness to cover financing and technical gaps; and Ensure continued support for vaccine delivery through Gavi and other international partners...."

Lancet Global Health (blog) - Bridging the gap between global policy and local practice of respectful maternity care

I De Vries et al; <http://globalhealth.thelancet.com/2018/03/12/bridging-gap-between-global-policy-and-local-practice-respectful-maternity-care>

*"After a long time of insufficient attention, **respectful maternity care (RMC) is finally a growing field of interest in global maternal health practices, discussions, and publications.** Whilst practitioners, researchers and policy makers aim to adapt and implement these guidelines to local contexts, in daily reality many women around the world still lack respectful care. In this blog we share how interdisciplinary discussions at a national level can lead to tangible recommendations for policy and practice."*

*"...To raise awareness about the importance of RMC among a wide range of stakeholders and to bridge the gap between global policy and local practice, **over 70 practitioners, policy makers, and researchers came together in Amsterdam in November 2017 to discuss RMC and construct practical recommendations.** The meeting was an initiative of several Dutch stakeholders with an interest in global and maternal health and facilitated by Share-Net International. Contributions came from WHO's Department of Reproductive Health and Research, the International Confederation of Midwives (ICM), and clinicians, researchers, and human rights activists from the Netherlands and the global south...."*

NPR Goats & Soda – UNICEF's Good News About Child Marriage Isn't Quite As Good As It Sounds

https://www.npr.org/sections/goatsandsoda/2018/03/14/593155781/unicefs-good-news-about-child-marriage-isnt-quite-as-good-as-it-sounds?utm_source=dlvr.it&utm_medium=twitter

The progress in India might be partly due to under-reporting of child marriages.

Reuters - How infertility treatment has left sperm science behind

[Reuters](#)

“...Sperm counts are falling drastically worldwide - and have been doing so for decades – and scientists say their honest answer to why is: “We don’t know”....” It’s also not much of a priority for science.

Human Resources for Health

Health Services Research (Debate) - Strengthening the Health Care Workforce in Fragile States: Considerations in the Health Care Sector and Beyond

Jonathan Snowden et al; <http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12854/abstract;jsessionid=5002D0DD24CE5C82FBE48367159C7680.f04t02>

Short comment related to medical schools & health care systems in fragile states.

Access to medicines

KEI - EC publishes report on protection and enforcement of intellectual property rights in “third countries”

<https://www.keionline.org/27207>

*“On March 12, 2018, the European Commission published a report on the “protection and enforcement of intellectual property rights in third countries”. The main objective of the report “is to identify third countries in which the state of IPR protection and enforcement gives rise to the greatest level of concern and thereby to establish an updated list of so called “priority countries” (Source: European Commission, Report on the protection and enforcement of intellectual property rights in third countries, March 2018). This endeavor **mirrors the US Special 301 process** of targeting countries which are deemed not to provide adequate and effective protection of intellectual property rights....”*

Cfr. Ellen’t Hoen’s tweet – “Oh great the EU just published its own “special 301”, a **draconian tool to obtain #TRIPS-plus concessions.**”

The Hindu - WHO launches plan for cheaper TB drugs

<http://www.thehindu.com/sci-tech/health/who-launches-plan-for-cheaper-tb-drugs/article22985837.ece>

Important news from last week already. ***“The World Health Organisation (WHO), on Tuesday, invited pharmaceutical companies around the world to submit proposals to manufacture affordable versions of newer medicines for treatment of drug resistant tuberculosis. A WHO spokesman said the aim was to replicate the success of addressing the HIV epidemic. Competition among Indian drug producers had then brought down the price of HIV medicines by 99% from \$15,000 per patient per year to less than a dollar a day. WHO has now requested drug makers to submit an Expression of Interest (Eoi) for Bedaquiline and Delamanid, two new-generation drugs, recommended for drug resistant-TB. Under WHO norms, drugs submitted upon such requests and complying with its standards are included in a list for procurement by the UN and other organisations....”***

The Hindu – An urgent prescription

Srinath Reddy et al; <http://www.thehindu.com/opinion/op-ed/an-urgent-prescription/article23229925.ece>

Important analysis, not just for India but for access to medicines in the whole world. **India needs to shore up public sector capacity for making medicines**, S Reddy et al argue. Also on the importance of compulsory licencing.

IP-Watch – WHO: Access To Hepatitis C Treatment Increasing, But Most Patients Undiagnosed

<https://www.ip-watch.org/2018/03/13/access-hepatitis-c-treatment-increasing-patients-undiagnosed/>

“Access to hepatitis C treatments is increasing, so are therapeutic options, but most of those living with the disease are not diagnosed and thus remain untreated, the World Health Organization found in a new report. Upper-middle income and high-income countries continue to pay high prices, impeding equitable access, and those countries which have been most successful in increasing access have mobilised a strong government response, the report found. The World Health Organization in the past week published its [second progress report](#) on access to hepatitis C treatment. The report focuses on overcoming barriers in low-and middle-income countries....”

Stat News - End of an era: Gilead’s longtime R&D chief is stepping down at a pivotal moment for the company

<https://www.statnews.com/2018/03/12/gilead-bischofberger/>

(gated) ***“Gilead’s research and development chief is stepping down after nearly three decades at the company, concluding a run in which he steered the development of pioneering blockbuster therapies***

for HIV and hepatitis C but more recently became the target of Wall Street ire amid Gilead's struggles to find a third act".

NPR Goats & Soda - Why Potentially Dodgy Diabetes Drugs Dominate in India

<https://www.npr.org/sections/goatsandsoda/2018/03/09/591868514/why-potentially-dodgy-diabetes-drugs-dominate-in-india?sc=tw>

Article based on a new [analysis](#) (in BMJ Global Health) of regulatory approval procedures for diabetes drugs in the Indian state of Maharashtra.

"...there's growing concern that due to lax government oversight, India's incredibly powerful pharmaceutical industry is flooding the market with unnecessary and untested drug cocktails. In 2016 the Ministry of Health banned 344 FDCs for a wide range of medical conditions including diabetes, saying that the combinations had "no therapeutic justification...."

*"...**Fixed dose combinations**, known in the pharmaceutical industry as FDCs, are pills that deliver two or more drugs..."*

Stat Plus - Amazon's pharmacy hires hint of ambitions to upend a \$360 billion market

<https://www.statnews.com/2018/03/09/amazon-pharmacy-hires/>

(gated) *"If you're in the pharmacy business, Amazon's roster of employees is starting to look ominous. In the past 18 months, the e-commerce giant has poached more than 20 employees from industry heavyweights..."*

FT Health - Gregory Rockson's mPharma startup aims to fix African drug supply

<https://www.ft.com/content/66fb67e0-2398-11e8-add1-0e8958b189ea>

Focus on **mPharma**, set up by a Ghanaian entrepreneur – *"...With operations across 110 pharmacies in Ghana, Nigeria, Zambia and Zimbabwe, mPharma calculates that it has helped 100,000 patients to date. It is now supporting 20,000 patients a month with drug cost savings averaging 30-60 per cent. "Our goal is to build the largest African drug retail support network outside South Africa in the next five years..."*

And a link:

[United States Launches WTO Challenge to Indian Export Subsidy Programs](#) Includes pharmaceuticals.

Social determinants of health

UN-World Bank panel calls for ‘fundamental shift’ in water management

<https://news.un.org/en/story/2018/03/1004982>

*“With 700 million people worldwide at risk of being displaced by intense water scarcity by 2030, **water infrastructure investment must be at least doubled over the next five years**, a panel set up by the United Nations and the World Bank recommended on Wednesday. ”*

ODI (blog) - Politics, poverty, and climate change: stories from Cape Town’s ‘Day Zero’

Leo Roberts; <https://www.odi.org/comment/10616-politics-poverty-and-climate-change-stories-cape-town-s-day-zero>

Speaking of water... Recommended blog.

*“... Much has been written on the multiple causes of the crisis, but what do Cape Town’s citizens and decision-makers think? **What narratives emerge** in a major city when it faces the threat of running out of water?...*

See also IPS - [Three Things Cape Town Teaches Us About Managing Water](#) (by the Director of Stockholm International Water Institute’s Africa Regional Centre (ARC))

ISO 45001 - Occupational health and safety

<https://www.iso.org/iso-45001-occupational-health-and-safety.html>

See also [Companies sign up to new global health and safety standard.](#)

There's a new global health and safety standard. *"ISO 45001 for Occupational Health and Safety sets the minimum standard of practice to protect employees worldwide. It gives organisations a framework to increase safety, reduce workplace risks and enhance health and well-being at work."*

"...Globally, more than 2.78 million fatal accidents occur at work yearly, with some 374 million incidents of non-fatal work-related injuries and illnesses...."

Miscellaneous

WHO - Seven years of Syria's health tragedy

[WHO](#):

"After seven years of conflict in Syria, WHO has renewed its call for the protection of health workers and for immediate access to besieged populations."

We also want to draw your attention to a Lancet series of photographs – [Rehumanising the Syrian conflict: photographs of war, health, and life in Syria](#).

Blog - Challenging humanitarianism beyond gender as women and women as victims

D Hilhorst et al; <http://oxfamblogs.org/fp2p/challenging-humanitarianism-beyond-gender-as-women-and-women-as-victims/>

In this blog (published on Duncan Green's blog), the authors introduce a new issue of [Disasters](#). See also the previous IHP newsletter.

Devex – Avatars for aid?

<https://www.devex.com/news/avatars-for-aid-92338>

"As XPRIZE launches a \$10 million challenge for the development of avatars — remotely controlled robots that can transport the senses of their operators to distant places — Devex asks what the technology could mean for global development and humanitarian response."

Emerging Voices

Plos One - Rethinking retention: Mapping interactions between multiple factors that influence long-term engagement in HIV care

Steph Topp et al; <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0193641>

“Failure to keep people living with HIV engaged in life-long care and treatment has serious implications for individual and population-level health. Nested within a four-province study of HIV care and treatment outcomes, we explored the dynamic role of social and service-related factors influencing retention in HIV care in Zambia....”

Research

BMJ Global Health – Surrogate endpoints in global health research: still searching for killer apps and silver bullets?

M Pai et al; <http://gh.bmj.com/content/3/2/e000755>

Based on an article published in Nature Microbiology a while ago, and further elaborated here. The authors conclude: “...We need to explicitly lower unreasonable expectations of the impact of innovations, when surrogate endpoints are used, and when findings (including of RCTs) may not be transferable beyond specific and similar context. We need to explain the difference between surrogate endpoints and patient outcomes to policymakers and also to journalists to make sure their reporting is factual and honest. Neither the Xpert MTB/RIF test nor the WHO Safe Childbirth Checklist should be given up just because results of RCTs on their effect on mortality are not favourable. New tools have their place and are urgently needed in global health. Searching for silver bullets and killer apps are worthwhile endeavours, but we must not expect them to be ‘silver’ or ‘killer’ when introduced into systems that are suboptimal. If we care about making a real difference in global health, we also need to work on strengthening health systems to ensure holistic, effective and long-lasting solutions for patients and communities.”

They also propose two ways forward.