

IHP news 462 : Wellbeing in the 21st century

(23 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,

Not sure you all noticed but this week the [International Day of Happiness](#) was celebrated, a day before Spring officially started in the North. Over the past few days, we came across a number of relevant reads, learning ever more about happiness and wellbeing. That's always a nice pastime, you'll say, but in the interconnected SDG & planetary health era it's even more important than before, as a global challenge for 7.3 billion people and counting. This year's **World Happiness Report**, published last week already provided some insight, with the usual accompanying analyses why Scandinavian countries such as [Finland](#) and [Denmark](#) do so well. Readers of this newsletter probably have an idea. It ain't the weather. Other voices emphasize the urgent [need for "wellbeing economies"](#); chances are it'll indeed be either 'wellbeing' or 'no-being' by the end of the 21st century. Speaking of 'no-being', the deeper (and darker) personalities among you who reckon wellbeing is for wussies can perhaps try [meditation](#) to find out the meaning and purpose in life, while connecting with deeper existential awareness. Trust me: it'll be better for your soul than checking your Twitter feed every other hour. Nevertheless, on Twitter we wholeheartedly agreed with the slogan "A **gender equal world** is a happy world". Can't be worse than it is now. Still think also that good old-fashioned **sleep** remains vastly underrated in global health & wellbeing circles. As a "bold innovative" NCD prevention idea, we should all advocate for an extra day of sleep a week. Can even be organized in the office for the workaholics, in total harmony with a "No Coffee/Enter Paracetamol" day.

Over to the messy world in which we live, then. In Almaty later this year, [the Alma Ata Declaration will normally get an update "for a new era"](#). Health for All 8.0 (including PHC 37.0) if you want. And what a fine new era it is! The new times are characterized by a ["pivot to authoritarianism by governments and to cynicism by citizens"](#), and by an increasing number of interconnected shocks, instability & vulnerabilities on which (more than anyone else) **ruthless politicians** seem bound to thrive, as is already the case in many countries. It's mostly men, unfortunately – for the ones among you who want to be ruled by authoritarian women, you can find them in some rather specific settings, we've been told. In any case, the rather dull technocrats and philanthro-capitalists who dominated much of the MDG era increasingly feel like relics of a bygone era, even if the latter don't fully realize it yet, still hopping and "global envoy'-ing" from high-level/trillion dollar forum to forum. In this brave new era, ["surveillance capitalism"](#) is also fast becoming a buzzword. Entire 'targeted advertising' business models have been built on the idea that they (i.e. the likes of Google, Facebook, Alibaba...) know what will make you "happy". Including when it comes to your political preferences. Americans certainly look over the moon now. But Zuckerberg [said](#) he's 'happy' to testify before Congress, that should help.

Still in America, last week Richard Horton [argued](#) in the 'Great Equity debate' in New York that liberty (i.e. enhanced agency) should precede equity, as the **defining objective of global health in the 21st century**. I'm afraid Horton and his opponent, Cheryl Heaton (in favour of equity), both got it wrong, or at least need to be complemented. Whether we like it or not, some **moderation &**

***rationing**, in line with planetary boundaries, will need to come first, if not soon there won't be a world at all anymore to 'leave behind' for future generations. The fact that even many in the global health community still don't practice what they preach in this respect, shows that this is, by far, the hardest global/planetary health challenge. We are, as a species, downright pathetic at moderation & rationing, and capitalism ruthlessly exploits that collective weakness. Most, if not all, human beings want more, whether it's more power, more influence, a bigger network, new experiences, a new love, more abstracts accepted for symposia, more funding for our pet projects, ... We all want something (more). In fact, if you don't want more anymore, you're probably ready to die. [Rationing](#) & moderation are just not in our DNA, and three decades of neoliberal globalization didn't really help. Some prefer to call it 'growing' instead of wanting ever more or claim they all do it with a view on 'changing the world for the better'. You wish. Even authoritarian leaders get this. So far Xi Jinping hasn't exactly been telling his compatriots that the 'Chinese dream' – sadly- includes flying less, for example. And why should he, as long as we – in the West – don't even change our ways after decades of flying to "wherever we want to lay our heads"?*

*Put differently, what do you think Horton, Bloomberg and Kickbusch's **level of wellbeing** would be if they had to make their grand planetary health/green economy/cosmopolitan cases only in (respectively) London/New York/ Geneva, for the years and decades to come? Via fancy Youtube videos only?*

I reckon they'd need a LOT of coffee to get through the day :)

Enjoy your reading.

The editorial team

Featured Article

Ethiopia's HRH Strategy: Will the 'flooding' strategy go down the drain?

Fikru Tafesse Lamu (MPH student, ITM)

With a [personnel density](#) of 0.3 doctors, nurses and midwives per 10,000 population, a figure far below the critical threshold of 23 per 10,000, Ethiopia has been categorised as one of the countries with a health workforce "crisis". The situation is compounded by a substantial geographic maldistribution of the health workforce, as workers tend to favour the more urban parts of the country.

In response to this apparent shortage and inequitable distribution of human resources for health (HRH), the government of Ethiopia has implemented various HRH initiatives as part of successive [health sector development programs](#) since 1998. As a result, large numbers of different categories of HRH, especially community and mid-level health workforce, have been trained in the last decade, through the accelerated scaling up of education and training programs. Private-for-profit organizations have also contributed to the education and training of mainly mid-level health workforce.

However, [Ethiopia's HRH strategy](#), commonly referred to as the “flooding” strategy, is primarily focused on the production aspect of HRH. It is aimed at rapidly increasing the number of health care workers, without giving due attention to the other equally important components of [HRH development strategies](#). Consequently, teaching institutions have not been adequately prepared, either in terms of human resources or in terms of related infrastructure. In addition, the education and training of the health workers has not been accompanied by the meticulous regulatory and quality assurance procedures they deserve, and the overall [quality of education and training](#) is not at the optimum level. Furthermore, only marginal attention has been given to improving the prevailing poor working conditions, as well as the poor retention of the public sector workforce in the country. Instead, the government introduced the measure of withholding the diplomas and certificates of graduating health workers, particularly physicians, in order to force them to work wherever they are assigned. In my opinion, such a measure is not only unsustainable, but also counterproductive, as it demotivates health workers and negatively impacts on the performance and overall quality of health care provided to the needy population.

In its recent [report](#), the UN High-Level Commission on Health Employment and Economic Growth recommended investing in the creation of new jobs in health and social sectors, giving more attention to women and youth, to meet the increasing demand for HRH and maximize women's participation in the economy. There is no question about the relevance of this recommendation for Ethiopia, given its massive youth population and the urgent need to address the [huge unemployment](#) and gender inequality. However, producing [fit-for-purpose](#) health care workers requires strategies that address the quality of education and training, so that all health workers have the skills that match the needs of the population. In addition, decent working conditions must be guaranteed, so that the health workers can work to their full potential and remain in the system.

While it is true that investments in HRH production could help address the increasing demand for HRH and create job opportunities for the ever expanding youth population in the country, the narrow focus of the Ethiopian HRH strategy clearly leaves out other key issues that influence the productivity of health workers and overall health outcomes. Not surprisingly, in a country where decisions are usually made in a top-down manner, the framing of the HRH strategy and its implementation have been very much influenced by [political rationale](#) and the urge to fulfil that commitment, rather than a concerted, well thought out strategic plan. Nonetheless, it is high time relevant stakeholders and actors become involved in shaping the strategy and undertaking related initiatives, otherwise it will be too late.

For Ethiopia's HRH strategy to be effective, the scaling up of health worker education and training must be accompanied by initiatives such as improved incentive/remuneration packages, and career development and promotion plans to retain an effective, responsive and motivated health workforce. Policies and interventions to address poor working conditions, maldistribution and inefficiencies also need to be designed and implemented to ensure retention of health workforce in underserved areas in particular, and improve their performance. At the same time, government efforts need to go beyond just having [regulatory policies](#) for ensuring the proper functioning of the regulatory and accreditation bodies and mechanisms, to improving the quality of education and training in both public and private institutions.

Highlights of the week

World Water Day (22 March)

A few reads to 'celebrate' the day:

Guardian - More than 800m people need to travel 30 mins for safe water, report finds

https://www.theguardian.com/global-development/2018/mar/21/more-than-800m-people-need-to-travel-30-mins-for-safe-water-report-finds?CMP=tw_t_a-global-development_b-gdndevelopment

*"Water inequality is increasing in the world's most environmentally stressed nations, warn the authors of a report that shows **more than 800 million people need to travel and queue for at least 30 minutes to access safe supplies**. Despite an overall increase in provision of tap water, the study - **the State of the World's Water 2018** - charts the gaps within and between nations, as poor communities face competition over aquifers and rivers with agriculture and factories producing goods for wealthier consumers...."*

*"... **The problem of access is increasingly complicated by climate change, pollution and a growing global population**. A separate report by the UN earlier this week forecast that 5 billion people could face shortages for at least one month a year by 2050...."*

For more on the latter, see:

Guardian - Water shortages could affect 5bn people by 2050, UN report warns

https://www.theguardian.com/environment/2018/mar/19/water-shortages-could-affect-5bn-people-by-2050-un-report-warns?CMP=tw_t_a-global-development_b-gdndevelopment

*"**More than 5 billion people could suffer water shortages by 2050 due to climate change, increased demand and polluted supplies**, according to a UN report on the state of the world's water. The comprehensive annual study warns of conflict and civilisational threats unless actions are taken to reduce the stress on rivers, lakes, aquifers, wetlands and reservoirs. The **World Water Development Report** – released in drought-hit Brasília – says positive change is possible, particularly in the key agricultural sector, but only if there is a move towards nature-based solutions that rely more on soil and trees than steel and concrete...."*

See also National Geographic - [From Not Enough to Too Much, the World's Water Crisis Explained](#).

And see IISD - [Making #EveryDropCount: SDG 6 on the 2018 Agenda](#)

"The celebration of World Water Day on 22 March is taking place in parallel with the launch of the International Decade for Action: Water for Sustainable Development (2018-2028) and the eighth

World Water Forum. The launch of the recommendations of the High Level Panel on Water took place last week, and this week's launch of the annual World Water Development Report brought an in-depth review of "opportunities to harness the natural processes that regulate various elements of the water cycle". These events are a **precursor to the SDG 6 debate during 2018, with water and sanitation on the agenda at the July meeting of the High-level Political Forum on Sustainable Development (HLPF).**"

See also UN News - [World cannot take water for granted, say UN officials at launch of global decade for action.](#)

IDS (blog) – Why we need circular, nature-based solutions to end water poverty

Patrick Schröder; <http://www.ids.ac.uk/opinion/why-we-need-circular-nature-based-solutions-to-end-water-poverty>

*"In the run up to Water World Day, the UN has published the World Water Development Report (WWDR 2018). The report emphasises the need for **nature-based solutions** to solve the global water crisis and states that they will support the circular economy. But what exactly are nature-based solutions? How do they relate to the **circular economy**? And how can they work together to help achieve progress towards the Sustainable Development Goals (SDGs)?"*

NCDs

Technical consultation of WHO's independent High-Level Commission on NCDs (21-22 March, Geneva)

<http://www.who.int/ncds/governance/high-level-commission/technical-consultation-march-2018/en/>

*"Experts in noncommunicable diseases and mental health from all around the world [convened] at the technical consultation in Geneva to provide the Commissioners of the WHO Independent High-level Commission on NCDs with an **analysis of a new generation of bold ideas and innovative recommendations**. These will be aimed at the highest level of government to enable world leaders to deliver on commitments they have made, and to change the landscape of NCDs at the country level."*

On the website you find the agenda, list of participants and also [Collated Ideas and Recommendations](#) (the latter you should certainly scan to get an overview of the recommendations that were going to be discussed !)

And perhaps also a **few tweets** related to this technical consultation:

"A win for #NCDs & global health: @NordstrmAnders, Ambassador for Global Health for #Sweden elected Chair of the technical consultation of the @WHO Independent High-level Commission on #NCDs."

“Timeline for @WHO Independent Global High-level Commission on NCDs Technical consultation in Geneva, 21-22 March 2018 and Side event at #WHA71 - 21 May 2018. Report will be launched on 1 June 2018. “

“Innovative ideas on #NCDs to change the narrative, identify “low hanging fruit”, increase funding, improve accountability, etc. These are some of the topics for discussion @WHO today and tomorrow in Technical Consultation for Independent High-level Commission on #NCDs”

*“Some experts attending the Technical Consultation have recommended that Heads of State and Government at #HLM3 #NCDs commit to: - **Development of a Framework Convention on Health-Harming Industries - Establishment of a Global Solidarity Fund for Chronic Diseases**”*

“Technical consultation #NCD HL Commission @DougUNDP ‘we should not avoid the difficult discussions on e.g a global taxation system for tobacco, alcohol and sugar, or a code of conduct for international organizations in dealing with business to avoid conflict of interest ’”

NYT – In NAFTA talks, US tries to limit junk food warning labels

<https://www.nytimes.com/2018/03/20/world/americas/nafta-food-labels-obesity.html?mtrref=t.co&gwh=5BAFA8D60E164FBB5233DFD2ACA9B6C3&gwt=pay>

Cfr a tweet: “@realdonaldtrump uses NAFTA to prioritize trade over public health.” No surprises there.

“... Urged on by big American food and soft-drink companies, the Trump administration is using the trade talks with Mexico and Canada to try to limit the ability of the pact’s three members — including the United States — to warn consumers about the dangers of junk food, according to confidential documents outlining the American position.”

The Conversation - Big Tobacco is funding the anti-smoking lobby – but leaked documents reveal the real reason why

A Rowell; https://theconversation.com/big-tobacco-is-funding-the-anti-smoking-lobby-but-leaked-documents-reveal-the-real-reason-why-93087?utm_source=twitter&utm_medium=twitterbutton

Recommended. Some in-depth analysis on whether to engage with the Foundation for a Smoke-Free World (FSFW) (led by Derek Yach) or not.

World TB Day – 24 March

The Conversation - Hope rises for a world free of TB

Madhukar Pai; https://theconversation.com/amp/hope-rises-for-a-world-free-of-tb-90415?utm_source=twitter&utm_medium=twitterbutton&_twitter_impression=true

Pai provides the big picture: ***“World TB Day 2018 is turning out to be special — never in the history of tuberculosis (TB) control has there been greater political attention and commitment to tackling the infectious disease that causes nearly two million deaths a year.”***

“...Ending TB finally looks like a goal that could be met — if, and only if, political leaders globally can step up with investments and actions to match their political declarations.”

Pai reflects on the G20, Moscow, Delhi meetings of the past year and upcoming UNGA meeting on TB, and stresses the importance of the TB challenge in India (see also a Lancet World Report this week - [Commitments to an end to tuberculosis renewed in India](#)) and more in general leadership by BRICS countries (which have high TB burdens) in the TB fight.

Lancet (Comment) – The *Lancet* Commission on tuberculosis: building a tuberculosis-free world

Eric Goosby (UN Secretary-General's Special Envoy on Tuberculosis) et al ;
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30666-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30666-4/fulltext)

*“...The UN's High-Level Meeting on Tuberculosis, due to take place in New York, USA, later in 2018, represents a unique opportunity to secure a commitment from heads of state and governments for a coordinated global response to end the epidemic. **The Lancet Commission on tuberculosis aims to identify decisive global and country-specific actions necessary to ensure the success of that response. These recommendations will address the following priorities....**”*

Other reads from the Lancet related to World TB day:

Comment by T Wingfield et al- [Addressing social determinants to end tuberculosis](#) (with some lessons from the Innovative Socioeconomic Interventions Against Tuberculosis (ISIAT) project).

Guardian – Abortion rates drop dramatically – but only in rich countries

https://www.theguardian.com/global-development/2018/mar/21/abortion-rates-drop-dramatically-rich-countries-terminations-study?CMP=tw_t_a-global-development_b-gdndevelopment

“Rates of abortion have dropped significantly across the world in the past quarter-century, but the decline has been predominantly in the developed world, according to a report. [Evidence](#) gathered by the US-based Guttmacher Institute, a research and advocacy group for reproductive health, suggests the procedure, which kills tens of thousands of women every year, has become safer in many parts of the world. However, the authors said they were **concerned about the higher rates of abortion, particularly unsafe abortion, occurring “overwhelmingly” in developing countries.”**

On the positive side, *“Unlike abortion rates, **unintended pregnancy rates declined substantially in both developed and developing regions.**”*

Read also the related **Lancet Editorial** in this week's issue - [Abortion: access and safety worldwide](#).

MeToo & Aid

Oxfam appoints former UN official to head independent commission on sexual abuse and exploitation

<http://www.independent.co.uk/news/uk/home-news/oxfam-sex-abuse-haiti-prostitutes-latest-independent-commission-safeguarding-un-world-bank-a8258121.html>

Which led to the following **tweet** from **Ruth Levine**:

“Will every organization need its own commission? Why not establish a body that serves the whole sector, funded by the main donors?”

On **22 March**, [The Graduate Institute and IRIN News co-hosted an \(also livestreamed\) discussion on what the #MeToo moment means for the humanitarian sector.](#)

You can re-watch it [here](#).

PS: UNAIDS' Sidibé wasn't exactly considered a 'role model'...

UHC

WHO - Public financing for UHC - towards implementation: meeting report now available

http://www.who.int/health_financing/documents/montreux-meeting-report/en/

One of the reads of the week. ***“From 31 October through 02 November 2018, WHO’s Department of Health Systems Governance and Financing convened the third in a series of meetings related to the implementation of the Collaborative Agenda on Fiscal Space, Public Financial Management and Health Financing . Discussions and presentations centred on practical issues countries face in implementing policies and reforms to institutionalize and sustain progress towards UHC through the reliance on pre-paid and pooled public resources. **Some of the key messages from the meeting (in Montreux) include:** Need to continue to make the case for the centrality of public financing for LMICs to make progress towards UHC. PFM is a key enabling factor for health financing reform implementation through strengthening and leading to more credible and realistic health budgets. Engagement with the political process and understanding the politics of UHC reform is an important component to enable implementation of health financing reforms. The structure of the overall and health sector budget could be a central enabler for health financing policy implementation, in particular for strategic purchasing, and health stakeholders need to engage more on the topic. The health sector should be more active during devolution processes to ensure effective implementation of health financing reforms....”***

WHO Bulletin - The G7 presidency and universal health coverage, Japan's contribution

H Sakamoto et al; http://www.who.int/bulletin/online_first/BLT.17.200402.pdf?ua=1

Wonder what will happen with Japan's global UHC leadership now that Abe seems in trouble.

Reuters – India allocates \$1.5 billion for 'Modicare' health insurance

[Reuters](#);

“India has allocated \$1.54 billion for its ambitious health program aimed at providing insurance cover for about half the population, the health minister said on Thursday, labeling it the largest such scheme in the world.”

Devex – Why governments tiptoe around the word 'cholera'

<https://www.devex.com/news/why-governments-tiptoe-around-the-word-cholera-92348>

Great read. “...The unwillingness to call cholera by its name [in quite a few crisis countries] creates a complex operating environment for the humanitarian sector, which needs to ensure that its response to the disease is effective, while safeguarding the ability to continue operating in these countries. This can mean walking a political tightrope.” With a bit of a historical overview as well.

Yellow Fever

AP - Brazil to vaccinate entire country against yellow fever

[AP](#);

“Brazil's health minister says the country is expanding its campaign to vaccinate people against yellow fever to cover the entire country. Ricardo Barros says that by including the final four of Brazil's 27 states, nearly 78 million people will have been vaccinated by 2019....”

For the latest, see also [Cidrap](#).

Lassa Fever

The Telegraph – First vaccine for Lassa fever ready 'within a year'

[Telegraph](#);

“Vaccine for Lassa fever could be ready for testing on human volunteers by the end of this year, scientists have said. This will be the first time a vaccine for the disease will be tested on humans and could prove a breakthrough in developing other vaccines....”

“... The vaccine is being developed by Austrian biotech firm Themis, which has been awarded \$37,500,000 to develop vaccines for both Lassa fever and Middle East respiratory syndrome (MERS), which has killed 750 people since it was first identified in 2012. The funding comes from the Coalition for Epidemic Preparedness Innovations (CEPI), set up by partners including the Wellcome Trust and the governments of Norway and Japan, to fast-track the development of vaccines against some of the world’s deadliest infectious diseases. ... Themis has developed a vaccine technology that can be used for different diseases, described by Erich Tauber, chief executive and founder of Themis, as a “wolf in sheep’s clothing”.”

Lancet Infectious Diseases (Editorial) – Lassa fever and global health security

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30179-8/fulltext?rss=yes](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30179-8/fulltext?rss=yes)

(recommended) Next time, we might not be so lucky.

Meanwhile, *“The US administration seems intent on pulling away from its primacy in global health security. Who will fill the void?”*

New CDC boss

Nature - HIV researcher is new head of US public-health agency

<https://www.nature.com/articles/d41586-018-03441-9>

Robert Redfield takes over at the **Centers for Disease Control and Prevention**. Read about him in this overview piece (as well as some of the **controversy** early in his career which caused some animosity earlier this week when it was rumoured he’d be the next CDC boss).

He doesn’t look as handsome as that other Robert, but I guess that’s not a criterion :)

See also **Vox** - [Robert Redfield, CDC’s controversial new director, explained](#) (by Julia Belluz)

Meanwhile, **John Bolton** is [indeed](#) the new national security advisor of Trump. So much for global (health & other) security. It also doesn’t bode well for the US relationship with the UN in general.

US budget

Devex – Congress again rejects steep cuts to US foreign assistance in new budget

<https://www.devex.com/news/congress-again-rejects-steep-cuts-to-us-foreign-assistance-in-new-budget-92403>

“Congress released a budget on Wednesday night that largely maintained U.S. foreign aid funding at fiscal year 2017 levels, and once again rejected the steep cuts proposed by the Trump administration.”

*“And while bilateral assistance is down about \$900 million, **many development and global health budgets held steady, or even saw slight increases.** Congress maintained funding levels for most global health programs, including a total of \$6 billion to combat HIV/AIDS, which includes funding for the U.S. President’s Emergency Plan for AIDS Relief, the U.S. contribution to the Global Fund, and USAID’s programs. Polio, bilateral family planning funding, nutrition, malaria, and neglected tropical disease all maintained the same levels of funding. Maternal and child health funding went up about \$15 million; tuberculosis got a \$20 million increase from 2017; and global health security saw a \$100 million bump....”*

U.S. contributions to the UN did not fare as well.

Nature - US Congress proposes spending deal with \$37 billion for the NIH

<https://www.nature.com/articles/d41586-018-03700-9>

*“Lawmakers are set to vote this week on legislation that includes significant funding increases for most **science agencies.**”*

Lancet series on low back pain

http://www.thelancet.com/series/low-back-pain?utm_campaign=tlwbackpain18&utm_content=68903955&utm_medium=social&utm_source=twitter

Ah, the many joys of low back pain, which affect 540 million people worldwide. Too many patients receive the wrong care. Start with the **Comment by Clark & Horton.**

Exec summary of the series - *“Almost everyone will have low back pain at some point in their lives. It can affect anyone at any age, and it is **increasing—disability due to back pain has risen by more than 50% since 1990.** Low back pain is **becoming more prevalent in low-income and middle-income countries (LMICs) much more rapidly than in high-income countries.** The cause is not always clear, apart from in people with, for example, malignant disease, spinal malformations, or spinal injury. **Treatment varies widely around the world,** from bed rest, mainly in LMICs, to surgery and the use of dangerous drugs such as opioids, usually in high-income countries. **The Lancet publishes three***

papers on low back pain, by an international group of authors led by Prof Rachelle Buchbinder, Monash University, Melbourne, Australia, **which address the issues around the disorder and call for worldwide recognition of the disability associated with the disorder and the removal of harmful practices.** In the first paper, Jan Hartvigsen, Mark Hancock, and colleagues draw our attention to the complexity of the condition and the contributors to it, such as psychological, social, and biophysical factors, and especially to the problems faced by LMICs. In the second paper, Nadine Foster, Christopher Maher, and their colleagues outline recommendations for treatment and the scarcity of research into prevention of low back pain. The last paper is a call for action by Rachelle Buchbinder and her colleagues. They say that persistence of disability associated with low back pain needs to be recognised and that it cannot be separated from social and economic factors and personal and cultural beliefs about back pain.”

Guardian - Health is more important than wealth, child development study finds

<https://www.theguardian.com/global-development/2018/mar/21/health-wealth-child-development-study>

*“Healthy children develop in remarkably similar ways, no matter where they live, according to a study that confounds prevailing beliefs on childhood development. A report published in the Lancet found that **early developmental milestones in a large number of children aged from 0-3 years**, in four diverse countries – Argentina, India, South Africa and Turkey – were similar. The study’s authors said that by using a universal tool for measuring child development for the first time, they managed to overcome a key barrier to addressing analytical difficulties in low- and middle-income countries – that of obtaining reliable data. **Previous research, which has shown that children attain different milestones across sex and cultures, did not pay enough attention to children’s health and its impact on development**, researchers said....”*

For the report in the Lancet Global Health (March issue), see [here](#).

Guardian - Who benefits from biomedical science?

<https://www.theguardian.com/science/political-science/2018/mar/16/who-benefits-from-biomedical-science>

*“If we want to improve how research tackles the world’s health problems, we need to be honest about our current priorities. **Ismael Ràfols and Jack Stilgoe** report on new data showing the imbalance.”*

*“... Is public research addressing the most pressing national or global health problems? Not according to studies published this week by Nature Index and La Caixa Foundation. **The Nature Index study**, of which one of us was co-author, **shows for the first time the surprising similarities between public and private R&D priorities in health. Big pharma R&D and public research both appear to focus on some diseases that are prevalent in high income countries, such as cancer or skin diseases, leaving other areas relatively under-invested....”***

#CUGH2018 – 9th annual Consortium of Universities for Global Health conference (New York)

Some highlights & key quotes from this conference, largely via our [colleagues from Global Health Now](#):

[The Great Equity Debate](#) Short (and recommended) report of this debate between Horton & Heaton (see also this week's intro) on the defining global health objective for the 21st century.

Lancet – Offline – Liberty vs equity in global health

Richard Horton; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30724-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30724-4/fulltext)

Horton's case, in full. Must-read.

Some important tweets then, at least from our point of view, to give you a flavor of some interesting sessions. **Among others, focusing on this Great Equity debate, but also a presentation by Agnès Soucat, one by Margaret Kruk, and a trademark gloomy picture by Laurie Garrett. Chelsea Clinton, however, said 'optimism' is a moral choice:**

'Global health, today, right now, is about power, not equity' @richardhorton1 kicks off the #CUGH2018 Great Debate with the same style of fiery passion and bold confrontation that he leads his journal @TheLancet with. Excellent orator! #globalhealth #equity

*Is it Equity or Liberty that should define our work in Global Health... Debated this morning at the CUGH Meeting in NYC. **Result: both need to be our guiding principles and goalposts!** #CUGH2018. Cheryl Heaton, Richard Horton and moderator, Wafaa El-Sadr – bij New York Hilton Midtown*

@richardhorton1: We are witnessing a rage against the global, withdrawal from multilateralism, and the global health elite has lost touch with communities it serves. Try radical listening to communities! #globalhealth #globalgovernance #CUGH2018

@richardhorton1: We've become elite & satisfied w/ our justice rhetoric, & lost touch w/ the communities we are to serve. #truth #CUGH2018

Equity is not the goal of global health. Liberty must come first. Without liberty you cannot have dignity. No dignity, no equity. Thank you, @richardhorton1 #cugh2018 #globalhealth

Kent Buse's comment on the debate: "Looks like I missed a great debate – I see health equity as the outcome while democratising opportunity, disrupting power & fostering capabilities are the means; 'bestowing' equity may be laudable but far better to empower people to demand it

*"In debate on global public health, **attendee stands up**: 'I'm a member of the **Navajo nation**, and I disagree with both of you, **the key factor for health is sovereignty**. And my country has denied our sovereignty for centuries.'" #preach #globalhealth #Indigenoushealth #CUGH2018"*

*.@asoucat **shows worrisome data from @WHO on reduced domestic spending on health in lowest income countries, just as rich countries are reducing support.** #hqss #uhc #SDGs #CUGH2018*

@asoucat "85% of the cost of #health #SDGs can be met with domestic resources. Still, domestic health expenditure in LMICs reduced #CUGH2018

Countries need to spend \$76 per capita to meet Health SDGs - @asoucat @WHO @CUGHnews Conference

*.@mkruk : **high quality health systems** can save million of lives #CUGH2018 @LancetGH*

*"Thanks @Drevinho! **Stay tuned for our @HQSSCommission paper in September.** #hqss #UHC #sdgs #globalsurgery*

*"This was the **BEST** session of the whole #CUGH2018 conference. **Hopefully paradigm-challenging impact of the report in September. Your presentations were incredibly powerful - #quality thinking will change SO much.** Thanks for making it so, @paimadhu @mkruk @annajdare @CatArsenault.*

***@Laurie_Garrett predicts a gloomy future for global health**, as multilateral spending becomes uncertain and domestic financing takes over. Behold a new era of country-controlled 'world health' with no one in the driving seat. #CUGH2018*

***"Anyone walking around with a smile on their face is going to have to explain their optimism."** Pretty sure Laurie Garrett is gonna give me nightmares #CUGH2018 #globalhealth #statusnotquo*

*.@Laurie_Garrett : **Every single part of the global movement is under assault.** #CUGH2018*

Powerful talk from @Laurie_Garrett in closing panel of #CUGH2018 "When we look ahead at the great challenges we face down the road - climate change...the rise of pollution, the looming great pandemic...we don't have a chain of command, we don't have clear governance..."

@Laurie_Garrett discussing retreat of #globalization and its impact on #globalhealth. Great visual storytelling as always and powerful data supported message. Topics: decline in #multilaterals #Nationalism #brexit #Rexit #Equality #silkroad #pandemic #worldhealth #oda #CUGH2018

Another way to think about wealth inequality —> More and more nations are “middle income”, while fewer humans are “middle class”. @Laurie_Garrett #CUGH2018

*“**#Optimism is a moral choice**” says @ChelseaClinton as she closes the health system #governance and #PublicInstitutions session with a reference to @JimYongKim and indicts **#cynicism as a tool to keep the #statusquo!** #CUGH2018*

WSJ – Ebola Funds Pledged for Recovery Are Slow to Come

<https://www.wsj.com/articles/ebola-funds-pledged-for-recovery-are-slow-to-come-1521547201>

“Donors offered \$4.5 billion after deadly outbreak, but less than a third of that money is reported to have been disbursed, a new U.N. tracking initiative says.” Money for Guinea, Liberia & Sierra Leone.

WHO – Enabling quick action to save lives – the Contingency Fund for Emergencies

<http://www.who.int/features/2018/contingency-fund-emergencies/en/>

“So far the Contingency Fund for Emergencies has enabled WHO to get quick starts on around 60 disease outbreaks, humanitarian crises and natural disasters, allocating more than US\$ 46 million. In 2017, the CFE provided nearly US\$ 20 million for operations in 23 countries, with most allocations released within 24 hours. “Without the CFE, recent outbreaks of Ebola in DRC, Marburg virus Disease in Uganda and pneumonic plague in Madagascar could have gotten out of control. The CFE is a reliable flexible funding source that allows us to act quickly, making the world safer,” added Dr Salama....” “...Germany is currently the CFE’s largest donor, having already given more than US\$ 14 million.”

Science (Policy Forum) – Expanded health systems for sustainable development

C Dye; <http://science.sciencemag.org/content/359/6382/1337>

*“Since the United Nations (UN) launched the 2030 Agenda for Sustainable Development in 2015, the global health community has grown accustomed to the new catalog of 17 Sustainable Development Goals (SDGs, 2016–2030), and even to the criticism that has been leveled at numerous imprecise targets. SDG 3 makes universal health coverage (UHC, Target 3.8) central to achieving the principal health goal of healthy lives and well-being for all at all ages, and sets targets for reducing the burden of noncommunicable diseases and injuries, a conspicuous omission from the Millennium Development Goals (MDGs, 2000–2015) which focused on maternal and child health and major communicable diseases. But **the greater ambition of the 2030 Agenda is to anchor health in***

*development, recognizing that good health depends on and contributes to other development goals, underpinning social justice, economic prosperity, and environmental protection. These aspirations have been frequently voiced but scarcely pursued, and the SDGs are often treated simply as a checklist of new goals and targets. Yet their potential is far greater—collectively they should be a force for discovery of new ways to achieve better health and well-being. To this end, the legacy of the MDGs, and the structure of the SDGs, lead to a **testable proposition for research**: Advance health and development by expanding the scope and enhancing the effectiveness of the systems and services that prevent and treat illness. At stake is the question of how to accelerate gains in health through broad-based sustainable development, building on successes and compensating for weaknesses of targeted, time-limited health programs.”*

Lancet – Planetary health: a new sociopolitical framework is urgently needed

I Landires et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30685-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30685-8/fulltext)

“...To avoid the catastrophic consequences of the exploitation of earth's resources due to capitalism, we propose a new global sociopolitical framework that is urgently needed to protect and cultivate human health. To pursue improved planetary health, we need to transform the capitalist systems on the basis of liberal free markets into nurturing equitable systems to accomplish “the highest attainable standard of health as a fundamental right of every human being”, as stated by the WHO constitution....”

I’m afraid the likes of **Michael Bloomberg/Macron** et al aren’t very keen on this sort of really transformative change. Which is why they are Pied Pipers, in my opinion. History (and future generations) won’t be very kind on them.

Global health events

Speech Tedros in Brussels – meeting with European parliamentarians: Exchange of views on the importance of health in development European Parliament Committee on Development

<http://www.who.int/dg/speeches/2018/European-Parliament/en/>

Excerpt: “...But I am also taking WHO beyond the technical to the political. We are now seeing unprecedented political momentum for universal health coverage. **On World Health Day – the 7th of April -- we are launching a 2-year-campaign to generate new political commitments on universal health coverage.** And at the World Health Assembly in Geneva in May, **we will be issuing a**

challenge to all countries to take three concrete steps towards making universal health coverage a reality. The European Union is already a vital partner in our efforts to achieve universal health coverage. Through the EU-Luxembourg-WHO UHC Partnership, you're supporting health system strengthening in 35 countries...."

JEE - Meeting of the Alliance Advisory Group on 27 February 2018 (Paris)

<https://www.jeealliance.org/advisory-group/meeting-of-the-alliance-advisory-group-on-27-february-2018/>

Short report of this JEE (Alliance for Country Assessments for Global Health Security and IHR Implementation) meeting in Paris. *"On 27 February, the Advisory Group of the Alliance met at the OIE Headquarters in Paris. The aim of the meeting was to discuss the role of the Alliance in the changing health security landscape, the strategic targets for health security capacity building, and the programme and working methods in 2018."*

Among others, "...There was a consensus that **"JEE Alliance"** is now a somewhat misleading title, and too narrow to represent the comprehensive approach of the Alliance."

Xinhua – WEF urges experts to be ready for next global outbreak of infectious disease (Geneva, March 14)

http://www.xinhuanet.com/english/2018-03/15/c_137039558.htm

News from last week already. *"The World Economic Forum (WEF) said Wednesday that in today's globalized world, a pathogen can travel from a remote village to major cities on all continents in under 36 hours, **urging health, travel and tourism leaders to improve decision-making, coordination and communications to lessen the impact.** ... Infectious disease outbreaks have increased as global trade and travel increase, and the international spread of disease is expected to grow, but **through WEF's work on global health security, the group of experts aims to minimize the impact of outbreaks on travel and tourism.** "In our interconnected world, travel-related preparedness is increasingly important for global health security, including at ports, airports and ground crossings," said Peter Salama, WEF's deputy director-general of Emergency Preparedness and Response in a statement."*

See also [World Economic Forum convenes health, travel and tourism experts to prepare for next global outbreak](#).

IP-Watch – Global Health Governance Changing With Shift In Economic Centre Of Gravity, Speakers Say (Geneva (Graduate institute) event, 12 March)

<https://www.ip-watch.org/2018/03/16/global-health-governance-changing-shift-economic-centre-gravity-speakers-say/>

(gated) *“Political and economic shifts have modified the post-war world order, and global health governance has to adapt to this new environment, speakers said at an academic event in Geneva this week. Among the changes: with the decline of United States funding for global health, new actors such as China and India could take leadership roles, they said.”*

Berlin workshop – “WHO at the crossroads” (21 March)

<https://www.medico.de/en/the-world-health-organization-at-the-crossroads-16966/>

We hope to be able to offer you a report of this Medico International event in next week’s IHP newsletter.

Coming up - 15th International Conference on Urban Health (Kampala, Uganda – 26-30 November 2018)

http://www.isuhconference.org/?goal=0_1750ef6b4b-8550a1334a-64397109

Abstract deadline: 14 May.

Global governance of health

U.S. at critical juncture with Global Health Security Agenda

<https://homelandprepnews.com/countermeasures/27450-u-s-critical-juncture-global-health-security-agenda/>

“...On March 26-28, the United States will participate in the next GHSA high-level meeting being held in Tbilisi, Georgia on biosurveillance of infectious disease threats, which include such modern-day examples as HIV/AIDS, severe acute respiratory syndrome (SARS), H1N1 influenza, multi-drug resistant tuberculosis — any emerging or reemerging disease that threatens human health and global economic stability...”

Excerpt: *““We are at a critical time,” Kates said during a March 12 KFF event to take stock thus far of the U.S. government’s support of global health security.*

“The United States, which has been instrumental in launching the GHSA and in helping to build the capacity of countries to prevent, detect and respond to emergent health threats, now faces a major funding challenge, she said, pointing to historical U.S. funding data dating back to 2006 showing that, on average, the nation spent about \$400 million annually on global health security activities. However, in 2015 the United States had a significant funding spike from \$433 million allocated to \$1.34 billion with supplemental funds to fight the Ebola outbreak and pay for costs associated with related GHSA efforts, according to Kates. In 2016, there was another small jump in global health security spending to \$552 million from \$407 million allocated due to the Zika virus and related GH... In 2017, spending returned to \$402 million and in 2018, \$353 million has been requested. “What we have is a situation where there is episodic and non-permanent influxes when there’s an outbreak and a return to these normal levels that many experts say are insufficient,” Kates said. “There’s no surge capacity and there’s no preparedness bank to draw on both to respond as well as to prepare.” In fact, much of the Ebola funding for the GHSA — which primarily went to the CDC — is due to expire at the end of fiscal year (FY) 2019, she added....”

ODI (blog) - Supporting domestic revenue mobilisation: we must learn from the failures of the past

Tom Hart; <https://www.odi.org/comment/10626-supporting-domestic-revenue-mobilisation-we-must-learn-failures-past>

Must-read. *“Donors have signed up to the Addis Tax Initiative agreeing to double their support to strengthening tax systems by 2020. Last month the great and good of the tax world met at the United Nations to discuss how best to provide this additional support. The takeaway, according to Vito Gaspar, the head of the IMF’s Fiscal Affairs Department, was ‘MTRS, MTRS, MTRS’. MTRS stands for ‘medium-term revenue strategy’. These are supposed to provide ‘social consensus on medium-term revenue goals’ and a 5–10 year ‘comprehensive reform plan for the tax system’....”*

Tom Hart warns us that the mistakes of the past should not be repeated.

IPS - ILO Fails to Cut Ties with Tobacco Industry – Yet Again

<http://www.ipsnews.net/2018/03/ilo-fails-cut-ties-tobacco-industry-yet/>

“Last week, the International Labour Organization’s (ILO) governing body postponed yet again a decision to stop accepting money from the tobacco industry for its projects to end child labour in the tobacco growing sector. A majority of countries and workers in the governing body want to finally break financial ties with the tobacco industry. However, there is still opposition from the employers group and a few countries, mostly in the African region....”

This tweet nails it: “#SDG3 applies to ALL @UN organisations - they need to rethink their policies on #TOBACCO, #alcohol and #SSB at minimum - why else have the #SDGs - @ilo @WHO @GlobalFund @AminaJMohammed”

Open Democracy - The problem isn't just Cambridge Analytica or Facebook – it's “surveillance capitalism”

<https://www.opendemocracy.net/uk/jennifer-cobbe/problem-isn-t-just-cambridge-analytica-or-even-facebook-it-s-surveillance-capitali>

Recommended analysis of “surveillance capitalism” and what it involves. “We’ve ended up with an internet built not for us – but for corporations, political parties, and the state’s increasingly nebulous ‘security’ demands. We need to better understand this problem so that we can challenge it.”

Open Democracy - Forget about GDP: it's time for a wellbeing economy

Kate Pickett; <https://www.opendemocracy.net/neweconomics/forget-gdp-time-wellbeing-economy/>

I’m sure you remember Kate Pickett.

Excerpt:

*“...in October last year, several national and subnational governments from around the world, including Costa Rica, Scotland and Slovenia, decided to **establish a group of governments, somewhat akin to the G7 or the G20, that commit to creating wellbeing economies**. They agreed that only by collaboration and sharing of lessons will efforts to create economies that serve people and planet have a fighting chance of being realised. With **plans for a public launch later in the autumn** this is a pivotal moment for such an initial group of governments to take up Robert Kennedy’s challenge and lead the way in setting a new course for 21st century progress and development....”*

For a related [BMJ Editorial](#), see also “GDP and the economics of despair”. We should switch to a measure that promotes health, not consumption, argues **Harry Burns**, linking the discussion also to the increasing alienation of men & the rise of populism.

Global Fund Observer – new issue

Among others, with:

- [Global Fund chops \\$170.6 million from Nigeria’s 2014–2016 allocation](#)

Cfr a tweet by Kalypso Chalkidou - "**Global Fund reduces Nigeria's 2014–2016 allocation by \$170.61m (15% of total for 2014-16) as country failed to meet co-financing requirements.**" Nigeria disinvesting from all MDGs. Can GFATM release similar data for cofinancing targets for all countries?"

- [Partnership between the Global Fund and Heineken still making the news](#)

The latter commotion is not going to subside soon, I guess.

Bretton Woods Project (Briefing) - The IMF in insecure fragile states: why being absent should no longer be an option

Marcus Manuel ; <http://www.brettonwoodsproject.org/2018/03/imf-insecure-fragile-states-absent-no-longer-option/>

"While there is scope to improve IMF operations in all fragile states, ahead of the forthcoming publication of the IMF IEO review of IMF work in fragile states, there is one fundamental change it must make to transform its effectiveness in fragile states: wherever it is possible, it must be present. No country should be left out."

Guardian – Is Trump right about free trade or is there a fair alternative?

Jim Stanford; <https://www.theguardian.com/commentisfree/2018/mar/19/is-trump-right-about-free-trade-or-is-there-a-fair-alternative>

(recommended) *"Here are six ways 'free trade' deals could be fixed to help share the benefits of globalisation more equitably."*

Meanwhile, [African Leaders Signed a Continental Free Trade Zone Agreement](#) in Kigali, this week.

"At a free trade summit this week in Kigali, Rwanda, African leaders have said to be poised to sign a free trade zone deal that would unite and integrate the markets of all 54 member states of the African Union." Uganda & Nigeria pulled out from the summit.

See also **Project Syndicate** - [Africa's Free-Trade Future](#) (with more detail on the Continental Free Trade Area (CFTA))

World Politics Review - Trump Went Easy on the U.N. Last Year. Now the Gloves Could Be Coming Off

Richard Gowan; <https://www.worldpoliticsreview.com/articles/24387/trump-went-easy-on-the-u-n-last-year-now-the-gloves-could-be-coming-off>

Not much comment needed here.

IISD - Report Outlining VNR Best Practices and Recommendations

<http://sdg.iisd.org/news/stakeholders-launch-sdg-report-outlining-vnr-best-practices-and-recommendations/>

“CSOs launched the collective 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,’ during a global webinar hosted by the Canadian Council for International Co-operation. The report outlines VNR recommendations and best practices, based on an analysis of the 2017 VNR reports. The report and its summary ... will be disseminated during the 2018 HLPF in July.”

International Council for Science - A Guide to SDG Interactions: from Science to Implementation

<https://www.icsu.org/publications/a-guide-to-sdg-interactions-from-science-to-implementation>

“The report examines the interactions between the various goals and targets, determining to what extent they reinforce or conflict with each other. It provides a blueprint to help countries implement and achieve the Sustainable Development Goals (SDGs).” Among others, the report focuses on SDG 3 & interactions with other goals/targets. (see also previous IHP newsletters for this resource)

Book - Global Health and Security: Critical Feminist Perspectives

Colleen O'Manique, Pieter Fourie ; https://www.crcpress.com/Global-Health-and-Security-Critical-Feminist-Perspectives/OManique-Fourie/p/book/9781138677364#.Wq_GjcOjD54.twitter

*“The past decade has witnessed a significant increase in the construction of health as a security issue by national governments and multilateral organizations. **This book provides the first critical, feminist analysis of the flesh-and-blood impacts of the securitization of health on different bodies, while broadening the scope of what we understand as global health security.** It looks at how*

*feminist perspectives on health and security can lead to different questions about health and in/security, problematizing some of the 'common sense' assumptions that underlie much of the discourse in this area. It considers the norms, ideologies, and vested interests that frame specific 'threats' to health and policy responses, while exposing how the current governance of the global economy shapes new threats to health. Some chapters focus on conflict, war and complex emergencies, while others move from a 'high political' focus to the domain of subtler and often insidious structural violence, illuminating the impacts of hegemonic masculinities and the neoliberal governance of the global economy on health and life chances. **Highlighting the critical intersections across health, gender and security**, this book is an important contribution to scholarship on health and security, global health, public health and gender studies."*

Devex – 5 questions on China's planned foreign aid agency

<https://www.devex.com/news/5-questions-on-china-s-planned-foreign-aid-agency-92349>

Recommended analysis. Among others on questions like: what will its structure look like, will anything change in China's development approach, will this usher in better foreign aid coordination, implications for transparency, and what will this imply in terms of resources?

Bill Gates: I don't agree with Trump's America first rhetoric

[Politico](#)

Bill went to see Donald last week. But I haven't seen much coming out of it, after the meeting. The Donald was probably too busy congratulating authoritarian leaders with election victories.

*"Gates said **his message to Trump will be twofold**: that foreign aid, which makes up less than 1 percent of the federal budget, has already proven beneficial to U.S. interests, and that a sliver of the increased spending in the upcoming budget dedicated toward readiness for a pandemic could work wonders for national health security."*

WB (blog) - What data do decision makers really use, and why?

<http://blogs.worldbank.org/opendata/what-data-do-decision-makers-really-use-and-why>

Recommended blog, even if it's a bit biased towards the WB perhaps.

*"... ... **AidData**, a research and innovation lab located at the College of William & Mary in the US, set out in 2017, to identify what data decision makers in low and middle-income countries use, whose data they use, why they use it, and which data are most helpful. What can the World Bank learn from*

AidData's study, and do data from our own Country Opinion Survey Program, align with AidData's findings?..."

*Among others: "... some of the key findings: Policymakers consult information from the World Bank more than other foreign/international organizations. If you want opinion leaders in client countries to be aware of the Bank's data and knowledge, bring it to their attention. If you expect them to find it through an internet search, you might be disappointed. **Opinion leaders are most likely to regard the knowledge and information helpful if it helps them better understand challenging policy issues and will help them develop implementation strategies in response.** Make sure the knowledge and information reflects the local context (be inclusive). Stay focused on policy recommendations to ensure value."...*

Guardian - Developing countries at risk from US rate rise, debt charity warns

https://www.theguardian.com/business/2018/mar/18/developing-countries-risk-from-us-rate-rise-jubilee-debt-campaign-warns?CMP=tw_t_a-global-development_b-gdndevelopment

*"The expected rise in US interest rates will increase financial pressures on developing countries already struggling with a 60% jump in their debt repayments since 2014, a leading charity has warned. The **Jubilee Debt Campaign** said a study of 126 developing nations showed that they were devoting more than 10% of their revenues on average to paying the interest on money borrowed – the highest level since before the G7 agreement to write off the debts of the world's poorest nations at Gleneagles, Scotland, in 2005. Developing country debt moved down the international agenda following the Gleneagles agreement in which the G7 industrial countries agreed to spend £30bn writing off the debts owed to the International Monetary Fund and the World Bank by the 18 poor countries. But developing country debt is now once again being closely monitored by the IMF, which says 30 of the 67 poor countries it assesses are in debt distress or at risk of being so."*

Devex – Global Compact for Migration not the answer for climate refugees: UN representative

<https://www.devex.com/news/global-compact-for-migration-not-the-answer-for-climate-refugees-un-representative-92373>

"This year's Global Compact for Safe, Orderly and Regular Migration is not the right tool to protect climate refugees, the United Nations' special representative said Monday. Louise Arbour told members of the European Parliament in Brussels that despite calls for the compact to recognize "a category of climate migrants that would be akin to refugees," U.N. members were not ready to give "specific legal international protection to climate-induced migrants.""

BMJ (Editorial) – Funding innovation in neglected diseases

Gavin Yamey et al; <http://www.bmj.com/content/360/bmj.k1182>

“Concerted action is required to reverse downward trends in research and development.” ... “... How can this trend be reversed? Strategies to mobilise funding should engage governments from high, low, and middle income countries, philanthropic foundations, and the private sector. **We propose five interconnected approaches....**”

And a few tweets on an **H6 meeting** in New York:

Anders Nordström - “We need strong strategic and technical leadership on health from the UN agencies and the World Bank. H6 partnership is a good example of UN reforms @kentbuse @DrTedros @UlrikaModeer @MichelSidibe @AminaJMohammed”

Sidibé - “Excited to arrive in New York for strategic discussions with Principals on future of the H6 partnership. What will we do differently to joint impact and results for people at country level & be a catalyst for transformation in the ...”

Guess Sidibé will refrain from awkward speeches there.

Planetary health

WB (Report) – Groundswell : Preparing for Internal Climate Migration

K K Rigaud et al; <https://openknowledge.worldbank.org/handle/10986/29461>

*“This report, which focuses on three regions—Sub-Saharan Africa, South Asia, and Latin America that together represent 55 percent of the developing world’s population—finds that climate change will push tens of millions of people to migrate within their countries by 2050. It projects that without concrete climate and development action, just over 143 million people—or around 2.8 percent of the population of these three regions—could be forced to move within their own countries to escape the slow-onset impacts of climate change. They will migrate from less viable areas with lower water availability and crop productivity and from areas affected by rising sea level and storm surges. The poorest and most climate vulnerable areas will be hardest hit. These trends, alongside the emergence of “hotspots” of climate in- and out-migration, will have major implications for climate-sensitive sectors and for the adequacy of infrastructure and social support systems. **The report finds that internal climate migration will likely rise through 2050 and then accelerate unless there are significant cuts in greenhouse gas emissions and robust development action.**”*

See also the **Guardian** for coverage: [Climate change soon to cause movement of 140m people, World Bank warns](#)

The Economist Intelligence Unit & the Barilla Center for Food & Nutrition – Food sustainability index

<http://foodsustainability.eiu.com/amplifying-food-sustainability-index-healthy-people-healthy-planet/>

Kent Buse's take on this food sustainability index.

"Food represents a common thread linking the 17 Sustainable Development Goals (SDGs) adopted by UN member states in 2015, as highlighted in a recent report on food sustainability by The Economist Intelligence Unit. The UN secretary-general, Antonio Guterres, is unambiguous:

"Sustainable and inclusive agricultural growth is vital to achieve both SDG 1 on poverty and SDG 2 on hunger, and also influences many other goals." The UN's Agenda 2030 for Sustainable Development emphasises the interdependent nature of its goals and integrated action. Indeed, the intrinsically connected spheres of the food system, nutrition and health provide a compelling rationale for joined-up analysis and policy action."

"...The Food Sustainability Index (FSI), developed by The Economist Intelligence Unit with the Barilla Center for Food & Nutrition, represents an exciting tool that looks across the food system, covering food loss and waste, sustainable agriculture, and nutrition. The nutrition pillar covers a broad swathe of indicators, ranging from fast food penetration to dietary composition and policy responses. Currently 34 countries are ranked, with France leading the pack and the UAE at the bottom. The FSI successfully contributes to raising awareness and provides policymakers with a guide to address particular areas of concern. In my view, three actions could help to further leverage the findings of the FSI for sustainable food systems and better health outcomes...."

Speaking of which, a tweet:

"The EU just approved the #Monsanto-Bayer merger. This marriage made in hell will dominate our food supply. The @EU_Commission ignored over 1 million of us who called on them to block this deal. Now the fight moves to the US where this can still be stopped!"

Reuters - Carbon cuts could help 15 cities each avoid at least 1 million early deaths - scientists

<https://www.reuters.com/article/us-global-climatechange-casualties/carbon-cuts-could-help-15-cities-each-avoid-at-least-1-million-early-deaths-scientists-idUSKBN1GV2L8>

"Fifteen cities in Asia and Africa could each see at least a million fewer premature deaths this century if they cut toxic carbon dioxide emissions along the levels promoted in the global climate change agreement, scientists said on Monday."

"...The study by U.S. scientists, which was published in the journal Nature Climate Change, showed 11 of the 15 cities are on the Indian subcontinent."

Guardian - Billion-dollar polar engineering 'needed to slow melting glaciers'

<https://www.theguardian.com/environment/2018/mar/18/billion-dollar-polar-geoengineering-to-slow-melting-glaciers-global-flooding>

Here we go... *"Scientists have outlined plans to build a series of mammoth engineering projects in Greenland and Antarctica to help slow down the disintegration of the planet's main glaciers. The controversial proposals include underwater walls, artificial islands and huge pumping stations that would channel cold water into the bases of glaciers to stop them from melting and sliding into the sea. The researchers say the work – costing tens of billions of dollars a time – is urgently needed to prevent polar glaciers melting and raising sea levels. That would lead to major inundations of low-lying, densely populated areas, such as parts of Bangladesh, Japan and the Netherlands."*

Coke, Nestle Near Ownership of World's Second Largest Aquifer

<https://www.mintpressnews.com/coca-cola-nestle-to-privatize-worlds-second-largest-aquifer-in-brazil/238082/#.Wqw2fuzN4Sk.twitter>

"A concerted push is underway in South America that could see the Guarani Aquifer, one of the world's largest reserves of fresh water, soon fall into the hands of transnational corporations such as Coca-Cola and Nestle."

NYT – Four years after declaring war on pollution, China is winning

<https://www.nytimes.com/2018/03/12/upshot/china-pollution-environment-longer-lives.html>

China is winning the war on pollution, it appears. Already with an impact on life expectancy as well. I'll be curious to see whether the skies have indeed improved, next time I get to China.

Infectious diseases & NTDs

WSJ – Slowdown in HIV/AIDS Progress Puts Focus on Young Women

[WSJ:](#)

(gated) Slowdown in HIV/AIDS Progress Puts Focus on Young Women. *“Experts say the booming population of young women in sub-Saharan Africa means global infections could start rising.”*

CGD (blog) - Does Deforestation Increase Malaria Rates? Not in Africa, We're Surprised to Find

S Bauhoff et al; <https://www.cgdev.org/blog/does-deforestation-increase-malaria-rates-not-africa-were-surprised-find>

“Deforestation isn’t associated with higher malaria prevalence in children in 17 African countries. Nor is it associated with higher fever in children in 41 countries across Africa, Asia, and Latin America. That’s the surprising conclusion of **our new CGD [working paper](#)**”

NPR Goats & Soda - 'Amazing' News About The Awful Guinea Worm

https://www.npr.org/sections/goatsandsoda/2018/03/21/595322016/-amazing-news-about-the-awful-guinea-worm?utm_source=dlvr.it&utm_medium=twitter

*“Scratch another Guinea worm hot spot off the list. One of the countries hardest hit with the parasite — **South Sudan** — has finally stopped transmission, the Carter Center announced Wednesday. The country reported zero cases in 2017 and hasn't had a case in 15 months. There are also no signs Guinea worm is circulating in dogs in South Sudan, as it is in Chad and Mali....”*

Lancet Infectious Diseases - Eradicating polio with a vaccine we must stop using

N Grassly (Comment); [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30174-9/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30174-9/fulltext)

“The global partnership working to eradicate polio is dealing with the challenge of how to withdraw oral poliovirus vaccine while completing eradication in the last few endemic countries. Vaccine withdrawal is necessary because the oral vaccine is genetically unstable, rarely reverting to a wild-type phenotype and causing outbreaks of poliomyelitis. These vaccine-derived polioviruses should be responded to like any other poliovirus outbreak requiring substantial resources and threatening the concept of polio eradication.”

UNICEF brochure - Change the Game: An agenda for action on childhood tuberculosis

<https://data.unicef.org/resources/change-game-agenda-action-childhood-tuberculosis/>

“As part of the Sustainable Development Goal agenda, the world has committed to ending preventable child deaths by 2030. Yet every day, nearly 700 children die from tuberculosis (TB), 80% of those before reaching their fifth birthday. Treatment exists that could prevent nearly all of these deaths, but less than 5% of the children who need it receive access. This brochure presents key facts and figures about childhood TB as well as an agenda to end the disease in children worldwide.”

With among others, **4 gaps** to tackle.

NYT – We’re losing the fight: TB batters a Venezuela in crisis

[NYT](#);

In Venezuela, the situation goes from bad to even worse.

WHO – WHO supports 16 African countries to protect against Listeriosis

[WHO Afro](#);

“The World Health Organization has reached out to 16 African nations to provide support for preparedness and response to a listeriosis outbreak that started in South Africa in 2017 but is now threatening other countries on the continent. Nearly 200 South Africans have died since January 2017 as a result of contaminated ready-to-eat meat products that are widely consumed in South Africa and may also have been exported to two West African countries and 14 members of the South African Development Community (SADC)...”

AMR

Global Public Health - Multidisciplinary and multisectoral coalitions as catalysts for action against antimicrobial resistance: Implementation experiences at national and regional levels

M Joshi et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1449230>

“The multi-faceted complexities of antimicrobial resistance (AMR) require consistent action, a multidisciplinary approach, and long-term political commitment. Building coalitions can amplify stakeholder efforts to carry out effective AMR prevention and control strategies. We have developed and implemented an approach to help local stakeholders kick-start the coalition-building process. The five-step process is to (1) mobilise support, (2) understand the local situation, (3) develop an action plan, (4) implement the plan, and (5) monitor and evaluate. We first piloted the approach in Zambia in 2004, then used the lessons learned to expand it for use in Ethiopia and Namibia and to the regional level through the Ecumenical Pharmaceutical Network [EPN]....”

Economist – Non-antibiotic drugs promote antibiotic resistance

<https://www.economist.com/news/science-and-technology/21738985-they-may-also-though-be-source-new-antibiotics-non-antibiotic-drugs-promote>

The silver lining: *“They may also, though, be a source of new antibiotics”*. Article based on new research in Nature by Lisa Maier et al.

NCDs

F1000 Res - Reframing the science and policy of nicotine, illegal drugs and alcohol – conclusions of the ALICE RAP Project

P Anderson et al; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5381624/>

Cfr a tweet by C Parry – *“Modeled on the carbon footprint, a **health footprint** is **proposed as an accountability tool**. Time for those outraged by industries pushing unhealthy commodities to take note of this idea proposed by Peter Anderson & colleagues in 2017.”*

Plos Med (Perspective) - Primary prevention of cardiovascular disease: The past, present, and future of blood pressure- and cholesterol-lowering treatments

Maarten Leening et al;
<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002539>

“In a Perspective for the Special Issue on CVD and Multimorbidity, linked to the research by Rahimi and colleagues, M Afran Ikram and Maarten Leening discuss the evolving approaches to determining cardiovascular risk.”

Alcohol industry involvement in policy making: A systematic review.

J McCambridge et al; <https://www.ncbi.nlm.nih.gov/pubmed/29542202>

This study summarises the substantive findings of studies of alcohol industry involvement in national or supra-national policy-making, and to produce a new synthesis of current evidence.

Results & conclusions: *“Twenty reports drawn from 15 documentary and interview studies identify pervasive influence of alcohol industry actors in policy making. This evidence synthesis indicates that **industry actors seek to influence policy in two principal ways**: 1) by framing policy debates in a cogent and internally consistent manner, which excludes from policy agendas issues that are contrary to commercial interests; and 2) by adopting short and long term approaches to managing threats to commercial interests within the policy arena, by building relationships with key actors using a variety of different organisational forms. This review pools findings from existing studies on the range of observed impacts on national alcohol policy decision-making across the world. **Alcohol industry actors are highly strategic, rhetorically sophisticated and well organised in influencing national policy-making.**”*

Public Health Nutrition - Coca-Cola – a model of transparency in research partnerships? A network analysis of Coca-Cola’s research funding (2008–2016)

P Serodio, M McKee & D Stuckler ; <https://www.cambridge.org/core/journals/public-health-nutrition/article/cocacola-a-model-of-transparency-in-research-partnerships-a-network-analysis-of-cocacolas-research-funding-20082016/D73D7B77A29BFED193858AE79780B703>

Some results & conclusions: *“Three hundred and eighty-nine articles, published in 169 different journals, and authored by 907 researchers, cite funding from The Coca-Cola Company. Of these, Coca-Cola acknowledges funding forty-two authors (<5 %). **We observed that the funded research focuses mostly on nutrition and emphasizes the importance of physical activity and the concept of ‘energy balance’.** The **Coca-Cola Company appears to have failed to declare a comprehensive list of its research activities.** Further, **several funded authors appear to have failed to declare receipt of funding.** Most of Coca-Cola’s research support is directed towards physical activity and disregards the role of diet in obesity. Despite initiatives for greater transparency of research funding, the full scale of Coca-Cola’s involvement is still not known.”*

NCD Roundtable - Launch of NCD Narratives

The NCD Roundtable just launched its new “NCD Narratives,” an advocacy resource that highlights how communities are preventing, controlling, & managing NCDs worldwide. For some inspirational stories, see <http://www.ncdroundtable.org/narratives/>

Guardian – Where is the world’s noisiest city?

https://www.theguardian.com/cities/2018/mar/08/where-world-noisiest-city?CMP=share_btn_tw

“The ‘ignored pollutant’ can cause depression, stress, diabetes and heart attacks. What are cities doing to curb excess noise?” “...At a conference on noise organised by the European commission in April 2017, noise was regarded as “the silent killer”, with potentially severe consequences for our physical and mental health.”

“Guangzhou, China, ranked as having the worst levels of noise pollution in the world, followed by Cairo, Paris, Beijing and Delhi.”

Sexual & Reproductive / maternal, neonatal & child health

BBC News – Kenya payout for mother made to deliver on hospital floor

<http://www.bbc.com/news/world-africa-43505886>

“A woman who was physically abused and left to deliver her baby on the floor of a county hospital in Kenya has been awarded \$25,000 (£18,000). In the landmark ruling, a Bungoma high court judge said Josephine Majani’s rights were violated as she gave birth. Mrs Majani said nurses had slapped and verbally abused her in 2013 and left her to deliver her baby in full view of the public.”

A “Huge win for dignified and respectful maternal health care in Africa”, as somebody said on Twitter.

Guardian – Paraguayan rape victim, 14, dies giving birth

<https://www.theguardian.com/global-development/2018/mar/22/paraguayan-rape-victim-14-dies-giving-birth>

Sad news from Paraguay, which renews the focus on Paraguay’s strict abortion laws.

CSW 62 Side Event Highlights Synergies between Health and Gender

<http://sdg.iisd.org/news/csw-62-side-event-highlights-synergies-between-health-and-gender/>

*“On the sidelines of CSW 62 [62nd session of the Commission on the Status of Women], participants considered ways to enhance integration, linkages and synergies between SDG targets 3.4 (**noncommunicable diseases**) and 5.6 (sexual and reproductive health and reproductive rights).”*

HRW - US Blocks Funds to UN Population Fund – Again

<https://www.hrw.org/news/2018/03/16/us-blocks-funds-un-population-fund-again>

See also last week's IHP news.

Guttmacher (International Perspectives on SRH) – The Case for Addressing Gender and Power in Sexuality and HIV Education: A Comprehensive Review of Evaluation Studies

N Haberland; <https://www.guttmacher.org/journals/ipsrh/2015/03/case-addressing-gender-and-power-sexuality-and-hiv-education-comprehensive>

“Addressing gender and power should be considered a key characteristic of effective sexuality and HIV education programs.”

Lancet Global Health –Maternal anaemia and risk of mortality: a call for action

Melissa Young; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30185-2/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30185-2/fulltext)

Comment linked to a **new study in the Lancet Global Health**, [Risk of maternal mortality in women with severe anaemia during pregnancy and post partum: a multilevel analysis](#)

Plos Med (Essay) – Forced anal examinations to ascertain sexual orientation and sexual behavior: An abusive and medically unsound practice

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002536>

*“In an essay, **Cody Cichowitz** and colleagues discuss approaches to preventing the practice of inappropriate anal examination.”*

*“It has been reported that, in at least nine countries, forced anal examinations are used to investigate or punish alleged same-sex behavior between consenting men or transgender women. In these settings, forced anal examinations are usually performed by healthcare providers at the request of law enforcement officials, and are procedures entirely distinct from those used legitimately in clinical care. Forced anal examinations are intended to cause physical and/or emotional pain and offer no potential benefits to the targeted individual, violating key principles of medical ethics and human rights. Such examinations constitute acts of torture under the United Nations Convention against Torture. Due to the possibility of coercion, individual physicians may face challenges resisting requests to perform such procedures, although they are abusive, medically unindicated, and yield no helpful information. Professional societies and organizations may be best positioned to oppose states’ attempts to use a medical procedure to oppress a vulnerable population. **Healthcare providers, professional organizations, and normative agencies, including the World Health Organization, all have an important role to play in bringing about an end to this practice.**”*

Guardian - Male pill could be on horizon as trials yield positive results

<https://www.theguardian.com/society/2018/mar/18/male-pill-on-horizon-trials-yield-positive-results-contraceptives>

“A male pill could be on the horizon after early trials showed a once-daily tablet was safe and appeared to work, according to researchers. The quest to develop a male contraceptive pill has been long and fraught. Men who want a reversible form of contraception have said in surveys that they would prefer a pill to injections or gels, which are also being developed. The new pill is known by the chemical name dimethandrolone undecanoate, or DMAU. Like most female contraceptive pills, it contains a combination of hormones – an androgen such as testosterone, and a progestin. “DMAU is a major step forward in the development of a once-daily ‘male pill’,” said Stephanie Page, a professor of medicine at the University of Washington in Seattle, and the senior investigator on the study. The team have overcome previous problems that assailed developers of male hormonal pills, she believes....”

Guardian - How a poor community in Mali became a trailblazer for tackling child mortality

https://www.theguardian.com/global-development/2018/mar/16/how-a-poor-community-in-mali-became-trailblazer-tackling-child-mortality-yirimadio?CMP=twl_a-global-development_b-gdndevelopment

“Extraordinary success of programme under which health workers make house calls could save untold young lives in sub-Saharan Africa.” Based on a [BMJ Global Health paper](#).

AJPH - The Inverse Equity Hypothesis: Analyses of Institutional Deliveries in 286 National Surveys

C G Victora et al ; <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.304277>

Test of the **inverse equity hypothesis**, which postulates that new health interventions are initially adopted by the wealthy and thus increase inequalities—as population coverage increases, only the poorest will lag behind all other groups.

Findings & conclusions: *“Absolute inequalities were widest when national coverage was around 50%. At low national coverage levels, top inequality was evident with coverage in the wealthiest quintile taking off rapidly; at 60% or higher national coverage, bottom inequality became the predominant pattern, with the poorest quintile lagging behind. ... Policies need to be tailored to inequality patterns. When top inequalities are present, barriers that limit uptake by most of the population must be identified and addressed. When bottom inequalities exist, interventions must be targeted at specific subgroups that are left behind.”*

Liftoff: The Blossoming of Contraceptive Implant Use in Africa

R Jacobstein; <http://www.ghspjournal.org/content/early/2018/03/20/GHSP-D-17-00396>

“Contraceptive implant use is rising rapidly, substantially, and equitably in many sub-Saharan African countries, across almost all sociodemographic categories. Gains in implant use have exceeded combined gains for IUDs, pills, and injectables. Key contributing factors include sizeable reductions in commodity cost, much-increased commodity supply, greater government commitment to expanded method choice, and wider adoption of high-impact service delivery practices that broaden access and better reach underserved populations. Continued progress in meeting women's reproductive intentions with implants calls for further investment in quality services for both insertion and removal, and for addressing issues of financing and sustainability.”

Access to medicines

Stat News – Gilead patent for its Sovaldi hepatitis C drug is rejected in Ukraine

<https://www.statnews.com/pharmalot/2018/03/21/gilead-patent-sovaldi-hepatitis-ukraine/>

“In a setback for Gilead Sciences (GILD), Ukrainian authorities have rejected a key patent for the Sovaldi hepatitis C treatment, according to patient advocacy groups that challenged the patent filing. The decision means that lower-cost generic versions of the medicine may become available by 2020, or a decade sooner than if the patent had been awarded.”

Cfr a tweet by **Els Torreele** (MSF): “One by one, @GileadSciences unmerited patents on sofosbuvir fall as health advocates challenge them worldwide- if they hadn’t been awarded too easily to start with, millions of people would have affordable access to these lifesaving drugs already.”

Indian patent laws, no longer the pharmacy of the developing world?

Nicholas Parry; <http://www.hyderus.com/indian-patent-laws-no-longer-pharmacy-developing-world/>

Interesting analysis.

*“... With patents being approved and a potential for further patents being enforced as part of the RCEP [i.e. Regional Comprehensive Economic Partnership agreement] the question arises, **is the pharmacy of the developing world set to crumble? The likely answer is no.** The reason: there are equal measures of positive news regarding India’s generics market as there are potential negatives....”*

FT - China pharma boosts generics exports to US

<https://www.ft.com/content/6645b174-2371-11e8-ae48-60d3531b7d11>

“...Chinese pharmaceutical companies are stepping up their push into the US generic drugs market with the number of approvals for copycat medicines almost doubling last year. In 2017, Chinese drugmakers won US Food and Drug Administration approval for 38 generic drugs, cheaper versions of treatments for which patents have expired, up from 22 a year earlier. This month, Jiangsu Hengrui Medicine, China’s largest pharmaceutical company with a \$35bn market capitalisation, became the latest to win approval for its generic of anaesthetic desflurane. The number of approvals is small in comparison to India — the world’s largest exporter of generic drugs with \$16.4bn of offshore sales in

2016 — which last year accounted for 300 of the 927 generic drugs granted US approval. But the first China-made generic drug was granted US approval in 2007, a decade after India....”

BMJ (Editorial) – Trump blames free riding foreign states for high US drug prices

<http://www.bmj.com/content/360/bmj.k1088>

“Why are drug prices in the US so high? In a recent and long awaited white paper, the US Council of Economic Advisers provides erroneous answers to a problem that is threatening household, state, and national budgets. The advisers tell the White House and Congress that other affluent countries in the Organisation for Economic Cooperation and Development (OECD) force drug companies to overcharge Americans because “centralized pricing” in these countries sets prices so low that they act as “foreign free riders,” who allegedly fail to pay for the cost of research and development. As explained in The BMJ years ago and updated here, industry leaders, the US trade association for pharmaceuticals, and the commissioner of the FDA made this claim in the early 2000s to redirect widespread anger at high prices....”

Human resources for health

Cost effectiveness and resource allocation - Global health worker salary estimates: an econometric analysis of global earnings data

J Serje et al; <https://resource-allocation.biomedcentral.com/articles/10.1186/s12962-018-0093-z>

“Human resources are consistently cited as a leading contributor to health care costs; however the availability of internationally comparable data on health worker earnings for all countries is a challenge for estimating the costs of health care services. This paper describes an econometric model using cross sectional earnings data from the International Labour Organization (ILO) that the World Health Organizations (WHO)-Choosing Interventions that are Cost-effective programme (CHOICE) has used to prepare estimates of health worker earnings (in 2010 USD) for all WHO member states.”

*“...It was possible to develop a prediction model for health worker earnings for all countries for which GDP data was available. Health worker earnings vary both within country due to skill level, as well as across countries. **As a multiple of GDP per capita, earnings show a negative correlation with GDP—that is lower income countries pay their health workers relatively more than higher income countries....”***

Miscellaneous

Devex – More bad news: Does the media really impact how the aid sector works

<https://www.devex.com/news/more-bad-news-does-the-media-really-impact-how-the-aid-sector-works-92372>

“In the second of this three-part series on aid's relationship with the media in the United Kingdom, Devex asks how negative press attention influences — or stifles — U.K. aid effectiveness.”

“...Devex spoke with aid workers, government officials, and journalists to take stock of the impact of media coverage on the day-to-day operations of U.K. aid. From its effect on communication budgets to policy making, observers suggest the sector may be growing too malleable to media whims.”

Tedros in Israel & occupied Palestinian territory

Cfr WHO: Health can be a bridge for peace between Israel and Palestine

“WHO’s Director-General Dr Tedros Adhanom Ghebreyesus concluded his first visit to Israel and the occupied Palestinian territory. Dr Tedros saw the challenges that many people in Gaza face in accessing quality health services. For example, chronic electricity shortages in Gaza are hindering the delivery of life-saving medical services. In Israel, he recognized the progress made in the Israeli health system, such as introducing a digital health system, stronger food labeling laws, and extending free dental care to older people and children under 18.” For more, see [WHO Director-General calls for health to be used as a bridge for peace between Israel and Palestine](#) and [WHO Director-General calls for urgent action to improve health conditions in Gaza, March 2018](#)

UN Women – Turning promises into action: gender equality in the 2030 agenda for sustainable development

<http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2018/sdg-report-gender-equality-in-the-2030-agenda-for-sustainable-development-2018-en.pdf?la=en&vs=5653>

See also the IHP newsletter from a few weeks ago, but good to provide a reminder:

“On February 14, 2018, UN Women released its SDG Monitoring Report, Turning Promises Into Action, which assesses what is needed to achieve the goals of the 2030 Agenda for Sustainable

Development, in particular in regards to gender equality. In line with the report's focus, the 62nd session of the Commission on the Status of Women (CSW62) addresses the challenges rural women and girls face in achieving gender equality and empowerment. ...

... This report lays the basis for robust, gender-responsive monitoring of the 2030 Agenda for Sustainable Development by: showing how gender equality is central to the achievement of all 17 SDGs and arguing for an integrated and rights-based approach to implementation; explaining gender data gaps and challenges for robust monitoring and establishing starting points and trends across a range of gender-related indicators based on available data; providing concrete guidance on policies to achieve two strategic targets under SDG 5 (violence and unpaid care) and outlining how these policies are synergistic with other goals and targets; and setting an agenda for strengthening accountability for gender equality commitments at global, regional, and national levels."

CFR - Trump, China, and Steel Tariffs: The Day the WTO Died

Edward Alden; https://www.cfr.org/blog/trump-china-and-steel-tariffs-day-wto-died?utm_medium=social_share&utm_source=tw

Cfr a tweet: "President Donald Trump's decision to impose tariffs on steel and aluminum will destroy an already weakened World Trade Organization." Might be a bit of an exaggeration, as WTO's agony has been already there for quite a while, even before Trump.

But now that Donald seems keen on taking on China, the world (and trade) are in a different place altogether. China already promises it will [retaliate](#) (and thus return the favour).

IFPRI Global Food Policy report 2018

<https://reliefweb.int/sites/reliefweb.int/files/resources/132488.pdf>

Check it out.

Research

HP&P – The impact of cash transfers on social determinants of health and health inequalities in sub-Saharan Africa: a systematic review

E Owusu-Addo et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czy020/4947872>

“Cash transfers (CTs) are now high on the agenda of most governments in low- and middle-income countries. Within the field of health promotion, CTs constitute a healthy public policy initiative as they have the potential to address the social determinants of health (SDoH) and health inequalities. A systematic review was conducted to synthesise the evidence on CTs’ impacts on SDoH and health inequalities in sub-Saharan Africa, and to identify the barriers and facilitators of effective CTs....

...The review found that CTs can be effective in tackling structural determinants of health such as financial poverty, education, household resilience, child labour, social capital and social cohesion, civic participation, and birth registration. The review further found that CTs modify intermediate determinants such as nutrition, dietary diversity, child deprivation, sexual risk behaviours, teen pregnancy and early marriage. In conjunction with their influence on SDoH, there is moderate evidence from the review that CTs impact on health and quality of life outcomes. The review also found many factors relating to intervention design features, macro-economic stability, household dynamics and community acceptance of programs that could influence the effectiveness of CTs. The external validity of the review findings is strong as the findings are largely consistent with those from Latin America. The findings thus provide useful insights to policy makers and managers and can be used to optimise CTs to reduce health inequalities.”

International Journal for Equity in Health - How gender theories are used in contemporary public health research

A Hammarström et al; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-017-0712-x>

*“Public health research often focuses on gender differences within certain diagnoses, but so far research has failed to explain these differences in a satisfactory way. Theoretical development could be one prerequisite for moving beyond categorical thinking. **The aim of this paper was to analyse how gender theories have been used in public health research in relation to various methodological approaches....**”*

HP&P - Health-industry linkages for local health: reframing policies for African health system strengthening

M Mackintosh et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czy022/4942503>

“The benefits of local production of pharmaceuticals in Africa for local access to medicines and to effective treatment remain contested. There is scepticism among health systems experts internationally that production of pharmaceuticals in sub-Saharan Africa (SSA) can provide competitive prices, quality and reliability of supply. Meanwhile low-income African populations continue to suffer poor access to a broad range of medicines, despite major international funding efforts. A current wave of pharmaceutical industry investment in SSA is associated with active African government promotion of pharmaceuticals as a key sector in industrialization strategies. We present evidence from interviews in 2013–15 and 2017 in East Africa that health system actors perceive these investments in local production as an opportunity to improve access to medicines and supplies. We then identify key policies that can ensure that local health systems benefit from the investments. We

argue for a 'local health' policy perspective, framed by concepts of proximity and positionality, which works with local priorities and distinct policy time scales and identifies scope for incentive alignment to generate mutually beneficial health–industry linkages and strengthening of both sectors. We argue that this local health perspective represents a distinctive shift in policy framing: it is not necessarily in conflict with 'global health' frameworks but poses a challenge to some of its underlying assumptions."

International Journal of Medical Informatics - The role of digital health in making progress toward Sustainable Development Goal (SDG) 3 in conflict-affected populations

Yara M Asi et al;

<https://www.sciencedirect.com/science/article/pii/S138650561730415X?via%3Dihub>

"Progress towards MDGs was positive, but lacking in conflict-affected areas. Many of these countries were also missing accurate data about health indicators. SDGs are more ambitious than MDGs, especially in the health-focused SDG 3. Global diffusion of digital health technology can help achieve SDG 3 indicators. Digital health will allow for data collection of SDG 3 indicators in these states."

"...In this paper, we will argue that to meet the ambitious health goals of SDG 3, digital health can help to bridge healthcare gaps in conflict-affected areas...."

Global Health Action – Operational research within a Global Fund supported tuberculosis project in India: why, how and its contribution towards change in policy and practice

K D Sagili et al; <https://www.tandfonline.com/doi/full/10.1080/16549716.2018.1445467>

"The Global Fund encourages operational research (OR) in all its grants; however very few reports describe this aspect. In India, Project Axshya was supported by a Global Fund grant to improve the reach and visibility of the government Tuberculosis (TB) services among marginalised and vulnerable communities. OR was incorporated to build research capacity of professionals working with the national TB programme and to generate evidence to inform policies and practices."

This article describes "how Project Axshya facilitated building OR capacity within the country, helped in addressing several TB control priority research questions, documented project activities and their outcomes, and influenced policy and practice...."