

IHP news 463 : Happy Easter

(30 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,

With an extended Easter weekend coming up for many of you, we won't keep you long in this week's intro. We just hope that, like Jesus managed a few thousand years ago, you can "bounce back" from whatever sorrow and struggles of the past year, and find the inner strength to live as the person you want to be in your best moments, while accepting that you're human (i.e. not Jesus) and thus sometimes will fail. If that sounds too much like a plea for 'resilience' (it isn't meant to), guess we've been too long in this HPSR business already :)

If even Jeff Sachs sounds slightly dystopian these days, time [seems to be running out](#) if we want to make this a fairer and sustainable world. We owe it to future generations to give everything we have. If we still needed a reminder, American youth gave a powerful one last weekend. And in the murky Global Fund & Heineken partnership story, there was also a [breakthrough](#) this week, just in time for Easter.

PS: we realize many among you are less into Jesus and more into James Bond, and so we hope you 'Die Another Day' on Saturday and then get going again on Sunday, for 'Health for All'. With or without chocolate eggs. Or Martini :)

PS: at the time of writing, this week's Lancet issue wasn't yet online. Or perhaps Richard et al already flew into the Martini in London and skip it altogether this week (Easter Friday).

Enjoy your reading.

The editorial team

Featured Article

WHO at the crossroads: a few reflections on a recent workshop in Berlin

Manoj Kumar Pati (EV/IHP resident at ITM)

I was at “The WHO at the Crossroads” [workshop](#) which took place in Berlin last week, as an IHP correspondent, and for someone who is relatively new to the global health governance debate, the meeting was very “educational” indeed. Broad themes of discussion on the day were amongst others, the politics and architecture of aid and global health actors; the history of UN organisations (including the WHO); the (unfulfilled) promise of Alma Ata; and current crises and threats to the right to health. Fascinating stuff, and I certainly did not mind the fact that it all took place in Berlin, a city with so much (sadly, often tragic) history.

WHO is an intergovernmental organisation with a central mandate that is focused on the protection, promotion and preservation of health globally, and although it has never been fully independent in its long history (even in the mythical times of Alma Ata), over the years, it has nevertheless tried to be a relatively autonomous policymaking body in global health governance and with respect to its normative functions. The panel and audience in Berlin were truly diverse! There were public health experts in the room, students, teachers of international health, journalists, writers, correspondents, representatives from civil society bodies and even some former WHO employees. The workshop dwelled on the past and present of the WHO and how its independence, legitimacy (representation and accountability are among the key factors legitimising the institution), and power to control (or at least substantially influence) the global health discourse are at stake now. On the one hand, the WHO’s constitution and landmark declarations like Alma Ata where health was declared a human right, give the impression that it has maintained its original stance and founding values, on the other hand, the organisation’s increased association with big corporate actors and philanthro-capitalists, speaks volumes about an ongoing internal ambivalence, even raising questions in some quarters about its integrity, in spite of the FENSA framework in place. Yes, you can argue that in the past the Rockefeller Foundation was also influential in public health programmes, but this appears to be an altogether different “multi-stakeholder” era. We seem to have reached ‘Peak Partnership’ times.

Conflict of interest (Col) issues are not limited to direct or indirect associations with profit-making organisations but run deep in the organisation. There are also [concerns](#) about the integrity and Col of some members appointed for the WHO’s High Level commission on NCDs. The controversy surrounding the appointment of Mugabe as an NCD goodwill ambassador by the WHO is also still “fresh”, and this was flagged as a pressing issue which undermines the ability and legitimacy of the WHO as a coordinating agency for global health.

In this complex and difficult environment, the biggest question seems to be, how can the role of WHO as the central institution for global health rights and policies be resurrected? Or perhaps more aptly, these days, how can the WHO be(come) the “Queen” in the global health beehive, to quote a recent [paper in BMJ Global Health](#); acting as a “meta-governor” in global health governance, and thus also injecting some (much needed) accountability into an otherwise rather unwieldy [mix](#) of global health actors and ‘stakeholders’? If not, the global health universe may continue to expand in all directions (and perhaps a few alternate universes as well), and we may see many more “World Health Summits”

being held in parallel to World Health Assemblies, and ever more global health reports & Lancet Commissions that analyse in detail all the worthy global health causes, without producing a clear roadmap on how to tackle them in a holistic & systematic way.

The hope remains that the WHO can play the 'integrator' role in the SDG & planetary health era, in an arguably very volatile international environment facing huge geopolitical and other shifts, even if over the years the WHO's dependence on donor agencies has only increased, via earmarked funding amongst others.

So, one obvious question is, "what should be done to reverse the tide?" As emphasised by the panel, the recent proliferation of global health initiatives has created a need for greater coordination and alignment at country level; member states also need to be more transparent and ethical. An expert panellist in the workshop said "the horse rider is as fast as his horse", with the horse rider ostensibly being the WHO, and the member states, the horse (the WHO's ability to run and lead in global health is contingent on member states). Still, I wondered, "is it really all about the member states?", in a way, from my perspective at least, the WHO can always disagree and even disagree publicly with propositions that go against its values and constitutional mandate (even if it might not be 'politically savvy' to do so). The role of the WHO has changed over time, and the current scope arguably feels a bit too broad (in line with the ever expanding global health agenda), but that doesn't mean the organisation should settle for a mandate that is restricted to just coordinating preparedness and response to emerging infectious diseases (as is desired by certain actors and member states).

The focus needs to be on setting strategic priorities, facilitating ownership by member states (including assisting with decentralisation in many multi-level/federal member states) and calling upon them to increase assessed contributions, although so far most don't seem to be "answering the phone" on the latter issue. This week's rather underwhelming response of member states at a pledging conference on [WHO's Emergency Contingency Fund](#) demonstrates this, and with such a weak response to existing (health security related) commitments, one can imagine how keen they are on increasing assessed contributions.

Arguably, in today's "multi-order" times and with the current gridlock in global governance, a substantial increase in assessed contributions might seem unrealistic. But let's keep the brave young Americans in mind who are also trying to break a seemingly insurmountable gridlock.

Reforming the WHO's governance structure and emphasising its leadership role alone won't be enough, reforming finance and partnership structures are equally important, certainly against a backdrop of growing associations with non-state actors. The implementation of FENSA, is for instance, to be watched closely; one does not want the likes of Bloomberg, Gates & others running the (WHO) show altogether, let alone some of the less benign corporate actors lurking in the NCD background.

As described in this workshop, many member states seem to have lost their appetite for real change in the WHO, and this includes a changed role in global health governance. However, to resolve the current conundrum in global health governance, a clear roadmap and a strong policy stance regarding the engagement with member states and other non-state partners are urgently needed at the WHO. Non-state actors with a good "public interest" and those with "no interest at all" (or worse) need to be clearly differentiated from each other, and the financing of these organisations needs to be scrutinised in greater detail. Strengthening and empowering community/citizen engagement and promoting a real dialogue with community organisations is also important, and member states should all support this move to involve civil society more, rising above their political and other differences.

We are nearing the end of this piece, so I hope you'll allow me a bit of dreamy idealism! Finally, being the global body for health, with the DG envisioning "a world in which everyone can live healthy, productive lives, regardless of who they are or where they live", it is high time the organisation helps speed up the death of neoliberalism and austerity (for public services, that is). Again, there is not much appetite for that, as many member states don't allow the WHO to take such 'politicised' positions. But let's just wait until Comrade Corbyn (and perhaps also Comrades Sanders/Biden) are in charge in the UK/US!

All in all, the debates I attended in Berlin and the concerns raised by panellists and people in the audience were very significant. These sorts of analyses can inform an action agenda which can in turn be used to engage with the WHO and its reform process. Having become much wiser, I then indulged in a bit of sightseeing in Berlin, a city with a history which I hope has also made humanity a bit wiser in the previous century.

Highlights of the week

WHO's Emergency Fund pledging conference (26 March, Geneva)

WHO - Donors pledge over US\$15 million to WHO's Contingency Fund for Emergencies

<http://www.who.int/mediacentre/news/releases/2018/contingency-fund-emergencies/en/>

"Donors have pledged an additional US\$15.3 million to support quick action by the World Health Organization to tackle disease outbreaks and humanitarian health crises through its emergency response fund in 2018, the Contingency Fund for Emergencies (CFE). Canada, Denmark, Estonia, Germany, the Republic of Korea, Kuwait, Luxembourg, Malta, Netherlands, Norway, and the United Kingdom of Great Britain and Northern Ireland announced contributions ranging from US\$20,000 to US\$5.6 million at a conference hosted at WHO headquarters in Geneva, Switzerland on Monday (March 26) – increasing CFE funding levels to US\$23 million. This will enable the rapid financing of health response operations in the coming months – filling that critical gap between the moment the need for an emergency response is identified and the point at which funds from other sources can be released. WHO will seek to secure further donor commitments to achieve its US\$100 million funding target for the 2018/2019 biennium...."

See also **Devex** - [WHO emergency contingency fund attracts new donors, but funding still short of \\$100M target](#)

Gavin Yamey nailed it on on Twitter as an 'absolute disgrace'. **Ilona Kickbush**: "this is a dismal response by member states".

PS: one does wonder why WHO needs this sort of separate pledging conference for its CFE. Seems to undermine its (very valid) case for proper financing of WHO in general (among others, via increased assessed contributions).

Global Fund Suspends Partnership with Heineken

<https://www.theglobalfund.org/en/news/2018-03-29-global-fund-suspends-partnership-with-heineken/>

*“The Global Fund today suspended its partnership with Heineken **based on recent reports of the company’s use of female beer promoters in ways that expose them to sexual exploitation and health risks.** “We take these allegations very seriously and have challenged Heineken to examine their operations and make changes to protect women from sexual exploitation and health risks,” said Peter Sands, Executive Director of the Global Fund. “We are suspending the partnership until such time as Heineken can take appropriate action to address these issues.””*

Sands was referring to:

[Heineken's beer girls sell beer with their bodies](#)

*“To stimulate beer sales, Heineken uses promotional girls in 10 African countries. This is evident from a **new book by Olivier van Beemen.** He spent more than five years researching the activities of Heineken in Africa. His book ‘Beer for Africa; the Best Kept Secret of Heineken’ released today under the publishing house Prometheus....” The promotional girls speak of being confronted with unwanted intimacies during their work. ... “*

*“...**eighteen years after the first reports of abuses, still uses young women and their bodies to boost beer sales.** “It is a marketing strategy to sexualize beer,” says Nigerian researcher Dumbili. “It confirms beer drinking as a male, heterosexual activity.”...” Heineken knows the problem for a long time, but doesn’t give it much priority.*

For the **Dutch article** (in NRC), see [Promotiemeisjes van Heineken verkopen bier met hun lichaam](#)

PS: Some commentators weighed in on Twitter:

(ex. **Benjamin Mason Meier** – “With the @GlobalFund suspending its partnership with @Heineken, it is **necessary to have a larger debate about TNC engagement in #GlobalHealth governance (across organizations), developing rules to limit corporate partnerships that undercut #PublicHealth.**”)”

Robert Marten: “All future partnerships need to be in line with the #SDGs.”

NCDs

Voice, representation, and community participation in the global response to NCDs

<https://www.linkedin.com/pulse/voice-representation-community-participation-global-response-uhrig/?published=t>

One of the blogs of the week, by **Jamie Uhrig**. Must-read.

*“Among those of us with an interest in global health, it is encouraging to see that noncommunicable diseases are finally getting a bit of traction. A third high level meeting will be held this year, WHO has struck a high level commission, and Twitter is buzzing with NCD talk. There is broad agreement that civil society has a role in the global response. And we hear demands that communities be represented in governance of the global response. But **how communities participate has not been clearly determined and there are questions about voice and representation being raised....**”*

Uhrig lists a number of ways for people with risk factors or NCDs to raise their voices, represent their communities, and participate in governance of the response.

Lancet one-year focus on NCDs

http://info.thelancet.com/infocus-ncds?utm_campaign=tlwncds18&utm_content=69220174&utm_medium=social&utm_source=twitter

« Non-communicable diseases (NCDs) such as stroke, heart disease, diabetes, and cancer account for over 70% of all deaths, of which nearly half are in people younger than 60 years. The Sustainable Development Goals commit countries to reducing premature mortality from NCDs by a third. After too many years of inaction, 2018 must be a pivotal year for progress towards the defeat of NCDs. The Lancet believes that great research requires development, mobilisation, and exposure. We intend to do just that with **a year-long focus on NCDs**. In the lead up to the third UN High-Level Meeting on NCDs, the Lancet family of journals will publish several major initiatives to ensure the best evidence is at the heart of policies to reduce the global burden of NCDs. **To stay updated during this critically important period for global health, you can sign up on this page to receive a dedicated e-newsletter, In Focus: NCDs.** We will soon (i.e. next week) publish **the Lancet Taskforce on NCDs and economics, led by Rachel Nugent and Robert Beaglehole**. The Taskforce is an official partner to WHO's Independent High-Level Commission on NCDs, and will be launched during a plenary session at the WHO Global Dialogue on Financing for Prevention and Control of NCDs, to be held in Copenhagen on April 9-11.”

Vox – Canada wants clearer warnings on junk food. The US is using NAFTA to stop them.

<https://www.vox.com/2018/3/24/17152144/canada-wants-clearer-warnings-on-junk-food-the-us-is-using-nafta-to-stop-them>

See also last week's IHP news. *"Canada is poised to become the second high-income country, after Chile, to put warning labels on foods high in salt, sugar, and fat."* Trump's US wants to stop the Canadians, via (a revised) NAFTA.

Meanwhile, Canada already [rejected US food packaging proposals in NAFTA talks](#).

And via our colleagues from Global Health Now - [This Sunday, April 1, South Africa will become the first country in Africa to implement an excise tax on sugary drinks.](#)

US & global health

KFF - President Signs FY18 Omnibus Bill

<https://www.kff.org/news-summary/congress-releases-fy18-omnibus/>

KFF's **global health programme** breakdown of the bill. Must-read. See also last week's IHP news.

As was noted by many, **global health security** fared better than expected (based on Trump's budget request).

See for example tweets:

"Dr. Tom Frieden: Encouraged to see Congress believes @CDC should continue their global health security work by providing \$50M in FY18 with three-year spending authority."

"Good news for global health security @CDCGlobal. Omnibus spending bill includes \$53 million more (12% incr) over fy 17 enacted. Seems like Congress paid attention to potential impact for stopping outbreaks."

For an assessment of the budget bill, with a broader view on development & USAID, see **Devex** - [What the budget bill says about the future of USAID](#).

CGD (blog) - John Bolton Wants to Shut Down the World Bank

Scott Morris; <https://www.cgdev.org/blog/john-bolton-wants-shut-down-world-bank>

We read quite a few scary reads about John Bolton, Trump's new national security advisor and labelled by some as 'America's Voldemort', last weekend. This is an assessment of his views on MDBs and the World Bank in particular.

Morris concludes: *"That's why the timing of Bolton's pick could be particularly troubling at the World Bank, where negotiations for a capital infusion from the United States and other member countries are coming to a head."*

Foreign Policy - Meet Trump's New, Homophobic Public Health Quack

<http://foreignpolicy.com/2018/03/23/meet-trumps-new-homophobic-public-health-quack/>

Laurie Garrett doesn't like CDC's new boss much.

Labour Party's new vision for international development

Guardian - Labour pledges to put women at heart of British aid efforts

https://www.theguardian.com/global-development/2018/mar/26/labour-reveals-plans-to-put-reducing-global-inequality-at-core-of-uk-aid?CMP=tw_t_a-global-development_b-gdndevelopment

*"Measures to cut global inequality will be put at the heart of British aid policy under new plans unveiled by Labour. The party's green paper said a Labour government would **introduce Britain's first explicitly feminist international development policy**, with a threefold increase in funding for grassroots women's groups. Under the plans, which follow recent revelations of abuses within the aid sector, **civil society and grassroots groups and communities will be favoured over large aid organisations....**"*

For the paper, see [A world for the many, not the few.](#)

Some more **analysis & comments** on this new Labour vision on international development:

Nick Dearden (Global Justice Now), in the Guardian - [Labour's plan to tackle inequality can revive the ailing development sector](#) (must-read)

*"... On Monday, Labour announces a new development policy which takes a radically different approach. **In essence, you can't solve the problem of poverty without tackling inequality.** And you **can't tackle inequality without dramatically changing how the global economy works.** Concretely, Labour proposes a new law, ensuring that all aid money must be spent fighting inequality as well as poverty. They also promise a range of new measures to better define inequality (using the so-called Palma ratio between the richest 10% and the poorest 40% of a population), to host international summits to champion ambitious action on global inequality and to explore a global wealth tax...."*

Duncan Green - [The UK Labour Party sets out its stall on International Development – here's why you should take a look](#)

(also recommended) *"... To serve the twin goals of reducing poverty and inequality, **Labour will deliver on five key and connected priorities:** A fairer global economy; A global movement for public services; A feminist approach to development; Building peace and preventing conflict; Action for climate justice and ecology..."*

And in a **Devex analysis** - [UK Labour Party pledges to end PPPs in inequality-focused aid strategy](#), our attention was, among others, drawn by the following **excerpt**:

*“Asked whether she had concerns about other U.K.-funded PPPs, many of which are considered impactful, Osamor pointed to aid-funded private health care financing initiatives, which exist despite the model being widely criticized when applied to domestic health care. **The party plans to establish a centre for universal health coverage, which will make a global case for publicly-funded universal health care “based on the principles of the National Health Service.”** She called the **decision to use PPPs in overseas aid the result of “ideological dogma of outsourcing at the first opportunity, and selling off public services on a grand scale,”** she told Devex....”*

The aim will be to step up, through a new centre for UHC, technical & policy assistance to support LICs to strengthen and expand their own free, universal public health systems. A Labour run DFID would not be forcing an NHS model on countries, instead – so I’ve been told - it will be promoting publicly financed systems based on the principles of the NHS (ie universality, with progressive financing where the rich subsidise the poor) which as the rest of Europe shows, can be achieved through a combination of compulsory social health insurance and tax financing.

Can’t wait till “Comrade Corbyn” gets to power.

Meanwhile, in other UK related aid news (on the Tories’ aid this time), the **Guardian** reported [Watchdog warns £1.2bn aid fund leaves UK at risk over human rights abuses](#)

*“**The British government’s flagship programme to support global security, peace building and conflict transition has been criticised for serious shortcomings in the way it operates, including the risk that it could be working with “human rights abusers”.** The **conflict, security and stability fund** – which has a current budget of £1.2bn, and operates in about 70 countries – was set up under the auspices of several key government departments, including the Foreign Office and the Department for International Development, to work in countries with strong British interests where there is a risk of conflict or instability. Bridging both development assistance and security policy, the fund is intended to combine defence, diplomacy and development assistance. It is active in dozens of countries including Afghanistan, the Occupied Palestinian Territories, South Sudan, Syria and Yemen. However, in a critical report, the Independent Commission for Aid Impact, which scrutinises UK aid spending and reports to the Commons’ international development committee, has warned that shortcomings in the way the fund and programme are administered, including the programmes it supports, “are undermining the fund’s contribution to building peace, stability and security””*

DFID Fund - Creating hope in conflict: a Humanitarian Grand Challenge

Cfr the **Daily Telegraph** - [Targeting of hospitals in Syria is 'unparalleled brutality', Penny Mordaunt says](#).

*“...Penny Mordaunt, the [UK] International Development Secretary, has **launched an £11 million fund to try and find innovative ways to deliver healthcare in war zones.** Medical supplies have become a target in what she described as a “blatant breach of international humanitarian law”.*

*“The Dfid fund - **Creating hope in conflict: a Humanitarian Grand Challenge** - was launched last month and is made up of £5.5million each from the UK Government and the US Agency for International Development. It will provide funding to solutions to problems in developing health supplies and services, life saving information, energy and sanitation.”*

AMR – new study on global consumption of antibiotics

Guardian - Calls to rein in antibiotic use after study shows 65% increase worldwide

<https://www.theguardian.com/science/2018/mar/26/calls-to-rein-in-antibiotic-use-after-study-shows-65-increase-worldwide>

*“A **dramatic rise in global antibiotic consumption** has led public health experts to call for fresh strategies to rein in excessive use of the drugs, and for major investments to provide clean water, sanitation and vaccines in countries where infectious diseases are rife.”*

*“... Despite efforts to encourage more prudent use of antibiotics, an international team of researchers found a **65% rise in worldwide consumption of the drugs from 2000 to 2015**. The sharp upturn, revealed in sales figures from 76 countries, was driven almost entirely by rising use in poorer nations, the study found. **“We saw a dramatic increase in antibiotic use globally and this is mostly from gains in low and middle income countries where economic growth means they have greater access to the drugs,”** said Eili Klein, an author on the study at the Center for Disease Dynamics, Economics and Policy in Washington DC....”* See also CIDRAP - [Global antibiotic use rises, fueled by economic growth](#).

As for **the picture in India**, [Growing drug resistance: Antibiotic consumption in India has skyrocketed, finds new study](#)

Cfr a **tweet by Kalypso Chalkidou** (CGD) - “Antibiotics consumption in India grows at fastest rate to reach highest levels amongst LMICs. India overtakes USA in usage of latest generation antibiotics. Trend likely to continue...”

World TB Day – 24 March

We already paid quite some attention to World TB Day in last week’s IHP newsletter, but would like to draw your attention to a few more reads:

WHO and the Stop TB Partnership join hands to rally Heads of States to End TB

http://www.who.int/tb/features_archive/world_TB_day_2018_campaign/en/

*“The **theme of World TB Day 2018** - **“Wanted: Leaders for a TB-free world”**- focuse[d] on building commitment to end TB, not only at the political level with Heads of State and Ministers of Health, but*

at all levels from Mayors, Governors, parliamentarians and community leaders, to people affected with TB, civil society advocates, health workers, doctors or nurses, NGOs and other partners. All can be leaders of efforts to end TB in their own work or terrain."

Lancet Global Health (Comment) - Predicting the effect of improved socioeconomic health determinants on the tuberculosis epidemic

G B Migliori et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30189-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30189-X/fulltext)

Comment on an important new study in the Lancet Global Health.

*"... In **The Lancet Global Health**, Daniel J Carter and colleagues **modelled the effects of social protection and poverty elimination to quantify tuberculosis incidence reduction**. The authors developed a conceptual framework linking the core indicators of SDG 1 to tuberculosis incidence using a pathway of risk factors and real **WHO data from 192 countries**. The results show that the achievement of the goals in these two subtargets, even on their own, will greatly affect the tuberculosis epidemic."*

Coverage, among others, in **the Guardian** - [Eradicating poverty would dramatically reduce TB cases, study finds](#) *"... Programmes to tackle poverty could be just as effective in the fight against tuberculosis as medicines and vaccines, research has found. **Eradicating extreme poverty would lead to an 84% reduction in TB cases by 2035**, according to a report published to coincide with World Tuberculosis Day on Saturday."*

Lancet Global Health - The upcoming UN general assembly resolution on tuberculosis must also benefit children

A K Detjen et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30108-6/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30108-6/fulltext)

On behalf of the **WHO/STOP TB Partnership Child and Adolescent TB Working Group**. Message is rather clear, I guess.

Plos Med –Time for high-burden countries to lead the tuberculosis research agenda

M Pai; <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002544>

"In a Guest Editorial for World Tuberculosis Day, Madhukar Pai discusses the need for high-burden, middle-income countries to take a leading role in tuberculosis research."

ODI (report) - Securing safe roads: the politics of change

A B Sharpin et al; <https://www.odi.org/publications/11070-securing-safe-roads-politics-change>

*“Road safety is a major international health issue – each year traffic collisions kill an estimated 1.25 million people and injure up to 50 million. Of the fatalities, 90% occur in low- and middle-income countries, and most are among poorer working-age males – a group that tends to use vulnerable modes of transport such as walking, cycling and motorcycling. Over the past 10 years, road safety has been escalated to an issue of international concern. The 2030 Agenda for Sustainable Development has two targets related to road safety – both are unlikely to be reached. Despite the substantial social and financial impacts of both fatalities and injuries, it seems road safety is just not being prioritised. **Together with the World Resources Institute Ross Center for Sustainable Cities, we undertook research in three middle-income cities: Nairobi, Kenya; Mumbai, India; and Bogotá, Colombia.** In this report, we **synthesise the findings from these case studies**, along with the results of our **extensive literature review**, concluding with a **series of strategies to improve road safety**. It is therefore useful for decision-makers, practitioners and anyone else working on road safety reform.”*

Coverage in **Forbes** - [Death Toll On World's Roads Grows, But Not Will To Stop It, New Report Finds](#).

*“...Something like 1.25 million people are killed in traffic crashes every year around the globe, and nearly 50 million more are seriously injured. But unless urgent action is taken, it’s likely that millions more will die or be hurt, as road safety remains a low political priority in cities around the world. “Securing Safe Roads: The Politics of Change,” released on Friday, showed that **it is the poorer sections of society that bear the brunt of traffic-related injuries and deaths**, and that both politicians and the public **tend to blame individual road users** for collisions, rather than policy-makers or planners....” “About 90 % of the world’s traffic fatalities occur in low- and middle-income countries, where urbanization is fastest, according to the World Health Organization.”*

So more political will & urban planning are needed...

Tobacco control

WB - Investing in Health (blog) - Global Tobacco Control: Inching Forward but No End-Game Yet

Patricio Marquez; <http://blogs.worldbank.org/health/global-tobacco-control-inching-forward-no-end-game-yet>

Always worth reading, these articles by the WB’s Marquez. His reflections after the 17th conference on Tobacco or Health, held in Cape Town early March.

He concludes: « ...Besides supporting the implementation of the FCTC globally, we think it is time to move away from siloed approaches and closely connect tobacco control efforts to broader processes geared to the achievement of the sustainable development goals.”

Devex – ILO strike disrupts board session, tobacco decision delayed again

<https://www.devex.com/news/ilo-strike-disrupts-board-session-tobacco-decision-delayed-again-92413>

Ahum, this story is really turning into some sort of (sad) joke. "... **The strike** [of staff] disrupted the ILO board session, which was on its last day. But it **provided an opportunity for the governing body to further delay a much-anticipated vote on the U.N. organization's ties with the tobacco industry.** The body was supposed to vote on the issue last week but, unable to reach an agreement, postponed the vote to the last day of their meetings — the same day they were to make a decision on the staff salary cuts. It has now been postponed again. "The Governing Body has decided to defer the discussion on ILO cooperation with the tobacco sector and other issues to a later session because of a call by the ILO staff union for immediate strike action starting this afternoon," it said in a statement...."

Wellcome Trust - Wellcome to lead efforts to deliver fair access to healthcare interventions

<https://wellcome.ac.uk/news/wellcome-lead-efforts-deliver-fair-access-healthcare-interventions>

"For the first time, **Wellcome is stating its position on equitable access to healthcare interventions** in a single statement. This is because we want new and improved interventions to be accessible to the people who need them most."

As also tweeted by **Jeremy Farrar**, "*Wellcome stating its position on equitable access to healthcare interventions. We want new & improved interventions developed by everyone we support to be accessible to the people who need them most*".

And it will track this, among others with an annual report.

Malaria control

Lancet Infectious Diseases - Safety and mosquitocidal efficacy of high-dose ivermectin when co-administered with dihydroartemisinin-piperaquine in Kenyan adults with uncomplicated malaria (IVERMAL): a randomised, double-blind, placebo-controlled trial

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30163-4/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30163-4/fulltext)

"A randomised clinical trial examines the impact on malaria transmission of the addition of high doses of ivermectin to standard dihydroartemisinin-piperaquine."

Cfr the related Lancet Infectious Diseases **Comment** - [Ivermectin: repurposing an old drug to complement malaria vector control.](#)

Or see the **press release**: “Mosquito-killing drug shows effect for a month, offering possible new tool for malaria elimination. Adding ‘repurposed’ antiparasitic drug to community-wide campaigns with antimalarial treatment could boost impact by up to 61%. “

*“A drug commonly used to treat parasitic diseases reveals further potential as a new tool for malaria control. A randomised trial published in The Lancet Infectious Diseases shows that multiple, high doses of ivermectin are well tolerated and able to kill mosquitoes feeding on humans for at least 28 days after treatment. Up to now, the mosquito-killing effects of lower doses of this ‘repurposed’ drug had been short-lived. What’s more, transmission modelling to predict the potential impact of this approach indicates that pairing high-dose ivermectin with a standard malaria treatment (dihydroartemisinin-piperaquine) in community-wide campaigns, such as mass drug administration, could reduce malaria prevalence by up to 61% more than campaigns with only antimalarials. In areas of low prevalence, where 10% of the population is infected, adding ivermectin could reduce prevalence to <0.1% for more than 6 months. **These results are further evidence of the potential of ivermectin to become a powerful new tool to aid malaria elimination efforts, say the authors. ...**”*

See also a **Comment in the Lancet** - [Widening the options for recurrent malaria.](#)

Biodiversity & food security

Guardian - Destruction of nature as dangerous as climate change, scientists warn

<https://www.theguardian.com/environment/2018/mar/23/destruction-of-nature-as-dangerous-as-climate-change-scientists-warn>

Disturbing news from late last week. **“Human destruction of nature is rapidly eroding the world’s capacity to provide food, water and security to billions of people, according to the most comprehensive biodiversity study in more than a decade. Such is the rate of decline that the risks posed by biodiversity loss should be considered on the same scale as those of climate change, noted the authors of the UN-backed report, which was released in Medellin, Colombia on Friday.”**

See also **the Guardian** - [Land degradation threatens human wellbeing, major report warns](#)

“More than 3.2bn people are already affected and the problem will worsen without rapid action, driving migration and conflict.”

And **Nature** - [Top UN panel paints bleak picture of world’s ecosystems](#)

“Scientists call on *intergovernmental biodiversity body* to boost influence and shift focus to policy development.”

*“...IPBES hopes to bring political attention to biodiversity in the same way that the Intergovernmental Panel on Climate Change (IPCC) has done for climate science. Biodiversity urgently needed a body such as IPBES, says James Mayers, a natural-resources scientist at the International Institute for Environment and Development (IIED) in London. But he doesn’t yet think it has the clout of its sister organization. **“It’s not taken as seriously yet.** There is hope, but it’s unrealized,” he says....”*

In other food security related news, Devex reported [Record-high food insecurity trends set to worsen in 2018](#) *“Protracted conflicts and climate shocks have led **to a record breaking 124 million people, across 51 countries, now facing food insecurity or worse conditions,** according to the **Food Security***

Hepatitis B

Lancet Gastroenterology & Hepatology - Global prevalence, treatment, and prevention of hepatitis B virus infection in 2016: a modelling study

[http://www.thelancet.com/journals/langas/article/PIIS2468-1253\(18\)30056-6/fulltext](http://www.thelancet.com/journals/langas/article/PIIS2468-1253(18)30056-6/fulltext)

“A modelling study provides national, regional and global estimates of Hepatitis B prevalence, as well as treatment and vaccine coverage. “

Cfr the **press release**: *“Almost 300 million people have hepatitis B virus worldwide, but just 1 in 20 of those eligible receive treatment. Globally, 90% of people with hepatitis B (HBV) are undiagnosed... ... Around 300 million people in 2016 were living with hepatitis B virus (HBV) worldwide, yet just 1 in 20 (5%) eligible patients are getting treatment. Moreover, less than 1% of HBV-infected expectant mothers, who are at high risk of passing the virus on to their children and are the main source of the ongoing epidemic, are receiving the appropriate treatment. ...”*

For coverage, see the **Guardian** - [Scientists warn 90% of hepatitis B sufferers remain unaware of silent killer.](#)

H6 commits to accelerate results for health

http://www.unaids.org/en/resources/presscentre/featurestories/2018/march/20180326_h6

*“The H6 combines the strengths of six international organizations to help countries to realize the United Nations Secretary-General’s Every Woman Every Child strategy. The partnership mobilizes political commitment and resources to transform societies so that women, children and adolescents can realize their rights to the highest attainable standards of health and well-being. **High-level representatives of the six organizations met in New York, United States of America, to shape a shared vision for the H6. During the meeting, which took place on 21 March,** health leaders committed to jointly deliver more and faster results in countries. The Chair of the H6, Michel Sidibé, shared his vision for the partnership, including how it can evolve to meet the demands of the*

Sustainable Development Goals, including in humanitarian settings, and be a leading platform to advance United Nations reform....”

Bellagio event on Missing Links in Actionable Health Systems Governance (27-29 March, Bellagio)

<https://hsgovcollab.org/>

Check out the [Newsflash](#) (framing the event and its key aims) and **daily news reports**, [day 1](#) and [day 2](#) Very interesting stuff! Day 3 report still to be published.

As well as very nice views on the lake, on Twitter, I have to say :)

Chatham House event – Harnessing New technologies for global health security (March 27, London)

<https://www.chathamhouse.org/event/harnessing-new-technologies-global-health-security>

This was the [agenda](#). Not much news yet.

Only this tweet perhaps:

“5 Most Influential Technologies for #Health : 1. Cure for #HepatitisC 2. Point of Care #Diagnostics 3. The #HPV vaccine 4. Prevention of MTC transmission of #HIV 5. Advances in #Biotechnology #Tech4Health”

For more tweets on the event, see hashtag [#Tech4Health](#).

OECD (report) - Private Philanthropy for Development

<http://www.oecd.org/development/private-philanthropy-for-development-9789264085190-en.htm>

Cfr the **press release** - [Private philanthropy funding for development modest compared to public aid, but its potential impact is high, says OECD](#)

*“Though philanthropic flows are relatively modest compared to official development assistance (ODA), their contribution is substantial in certain sectors, according to a **new OECD report**. For the first time, Private Philanthropy for Development uses global, comparable data to analyse how private foundations are supporting development. The report is based on a survey conducted by the OECD, in*

collaboration with the Global Network of Foundations Working for Development (netFWD) and applies OECD-DAC statistical reporting standards. The data is thus fully comparable to ODA flows.”

“...“Philanthropy is increasingly important in our efforts to achieve the SDGs, eradicate poverty and provide quality access to healthcare. **According to the report, private foundations provided USD 23.9 billion for development over 2013-15, corresponding to 5% of the amount given through ODA. Philanthropic flows from foundations provide substantial support to sectors such as health: in 2013-15, foundations were the third-largest source of financing for developing countries, following the United States government and the Global Fund to Fight AIDS, Tuberculosis and Malaria.**”

Cfr a few **tweets**:

“This new @OECD report argues that **#philanthropy is the 3rd largest supporter of health efforts in developing countries**”

“New #OECD report finds that **health, by far, is the sector that benefits the most from philanthropy; and most philanthropic funds come from the US. Obviously there are pros and cons.** “

Patient privacy

Stanford Social innovation review - International Development Doesn't Care About Patient Privacy

Yogesh Rajkotia;

https://ssir.org/articles/entry/international_development_doesnt_care_about_patient_privacy

One of the articles of the week. “Global health has brushed aside human dignity—it’s time to place patients at the core.” “...Patient tracing within PBF programs is just one example of a bigger problem: Privacy violations are pervasive in global health....” He argues it is **long overdue for the global health community to protect beneficiaries’ fundamental right to privacy**, and comes up with **4 recommendations**.

#MeToo & aid/science

A few reads from this week:

[InterAction NGO Community Announces CEO Pledge On Preventing Sexual Abuse, Exploitation, And Harassment](#)

“InterAction, the largest alliance of U.S. nongovernmental organizations (NGOs) working in every developing country in the world, announced a pledge signed by more than 110 members to improve their efforts to prevent sexual abuse, exploitation, and harassment by and of NGO staff....”

Plos (blog) – A Karan et al: [How to Stop the Next Oxfam Scandal—A Yelp for International Aid?](#)

*“... To fill this gap, the three of us have been **considering the merits of a web service featuring reviews by former volunteers, employees, community members and recipients of charity services – a ‘Yelp for International Aid’.** Such a system could collect grassroots input to permit scrutiny by watchdogs, donors, potential volunteers and, in cases of serious allegations, police investigators. **While steps toward greater accountability are sorely needed, there are notable challenges and considerations....”***

JAMA - Mentoring in the Era of #MeToo

J S Byerley; <https://jamanetwork.com/journals/jama/fullarticle/2676115>

Very important piece of writing. And thus recommended.

Polio

Lancet (Viewpoint) – On reducing the risk of vaccine-associated paralytic poliomyelitis in the global transition from oral to inactivated poliovirus vaccine

X Peng et al ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30483-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30483-5/fulltext)

*“... roughly 300–500 cases of vaccine-associated paralytic poliomyelitis (VAPP) each year are caused by the oral poliovirus vaccine (OPV), meaning that **cases of paralytic poliomyelitis caused by vaccination now exceed cases caused by wild poliovirus infection.** Paradoxically, vaccination has become the main source of polio paralysis in the world. **To eliminate VAPP and its negative social impact, WHO plans to withdraw all OPVs and to implement a change to use of inactivated poliovirus vaccine (IPV).** However, this change can only occur after global eradication of wild poliovirus has been certified, which will be at least 3 years after the last case of wild poliovirus infection. Even if the two most recent cases, which occurred on Feb 19, 2018, in Afghanistan, are the last in the world, global eradication of wild poliovirus will be no sooner than 2021–22; thus, OPV will not be withdrawn until 2022–23....”*

Some suggestions by the authors in this viewpoint on what needs to be done till then.

‘Scientific African’ rolled out

Quartz - The overlooked research work of Africa’s best scientists will have a better chance to go global

<https://qz.com/1239266/elsevier-next-einstein-launch-scientific-african-journal-for-african-scientists-research/>

*"...To get more work of African scientists seen on a global platform, the Next Einstein Forum (NEF), an initiative of the African Institute for Mathematical Sciences (AIMS), and Elsevier, the science and health publisher, **rolled out a pan-African, peer-reviewed, open access publishing journal** at the second NEF forum in Kigali this week. **Scientific African** is intended to be a world-class online publication that's dedicated to amplifying the global reach and impact of African research. The publication will be targeted at academics and be multi-disciplinary, covering research from biology and health through physics and astronomy...."*

Launch Global Health Watch 5 in Brussels (29 March)

Sadly, I couldn't make it. But some colleagues were present, so we hope for an in-depth account next week.

A couple of tweets, related to the **keynote by David McCoy** and other sessions, to give you a flavor:

*"The **biggest #GlobalHealth Challenges for this century: inequality and ecological collapse** - David McCoy "*

"David McCoy presents a grim analysis of state of global health, with rising inequality and a prospect of ecological collapse leading us into an era of unpredictability and political instability"

*"**What is #Philanthrocapitalism**, according to **David McCoy**: 1 application of business thinking, techniques and tools 2 elitist 3 reinforces social hierarchy 4 application of competition and the market 5 commercialisation and marketisation of #globalhealth problems #GHWBelgium #GHW5"*

"David McCoy on #philantrocapiatlsim : "it suggests that only rich people have capacities that ordinary people don't have. It reinforces social hierarchy" @PHMglobal @Be_causehealth #GHWBelgium"

*"We need to **look for alliances among civil society beyond the classical health sphere.**"*

"Debate @Geneeskunde3eW @Wemos @MC_mut @PHMglobal calls for Public Public Partnerships to push 4 accessable quality public(health) services that seve public/civic interest."

*"**It's not about winning or losing. It's about being on the right side.** And remember: we are surrounded by good people with good ideas. **So we might as well win.** " - **David McCoy "s take away message** of today's #GHWBelgium launch*

Some important HSG & Alliance news

Alliance - Call for early-career women working in #HPSR in low and middle income countries

http://www.who.int/alliance-hpsr/callsforproposals/alliancehpsr_callmenteeswomenpub.pdf?ua=1

Deadline 27 April. Highly recommended.

HSG – HSG board election 2018

*“The 2018 HSG Board Election process has begun! This year HSG will be inviting close to 1,800 current HSG members to **vote to elect seven high energy and committed members to its Board**. Five of the current eleven Board members have come to end of their four-year terms, with only two choosing to stand for re-election in 2018.”*

Nominate by **15 May**.

Some key publications of the week

HP&P - Trials and tribulations: cross-learning from the practices of epidemiologists and economists in the evaluation of public health interventions

Timothy Powell-Jackson et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czy028/4955260>

“The randomized controlled trial is commonly used by both epidemiologists and economists to test the effectiveness of public health interventions. Yet we have noticed differences in practice between the two disciplines. In this article, we propose that there are some underlying differences between the disciplines in the way trials are used, how they are conducted and how results from trials are reported and disseminated. We hypothesize that evidence-based public health could be strengthened by understanding these differences, harvesting best-practice across the disciplines and breaking down communication barriers between economists and epidemiologists who conduct trials of public health interventions.”

Globalization & Health – New forms of development: branding innovative ideas and bidding for foreign aid in the maternal and child health service in Nepal

R Adhikari et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0350-0>

*“Nepal has been receiving foreign aid since the early 1950s. Currently, the country’s health care system is heavily dependent on aid, even for the provision of basic health services to its people. Globally, the mechanism for the dispersal of foreign aid is becoming increasingly complex. Numerous stakeholders are involved at various levels: donors, intermediary organisations, project-implementing partners and the beneficiaries, engaging not only in Nepal but also globally. **To illustrate how branding and bidding occurs, and to discuss how this process has become increasingly vital in securing foreign aid to run MCH activities in Nepal....”***

Globalization & Health – Global Health as “umbrella term” – a qualitative study among Global Health teachers in German medical education

M Havemann; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0352-y>

Recommended.

Findings: “... Our research identified three major questions: (1) What is GH? (2) What belongs to GH? (3) How can GH be taught? A central finding of our study is the **understanding of GH as an umbrella term**. We show how this understanding helps clarify the relation between GH and Public Health, International Health and Tropical medicine. **At the core of GH** we see the supraterritorial determinants of health. **Surrounding the core**, we describe a wide variety of topics that are a facultative, but not necessarily a compulsory part GH. One of the key characteristics of GH within all its aspects is its multidisciplinary nature. Based on this understanding we present models about the content of GH, how it can be taught and how GH teaching improves and strengthens overall medical education.”

Health Systems & Reform - Can low-and-middle income countries increase domestic fiscal space for health: a mixed-methods approach to assess possible sources of expansion

H Barroy et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1441620>

*“There has not been a systematic effort to synthesize findings of domestic fiscal space for health (DFSH) assessments, despite the existence of a commonly applied conceptual framework. To fill this gap and provide support to policymakers designing health financing policies towards universal health coverage (UHC), this study uses both qualitative and quantitative methods to assess the scope of possible sources of DFSH in low- and middle-income countries (LMICs). First, the findings of 28 studies assessing DFSH in LMICs were reviewed. A quantitative assessment was then conducted to assess potential expansion from increased tax revenues, a greater prioritization of health in the overall budget and improved technical efficiency of health spending in a sample of 64 LMICs. The analysis found that macroeconomic conditions and prioritization are the key sources of DFSH expansion in 90% of the reviewed studies. Improved technical efficiency was referenced as having high potential for DFSH expansion in 60% of the studies. The quantitative analysis converged with these findings and further confirmed that **an increase in tax revenues is, on average, the largest source of potential DFSH expansion** (95% CI: 60%, 96%) in the studied countries. **However, even without injecting new revenues, reprioritization of budget and technical efficiency improvements could significantly expand DFSH** (95% CI: 77%, 102%). While highlighting the critical role played by fiscal conditions and tax policies, the study provides strong rationale for explicitly incorporating technical efficiency as a core source of DFSH in a more systematic manner in future assessments.”*

The study inspired the following tweet from **Robert Marten** - “With **sugar, tobacco and alcohol taxes (STAX)**, every country could increase domestic fiscal space for health! #globalhealth”

BMJ Global Health (Commentary) – The ‘Ten CRVS Milestones’ framework for understanding Civil Registration and Vital Statistics systems

D C Munoz, Don de Savigny et al ; <http://gh.bmj.com/content/3/2/e000673>

“Civil registration and vital statistics (CRVS) systems are complex adaptive systems involving multiple stakeholders in different government agencies (at a minimum, ministry of health, civil registration authority and national statistics office).”

“... The ‘Ten CRVS Milestones’ framework is designed to help CRVS stakeholders—policy-makers, managers and development partners—better understand how CRVS systems function as a whole, from end-to-end, by describing the key processes that must be accomplished in any CRVS system. The ‘Ten CRVS Milestones’ framework, used as part of the CRVS assessment and during the design and integration of new interventions, encourages CRVS stakeholders to have a systemic approach to all the essential steps needed for the system to be fully operational.”

HSG (blog) – A quality of care revolution gains traction in Africa

S Mintz; <http://www.healthsystemsglobal.org/blog/276/A-quality-of-care-revolution-gains-traction-in-Africa.html>

Sarah Mintz, member of the HSG Thematic Working Group on Quality in Universal Health and Health Care, reflects on the first Africa Forum on Quality and Safety in Healthcare in Durban, which she attended in February. *“The quality of care revolution that is advancing across the continent was given center-stage in Durban. There were some very clear and tangible examples that demonstrate how to improve quality in healthcare....”*

Global health events

First convening of the Task Force on Fiscal Policy for Health led by @MikeBloomberg and @LHSummers

As a reminder on this taskforce, see <https://www.bloomberg.org/program/public-health/task-force-fiscal-policy-health/#overview>

A few tweets:

Masood Ahmed (CGD) – *“My big takeaway from first meeting of @MikeBloomberg and @LHSummers led task force on Fiscal Policy for NCDs : Better tax policy is already reducing premature deaths from NCDs and has the potential to have hugely more impact. Evidence is compelling. Objections can be addressed.”*

“Today marks the first convening of the new Task Force on Fiscal Policy for Health led by @MikeBloomberg and @LHSummers. These important discussions are key to advancing fiscal policies that combat NCDs and save lives”

Coming up - Sixth Annual World Health Worker Week (April 1-7)

<http://www.who.int/hrh/events/2018/6thannual-whww/en/>

“The Sixth Annual World Health Worker Week is yet another opportunity to mobilize communities, partners and policy makers in support of health workers worldwide.”

7 April – Day of action: our health is not for sale

<https://phm-na.org/2018/03/17/7-april-day-of-action-our-health-is-not-for-sale-health4all/>

“On April 7, World Health Day, PHM-North America will again join the European Network against the Privatization and Commercialization of Health and Social Protection and PHM-Europe in their April 7 Day of Action against privatization of health.”

And of course it's also **World Health Day** then, dedicated to UHC.

Global governance of health

Changes to the Global Fund eligibility policy: an overview

Meg Davis; <https://megdavisconsulting.com/2018/03/28/changes-to-the-global-fund-eligibility-policy-an-overview/>

An overview for civil society on proposed changes for the Global Fund's eligibility policy.

“On May 9-10, the board of the Global Fund to Fight AIDS, TB and Malaria will meet in Skopje, Macedonia to approve a new policy on which countries are eligible for funding.” An overview of the main changes. **In-depth analysis.**

WHO - Survey on WHO engagement with CSOs

<https://www.surveymonkey.com/r/3VBMFG3>

Cfr this tweet from **Tedros** himself: “We want to strengthen partnerships and collaboration with #CivilSociety organizations. @UNFoundation and @RESULTS_Tweets are helping us in this process. Please help us answering this survey on WHO engagement with #CSOs”.

To complete by **March 30**. Today!

Eurodad - Will rising international concern over a new debt crisis be matched by action?

Mark Perera; <http://www.eurodad.org/debt-crisis-concern>

*“The number of poor countries facing major debt crises doubles since 2013, says **IMF**, but are remedies robust enough?”*

Perera concludes: “...As Einstein famously didn’t say, ‘insanity is doing the same thing over and over again, and expecting different results.’ **The IMF’s diagnosis of the current health of LIDCs’ debt is timely and unambiguous. What it must now do is heed its own warnings, and secure multilateral solutions rather than continue to prescribe ineffective medicine in the form of austerity and risky PPP investments.**”

IP-Watch - Global Health Funding Flows As WHO, Gavi, Global Fund Benefit

<https://www.ip-watch.org/2018/03/27/global-health-funding-flows-gavi-global-fund-benefit/>

(gated) “Actions by governments in recent days show funding for global health continues to be a priority for some countries. Geneva-based institutions and their programs around the world are among the beneficiaries.”

IISD –SDG-Tracker: Tracking Global Progress Towards the 17 Goals

H Ritchie; <http://sdg.iisd.org/commentary/guest-articles/sdg-tracker-tracking-global-progress-towards-the-17-goals/>

“SDG-Tracker is the first project to track the latest data across all of the 17 SDGs in a user-friendly way. It provides an interactive hub where users can explore and track progress across all of the SDG indicators for which there is data available. It is essential that people understand how the world stands today and the progress we must make to achieve the SDGs.”

See also IISD - [SDG Tracker Fosters Engagement with Indicator Data](#).

Lancet Global Health (blog) - Pandemic response: fear is inevitable, panic is optional

Chris Simms; [Lancet Global Health](#);

“...Larry Brilliant’s observation that “outbreaks are inevitable, epidemics are optional” seems to apply both to pandemics and the social panic they spawn. There are rules and guidelines as to how to prepare for a pandemic and how to react and avoid panic: we ought to follow both as if our lives depended upon it. “

CGD (Policy Paper) – Illicit Financial Flows, Trade Misinvoicing, and Multinational Tax Avoidance: The Same or Different?

Maya Forstater; <https://www.cgdev.org/publication/illicit-financial-flows-trade-misinvoicing-and-multinational-tax-avoidance>

“Illicit financial flows (IFFs) connected with corruption, crime, and tax evasion are an issue of increasing concern. A target to reduce IFFs is included in the Sustainable Development Goals (SDGs). However, there is not yet a clear consensus on how to define illicit financial flows, and even less on how to measure them. In particular, while tax fraud and evasion clearly fall within the definition “illicit,” several arguments have been put forward for widening the term to also include legal behaviour which reduces tax payments. Rationales for this include the dictionary definition of the word “illicit” and the existence of enforcement uncertainty. One of the most practically compelling arguments has been a belief that there is a large “grey zone” reflecting an absence of clear defining lines between legal tax planning and tax evasion. This is often linked to the idea that transfer pricing and trade misinvoicing are areas of overlapping practice where major multinational companies engage in illicit financial flows. This paper explores the definitional questions and the estimates of trade misinvoicing to shed light on whether these behaviours and issues are the same or different. This paper argues that conflating legal and illegal behaviour under a single definition involves a loss of clarity and a risk of confusion.”

The UN Foundation – A foundation for the UN?

https://www.globalpolicy.org/images/pdfs/The_UN_Foundation_online.pdf

By **Barbara Adams & Jens Martens**. *“The **United Nations Foundation** (UNF) was established two decades ago principally to champion and support the work of the United Nations. In pursuing this aim, particularly over the last decade, the Foundation appears to have developed a business model and growth strategy that promote its own priorities, activities and expansion. In continuing to have a special relationship with the UNF, the UN must guard against the possibility that the Foundation has evolved from a net funder of the UN to a net competitor for both philanthropic and Member State funds. With the aim to explore these developments, and the trends that give rise to them, this*

working paper builds on the analysis elaborated in the 2015 publication “Fit for Whose Purpose?” 1 and puts it in the context of today’s re-evaluation of multilateralism...”

Alliance for Health Policy & Systems Research- Annual report: leading & learning

http://www.who.int/alliance-hpsr/alliancehpsr_annualreport2017.pdf?ua=1

More than worth a read.

IDS (blog) Authoritarian accountability and accountable authoritarianism

M Tadros; <http://www.ids.ac.uk/opinion/authoritarian-accountability-and-accountable-authoritarianism>

One of the blogs of the week. *“With the proliferation of donor-funded accountability programmes, including in authoritarian settings, are we in danger of mistaking the means for the end? Do accountability tools such as community scorecards, workshops and roundtables, or participatory budgeting provide a convenient “citizen engagement” gloss without seriously probing uneven distribution of power or the stifling of marginalised groups?*

Nice read from Tadros for Tedros & many other “stakeholders” in global health.

CGD (blog) - The World Bank’s Preference for Private Finance: Explained

P Carter; <https://www.cgdev.org/blog/world-bank%E2%80%99s-preference-private-finance-explained>

« Last year the World Bank adopted a new “cascade” approach that intended to maximise finance for development by prioritising private solutions wherever possible”.

*“... In what world would this “cascade” algorithm make sense? Without a good answer to that question, the cascade risks looking like ideology rather than sound development finance advice. **World Bank economist Tito Cordella** has published a fascinating theoretical exploration of this question “Optimizing Finance for Development”, focused on the optimal sequencing of the three possibilities: reform, subsidies (risk mitigation), or public funding....”*

ORF - What to expect from China's new development cooperation agency?

S Paulo; <http://www.orfonline.org/expert-speaks/expect-chinas-new-development-cooperation-agency/>

With a focus here on the Indian (rival's) view.

Excerpt: "...India's perspective on China's new agency will probably differ from the so far mostly positive international reactions. The consolidation of development cooperation under a centralised agency is more likely to feed Indian concerns over Chinese dominance. China's alignment with donor practices would give India additional cause to denounce the "top-down approaches" of traditional donors and China alike, emphasising its own "demand-driven" approach. At the same time, India, much like China, has been engaging with traditional donors, such as the United Kingdom and the United States, in triangular cooperation. The Indo-Japanese Asia-Africa Growth Corridor shows that India is drawing on other partners and their approaches to overcome capacity constraints and shape alternative initiatives to balance China. Against this background, China's new development cooperation agency illustrates a broader trend of rising powers navigating the increasingly blurred lines between "North-South" and "South-South" cooperation to advance their global ambitions."

Civil society as a complex adaptive phenomenon

M. Novak;

https://www.researchgate.net/publication/323834040_CIVIL_SOCIETY_AS_A_COMPLEX_ADAPTIVE_PHENOMENON

For the complexity theorists among you. *"I depict civil society as a complex and adaptive phenomenon. Individuals and groups within civil society interact with each other to achieve mutually agreeable outcomes, and this gives rise to identifiable spontaneous orders of economic, communal and political relationships. Civil society is not a mere aggregation of these sub-orders but a combinatorial ensemble of them in that a multiplicity of dispositions, interests and values, and relevant feedback mechanisms, co-exist tenuously, often contradictorily and in entangled fashion. This paper describes the general processes in which alternative perspectives within civil society continuously vie against each other for widespread support, and critically appraises the suggestion that certain aspects of economic, social or political evolution portend the "decline" of civil society itself. The distinct value of the civil society concept lies in the capacity of diverse individuals to arrange mutually agreeable adjustments in the absence of domination or subjection."*

Conflict & health - The new WHO decision-making framework on vaccine use in acute humanitarian emergencies: MSF experience in Minkaman, South Sudan

M Rull et al; <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-018-0147-z>

“The main causes of death during population movements can be prevented by addressing the population’s basic needs. In 2013, the World Health Organization (WHO) issued a framework for decision making to help prioritize vaccinations in acute humanitarian emergencies. This article describes MSF’s experience of applying this framework in addition to addressing key population needs in a displacement setting in Minkaman, South Sudan....”

Global Health Governance (blog) – Five reasons why you – a global health scholar – should visit the WHO’s archives

<http://globalhealthgovernance.org/blog/2017/3/29/five-reasons-why-you-a-global-health-scholar-should-visit-the-world-health-organizations-archives>

By **Janelle Winters** (from Devi Sridhar’s team). Recommended blog.

Brookings – Figures of the week: Happiness and migration within and from sub-Saharan Africa

<https://www.brookings.edu/blog/africa-in-focus/2018/03/22/figures-of-the-week-happiness-and-migration-within-and-from-sub-saharan-africa/>

The paragraph that drew our attention, in this article based on the last World Happiness report.

*“... Another important finding was that immigrant populations experience very similar levels of happiness as the rest of the population in their host countries. The alignment of immigrants’ happiness with that of their host countries suggests that happiness does depend on the quality of the social and institutional supports found in the society in which one lives, the report argues. **In particular, African migrants evaluated their lives more positively after migration, both in cases where they moved within the region or to Western Europe...**”*

Financing for Development

FfD zero draft (as of 23 March)

http://www.un.org/esa/ffd/ffdforum/wp-content/uploads/sites/3/2018/03/FFD-Forum-Zero-Draft_23-March-2018.pdf

With a view on the **2018 Ecosoc Forum on FfD** – scheduled for **23-26 April, in New York**.

IISD - SDG Knowledge Weekly: Coherence and Effectiveness in Financing Sustainable Development

<http://sdg.iisd.org/commentary/policy-briefs/sdg-knowledge-weekly-coherence-and-effectiveness-in-financing-sustainable-development/>

“Two complementary GIZ-supported studies examine ways to move towards ‘Towards a More Coherent, Integrated View of Financing Sustainable Development’. Development Initiatives published a paper on how official development assistance can create an enabling environment to support private investment. ...”

Excerpt:

“The second study, by Jesse Griffiths, focuses on financial flows, systemic issues and interlinkages. Griffiths concludes that “the most useful frame of reference when thinking of reforms should be the national level.” On public finance, Griffiths notes the continued need to increase predictability of funding, with opportunities on domestic resource mobilization (DRM) and tax cooperation, pointing to a need for OECD countries to stem tax avoidance through increased transparency and anti-money laundering initiatives. On private finance, the paper recommends steps to reduce vulnerability through support for capital controls in developing countries. On systemic issues, the paper notes that global economic governance structures are not well equipped to deliver the SDGs, in part due to imbalances in decision-making. For example, developing countries are currently encouraged to join the OECD’s Inclusive Framework on Base Erosion and Profit Shifting (BEPS), but doing so entails a financial contribution, and commitment to a standard that was negotiated without full participation by developing countries. To address this, Griffiths calls for the establishment of an intergovernmental tax body and reforms to voting at international financial institutions....”

BMJ Global Health - Anthropology in public health emergencies: what is anthropology good for?

D Stellmach; <http://gh.bmj.com/content/3/2/e000534>

*“Recent outbreaks of Ebola virus disease (2013–2016) and Zika virus (2015–2016) bring renewed recognition of the need to understand social pathways of disease transmission and barriers to care. Social scientists, anthropologists in particular, have been recognised as important players in disease outbreak response because of their ability to assess social, economic and political factors in local contexts. However, in emergency public health response, as with any interdisciplinary setting, different professions may disagree over methods, ethics and the nature of evidence itself. A disease outbreak is no place to begin to negotiate disciplinary differences. **Given increasing demand for anthropologists to work alongside epidemiologists, clinicians and public health professionals in health crises, this paper gives a basic introduction to anthropological methods and seeks to bridge the gap in disciplinary expectations within emergencies.** It asks: ‘What can anthropologists do in a public health crisis and how do they do it?’ It argues for an interdisciplinary conception of emergency and the recognition that social, psychological and institutional factors influence all aspects of care.”*

UN News – Revamped UN strategy aims to address root causes of Sahel crisis

<https://news.un.org/en/story/2018/03/1006191>

“The United Nations has reset its action plan to address the root causes of the complex crisis in Africa’s Sahel, a region now home to one out of five people worldwide requiring humanitarian assistance, the UN deputy chief said Wednesday.”

And some tweets:

- **Tedros:** “ Great meetings @IPUParliament Assembly. **I have 3 requests for parliamentarians worldwide -Ratify z Protocol to Eliminate Illicit Trade in Tobacco Products -Create a group of friends of WHO to champion Universal Health Coverage -Attend World Health Assembly, support #HealthForAll**”
- **Robert Marten:** “It’s long overdue: **@TheLancet Commission on @TheLancet Commissions! #globalhealth**”

Commenting on somebody else’s tweet: “I wonder if the time has come to also do a “meta-review” of ALL past Lancet commissions, to pull out crosscutting lessons, themes, linkages?”

As well as the carbon footprint.

- “**Sweden has announced its support for an Alcohol version of FCTC.** Funnily enough the support for it is framed with a “harmful” caveat not present in the FCTC. So, by all means go ahead. Please though, try and insert sense + checks and balances; in any new framework treaty work.”

UHC

Resyst – multi-country study on strategic purchasing for UHC

Last week, prof Kara Hanson presented findings from a RESYST multi-country study on strategic purchasing for UHC.

Key finding: “most purchasing is not strategic” (at least cfr Twitter): See <http://resyst.lshtm.ac.uk/research-projects/purchasing>

Some links:

Reuters - [Nigeria needs to boost social spending to sustain growth: Gates](#)

Hear, hear, ... “**...Nigeria needs to boost investment in social infrastructure to lift its population out of poverty and achieve a higher income status, billionaire Microsoft co-founder Bill Gates told Reuters...**”

Slightly along the same lines, the **World Bank lead for health in Africa** [called for](#) more and better **spending on health by African nations** (cfr. Xinhua) - “*The governments must reduce inefficiencies by embracing smart financing and smart procurement in order to attain the Universal Health Cover (UHC).*”

Planetary health

Scientific American - Global CO2 Emissions Rise after Paris Climate Agreement Signed

<https://www.scientificamerican.com/article/global-co2-emissions-rise-after-paris-climate-agreement-signed/>

Worrying news (true, a bit of an understatement) from late last week. “**Global carbon dioxide emissions surged to record levels** the year after the landmark 2016 Paris climate agreement was signed. Energy-related emissions climbed 1.4 percent to 32.5 gigatons in 2017, the International Energy Agency reported [yesterday] in its annual survey of global carbon levels. The increase is the equivalent of adding 170 million cars to the road, the agency said. **The uptick—coming on the heels of the major international climate deal—signals an abrupt end to several years of stagnant emissions growth and raises questions about the world’s commitment to reducing carbon levels....**”
So after 2 or 3 years of flat CO2, global emissions are back on the rise...

Guardian - 'Extreme' fossil fuel investments have surged under Donald Trump, report reveals

<https://www.theguardian.com/environment/2018/mar/28/extreme-fossil-fuel-investments-have-surged-under-donald-trump-report-reveals>

And while we’re at it, let’s fuck up the planet a little bit more: “**Bank holdings in “extreme” fossil fuels skyrocketed globally to \$115bn during Donald Trump’s first year as US president, with holdings in tar sands oil more than doubling, a new report has found.** A sharp flight from fossil fuels investments after the Paris agreement was reversed last year with a return to energy sources dubbed

“extreme” because of their contribution to global emissions. This included an 11% hike in funding for carbon-heavy tar sands, as well as Arctic and ultra-deepwater oil and coal. US and Canadian banks led a race back into the unconventional energy sector following Trump’s promise to withdraw from Paris, with JPMorgan Chase increasing its coal funding by a factor of 21, and quadrupling its tar sands assets....”

The Ecologist - The rise - and future - of the degrowth movement

<https://theecologist.org/2018/mar/27/rise-and-future-degrowth-movement>

10-year anniversary of the de-growth movement: “A decade after the first international 'degrowth' conference, **Federico Demaria** charts the evolution of the term from a provocative activist slogan to what he says is now an academic concept taking hold with policymakers.”

Social Forces – Working Hours and Carbon Dioxide Emissions in the United States, 2007–2013

J B Fitzgerald et al ; <https://academic.oup.com/sf/advance-article-abstract/doi/10.1093/sf/soy014/4951469#.WroWKVP2hNQ.twitter>

*“The well-established association between economic output and carbon emissions has led researchers in sociology and related disciplines to study new approaches to climate change mitigation, including policies that stabilize or reduce GDP growth. **Within this degrowth approach, working time reduction is a key policy lever to reduce emissions as well as protect employment.** In the United States, the abdication of responsibility for mitigation by the federal government has led to the emergence of state climate leadership. This study is the first to analyze the relationship between emissions and working hours at the state level. **Our findings suggest that over the 2007–2013 period, state-level carbon emissions and average working hours have a strong, positive relationship,** which holds across a variety of model estimation techniques and net of various political, economic, and demographic drivers of emissions. **We conclude that working time reduction may represent a multiple dividend policy, contributing to enhanced quality of life and lower unemployment as well as emissions mitigation.**”*

ODI (Briefing note) - Moving towards a growing global discourse on transboundary adaptation

<https://www.odi.org/publications/11088-moving-towards-growing-global-discourse-transboundary-adaptation>

“...Transboundary resource management is not a new concept, but there is a need to develop transboundary adaptation frameworks and response measures that build upon existing regulatory approaches in international environmental law, and to develop the work of intergovernmental

organisations and regional advocacy organisations. Regional cooperation is needed to manage shared ecosystems and consider the transboundary risk implications of National Adaptation Plans and Intended Nationally Determined Contributions. The need for transboundary adaptation and global cooperation on adaptation will be increasingly important, as the impacts of climate change span national borders. National adaptation actions can themselves generate transboundary risks. This briefing note describes the current adaptation plans and strategies in place, including some, such as the Mekong River Commission, which address transboundary risks and the need to manage shared resources. It also highlights opportunities to enhance work on transboundary adaptation through existing mechanisms under the Rio Conventions, including UNCCD and UNFCCC through the Paris Committee for Capacity-Building and associated funds (the Global Environment Facility, the Land Degradation Neutrality Fund and the Adaptation Fund, among others)."

And a quick link:

Vox - [Chevron just agreed in court that humans cause climate change, setting a new legal precedent](#)

"But the question of whether a city can sue an oil company for climate change damage remains murky."

Infectious diseases & NTDs

International AIDS Society (IAS) annual letter

[IAS](#);

The key message: **AIDS is (still) political.**

"Despite global scientific advancements and increased sharing of "best practices", there are clearly two entirely different narratives of HIV unfolding across the world. What is at the core of this divergence, and why does it persist?..." (comparing the progress in Swaziland with the HIV picture in middle-income countries in Eastern Europe)

"...In resource-limited countries where strong national commitment is combined with robust international support, the prospect of minimizing the epidemic to the point where it is no longer a serious public health threat appears increasingly feasible. Where political commitment on AIDS is strong, we have allowed science to guide our response. However, in many other settings, ideology seems to be outweighing science in the HIV response (and in much of public health in general). Harmful political choices, including rapid donor transitions, criminalization and unscientific public health programmes, have led to predictably bad health outcomes, leaving many countries and regions with no end to AIDS in sight."

Plos Med – HIV treatment eligibility expansion and timely antiretroviral treatment initiation following enrollment in HIV care: A metaregression analysis of programmatic data from 22 countries

O Tymiezyk et al; <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002534>

“The effect of antiretroviral treatment (ART) eligibility expansions on patient outcomes, including rates of timely ART initiation among those enrolling in care, has not been assessed on a large scale. In addition, it is not known whether ART eligibility expansions may lead to “crowding out” of sicker patients. We examined changes in timely ART initiation (within 6 months) at the original site of HIV care enrollment after ART eligibility expansions among 284,740 adult ART-naïve patients at 171 International Epidemiology Databases to Evaluate AIDS (IeDEA) network sites in 22 countries where national policies expanding ART eligibility were introduced between 2007 and 2015. Half of the sites included in this analysis were from Southern Africa, one-third were from East Africa, and the remainder were from the Asia-Pacific, Central Africa, North America, and South and Central America regions....”

Global Public Health – Decentralisation of Brazil’s HIV/AIDS programme: intended and unintended consequences

T Frasca et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1455888>

*“Brazil’s response to the HIV/AIDS epidemic was characterised by an innovative alliance of governmental and non-governmental actors inspired by a strong progressive tradition in public health. **Brazil eventually moved to decentralise HIV/AIDS programmes to its states and cities, a policy endorsed and supported financially by the World Bank as consistent with the mix of public and private elements central to the country’s HIV/AIDS strategy. However, decentralisation has not provided the results anticipated.** Through interviews with key informants, government officials and patient advocates as well as observation of treatment sites, we outline how the shift of administration and resources to state and municipal bodies operated in practice. The Bank promoted decentralisation as an uncontroversial technical matter, and its programmatic guidelines implied that the nonprofit sector would be strengthened by it. However, instead of bringing HIV/AIDS policy closer to the grassroots, decentralisation has undermined the country’s early work and opened the door to a rejuvenated epidemic by empowering unsympathetic local elites, marginalising the human rights focus, and removing federal oversight. Its experience holds crucial lessons for developing countries facing similar conditions.”*

Lancet Infectious Diseases (Comment) - Impact of enhanced viral haemorrhagic fever surveillance on outbreak detection and response in Uganda

T R Shoemaker et al; [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30164-6/fulltext?platform=hootsuite](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30164-6/fulltext?platform=hootsuite)

Cfr a tweet by Tom Frieden:

"@TheLancetInfDis report on success of Uganda's program to rapidly ID viral hemorrhagic fevers. Shows what's possible in establishing strong tracking systems to find outbreaks when and where they emerge."

Plos NTDs (Editorial) - India's neglected tropical diseases

P Hotez; <http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0006038>

"Peter J. Hotez & Ashish Damania describe the disproportionate prevalence of NTDs in India, the 7th largest economy in the world, but the forerunner in total number of cases for each of the World Health Organization's major NTDs."

Cfr a tweet by the first author:

"New @PLOSNTDs based on data from GBD 2016 @IHME_UW, #India now ranks 1st globally in total cases of 12 different neglected tropical diseases #NTDs. ... Our point: India has the scientific sophistication to make nukes, it can also lead in NTD #drug #vaccine R&D"

Guardian - Afghan clerics in talks with Isis to break polio vaccine myths

<https://www.theguardian.com/global-development/2018/mar/27/afghan-clerics-in-talks-with-isis-to-break-polio-myths>

"Islamic clerics consult with Taliban and Islamic State to ensure immunisation campaign goes ahead despite scepticism and distrust."

Malaria cell atlas launched: parasite development mapped in unprecedented detail

<https://globalhealthnewswire.com/2018/03/27/malaria-cell-atlas-launched-parasite-development-mapped-in-unprecedented-detail/>

*"New single-cell technology has allowed scientists to study malaria parasites at the highest resolution to date. By investigating the genes in individual malaria parasites, scientists from the Wellcome Sanger Institute are beginning to understand the genetic processes each parasite undergoes as it moves through its complicated lifecycle. The results, published today (27 March) in eLife are the **first step towards developing the Malaria Cell Atlas**, a data resource that will provide gene activity profiles of individual malaria parasites throughout their lifecycle. The Malaria Cell Atlas*

will allow researchers to identify weak points in the parasite's lifecycle for intervention with drugs, and will help transform research into the disease...."

In other malaria related news, see this tweet: "**A month ahead of #WorldMalariaDay (25th April)** we're **launching our new website** – <http://worldmaliaday2018.org> – with the latest information and resources to help you declare you're #readytobeatmalaria. "

<https://www.worldmaliaday2018.org/>

And some quick links:

Guardian - [Unicef predicts fresh outbreak of deadly cholera in Yemen.](#)

WHO Afro - [Nigeria's Lassa fever outbreak is slowing, but remains a concern](#)

Guardian - [Brazil faces new yellow fever outbreak – and questions over lack of preparedness](#)

"The country plans to vaccinate its entire population against the lethal mosquito-borne disease but specialists doubt its capacity to do so."

Miami Herald - [Trump didn't want to give Haiti \\$11 million for cholera. So Congress found another way.](#)

Guardian - [Mosquito early warning app detects the insects from their buzz](#)

"Artificial intelligence researchers have developed a mosquito early warning system that raises the alarm when the insects are near by detecting the whine of their wingbeats."

AMR

BBC News - Man has 'world's worst' super-gonorrhoea

<http://www.bbc.com/news/health-43571120>

That headline really sounds bad. It probably also is bad news for the world. *"A man in the UK has caught the world's "worst-ever" case of super-gonorrhoea. He had a regular partner in the UK, but picked up the superbug after a sexual encounter with a woman in South East Asia. Public Health England says it is the first time the infection cannot be cured with first choice antibiotics."*

See also CIDRAP - [In world first, UK reports high-level gonorrhea resistance](#). *“Health officials in the United Kingdom announced [today] that they are investigating a gonorrhea infection contracted abroad that marks the first global detection of high-level resistance to recommended dual-antibiotic treatment as well as to other commonly used drugs.”*

On a more positive note, the **Guardian** reported [Discovery of MRSA-busting antibiotic gives hope against resistant superbugs](#). *“The discovery of a new class of antibiotics that can wipe out persistent infections of the hospital superbug MRSA has raised fresh hopes for progress in the fight against antimicrobial resistance.”*

NCDs

WHO Independent High-level Commission on NCDs

First virtual meeting on 2 March

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

For the short report on this meeting, see [here](#). Check out some of the other documents.

Meanwhile, a **2nd meeting of the HL commission** already took place. *“Commissioners discussed the results from the technical consultation (from last week) & the outline of the Commission’s report to be published for the web-consultation at the beginning of April.”*

You might also want to read **Annette Kennedy** (President of the International Council of Nurses)’s statement, [Nurses play a central role in arresting and controlling NCDs](#).

*“... The world is at a critical juncture in responding to NCDs. Improvements to health are currently outstripped by illness, disability, human suffering and premature deaths from NCDs. **Whilst development and policies are changed to subvert the rise of NCDs, nurses will still be on the front line caring for, advocating for, educating and guiding communities to better health.** I call on governments to recognise, optimise, equip, and empower this most valuable resource. As demonstrated in the example above, **this can be achieved through:** → Clear understanding and recognition of the roles and responsibilities of Registered Nurses → Undergraduate education to support entry to practice → Post-graduate education to support continuing education and optimal scope of practice → Safe-staffing and the recognition of the importance of nurses working in an interdisciplinary team in and with the community → Reform to health services funding to place greater emphasis on promotion and prevention → Supporting the principle of people-centred care including empowering nurses to assist people to navigate the health system. For nursing to play an effective and cost-effective role in halting and reversing the impact of NCDs, it needs to be given respect – institutionally, culturally and clinically.”*

Highlights from the WHO Global Conference on NCDs: Enhancing policy coherence to prevent and control noncommunicable diseases 18–20 October 2017, Montevideo, Uruguay

<http://www.who.int/conferences/global-ncd-conference/montevideo-report.pdf?ua=1>

Meeting report of the Montevideo NCD summit of last year & thus good preparation for the UN HL-meeting on NCDs, in September.

Alcohol - Socioeconomic status and alcohol use in low- and lower-middle income countries: A systematic review

Luke Allen et al; <https://www.sciencedirect.com/science/article/pii/S0741832917307280>

*“This is a comprehensive literature search for primary research published between January 1st 1990 and June 30th 2015 using 13 electronic databases, their references and ‘gray literature’. **Alcohol use was found to be more prevalent in lower socioeconomic groups in the majority of South East Asian studies. The association was mixed for African studies,** although these tended to have smaller sample sizes and weaker methods. Adherence to standardized definitions, the publication of WHO survey data on alcohol and SES, and enhanced surveillance is needed to build an accurate picture of the socioeconomic patterning of alcohol use in developing countries.”*

Food policy - Viewpoint: Soda taxes – Four questions economists need to address

L Cornelsen & R Smith;

<https://www.sciencedirect.com/science/article/pii/S0306919217308837?via%3Dihub>

*“The popularity of soda taxes as a public health policy has grown rapidly in the last few years. While the evidence that the tax works in reducing the purchases of soda is emerging, there are a number of questions that are yet to be answered before the broader effectiveness of this measure can be determined. Beyond health effects, there is more specifically **a need to better understand the economic mechanisms of change, redistributive effects, as well as causal and spillover effects in food systems and economy more broadly.**”*

BMJ Global Health – Weak surveillance and policy attention to cancer in global health: the example of Mozambique

C Lorenzoni et al; <http://gh.bmj.com/content/3/2/e000654>

“Cancer is an emerging public health problem in sub-Saharan Africa due to population growth, ageing and westernisation of lifestyles. The increasing burden of cancer calls for urgent policy attention to develop cancer prevention and control programmes. Cancer surveillance is an essential prerequisite. Only one in five low-income and middle-income countries have the necessary data to drive policy and reduce the cancer burden. In this piece, we use data from Mozambique over a 50-year period to illustrate cancer epidemiological trends in low-income and middle-income countries to hypothesise potential circumstances and factors that could explain changes in cancer burden and to discuss surveillance weaknesses and potential improvements....”

BMJ Global Health – Unpicking the Gordian knot: a systems approach to traumatic brain injury care in low-income and middle-income countries

T Bashford et al; <http://gh.bmj.com/content/3/2/e000768>

“Traumatic brain injury is a major global health issue and requires a functional health system to be optimally managed—often lacking in those low-income and middle-income countries where the burden of this disease is highest. Clinical care is the emergent property of a complex, adaptive, sociotechnical system: generating improvements in care can benefit from a systems approach. Systems Engineering can inform a systems approach to healthcare improvement, complementing more traditional improvement techniques. A systems approach may be a valuable tool in trying to understand, and improve, the clinical care of patients with traumatic brain injury in low-income and middle-income settings.”

Some quick links:

- Vox - [We’ve become numb to one of the biggest drivers of obesity](#)

“A new study shows how sports leagues like the NFL fan the childhood obesity epidemic.”

*“...New research in the journal Pediatrics reveals the precise role America’s beloved sports leagues play in this marketing blitz. The **first study to quantify food marketing to children through professional sports organizations in the US**, it casts these leagues in a new light: as **key peddlers of junk food to children....”***

- Guardian - [Nestlé says it has harnessed science to reduce the sugar in chocolate](#)

“The company claims that Milkybar Wowsomes contain 30% less sugar than regular Milkybars.”
Wow!

- Guardian - [The dark truth about chocolate](#)

In-depth analysis, amongst others containing the word “**nutrifluff**” to describe “**sensational research findings about a single food or nutrient based on one, usually highly preliminary, study**”.

"...Prof Marion Nestle, a nutritional scientist at New York University, uses the word "nutrifluff" to describe "sensational research findings about a single food or nutrient based on one, usually highly preliminary, study". She points out that most studies on chocolate and health get industry funding, but journalists generally fail to highlight this. "Industry-funded research tends to set up questions that will give them desirable results, and tends to be interpreted in ways that are beneficial to their interests," she says."

- [18th study shows that smokers who use e-cigs are significantly less likely to quit smoking](#)
- [Drowning is responsible for more deaths than malnutrition. It's time for change.](#) (Devex)

On the launch of a **Group of Friends on Drowning Prevention**, *"to mobilize governments from across the geographic and political spectrum to act on this common cause; to ensure that the issue of drowning prevention is recognized and receives resources commensurate with its impact on communities worldwide."*

Sexual & Reproductive / maternal, neonatal & child health

Press release: UN Commission on the Status of Women delivers a blueprint to ensure the rights and development of rural women and girls

<http://www.unwomen.org/en/news/stories/2018/3/press-release-csw62-conclusion>

"The UN's largest annual gathering on gender equality and women's rights concluded in New York with the strong commitment by UN Member States to achieving gender equality and the empowerment of rural women and girls. ... Food security and nutrition, land, water, food, work, and a life free of violence and without poverty were highlighted as main issues to tackle. "

For more on CSW 62, see Devex - [US 'regressive' stance at CSW dominates UN's largest meeting on women](#) & Devex - [Top takeaways from the UN's largest women's rights gathering](#). The latter is gated, though.

The Atlantic - The Blesser's Curse - How sugar daddies and vaginal microbes created the world's largest HIV epidemic

<https://www.theatlantic.com/health/archive/2018/03/the-blessers-curse/555950/>

Guess you have some sort of idea what this article is about.

CGD (blog) - Globalism and “Wife-Beating”

Nancy Birdsall et al; <https://www.cgdev.org/blog/globalism-and-wife-beating>

*“Globalization of the economic sort is often maligned. But then there is globalism: of norms, values, culture, and attitudes. **Are norms and values, even “culture,” being globalized? Is the idea, for example, that women have equal rights, as in the Sustainable Development Goals (SDGs), gaining ground as a universal norm?** And might changing norms and values affect legal regimes and behavior (sometimes, maybe)? The charts [below] show the results of questions posed to men and women in the (nationally representative) Demographic and Health Surveys starting in the early 2000s, which asked about what circumstances respondents believe might justify a husband beating his wife: when the wife burns the food? Argues with her husband? Goes out without telling him? Neglects the children? Refuses to have sex with him? Is too tired?...”*

There is some progress, apparently, even if it’s going slowly, and in some regions very slowly.

BMJ (Feature) - Contraceptive shortages mean Venezuela’s people face a sexual health emergency

<http://www.bmj.com/content/360/bmj.k1197>

*“Health indicators that had improved over decades are coming undone as the country’s economic situation deteriorates, leaving people without access to reproductive, sexual, and HIV healthcare. **Angelika Albaladejo** reports.”*

And a quick link:

Devex - [Ending FGM/C requires individualized approaches, says Population Council.](#)

Access to medicines

Euractiv – Africa takes steps to make medicine more affordable

<https://www.euractiv.com/section/development-policy/news/africa-takes-steps-to-make-medicine-more-affordable/>

*“Faced with the numerous difficulties of access to medicine in Africa, **African states want to organise the market to increase local production, which currently accounts for 3% of world output.**”*

“Despite a booming market, local production of medicine in Africa remains particularly low as the region accounts for only 3% of the global pharmaceutical production. A weakness that leads to an extremely high dependence on imports from Europe, among others, “for example in Cote d’Ivoire, 96% of pharmaceutical products are imported, which leads to problems of traceability, quality but also price... .. The issue will be addressed during the ID4D conference “Medication in Africa: how to better respond to issues of accessibility and quality?” organised by the French Development Agency in Paris on 3 April.”

WHO Bulletin - Monographs for medicines on WHO’s Model List of Essential Medicines

L Roth et al; http://www.who.int/bulletin/online_first/BLT.17.205807.pdf?ua=1

Objective of this paper: *“To raise awareness about the importance of public pharmaceutical standards, identify if and, if so, where current pharmacopeias are falling short in the development of new and complete monographs and foster collaboration among the various pharmacopeias, to prioritize, develop and make available standards for those key medicines for which no complete monographs exist.” “For 99 (15%) of the medicines on the Model List, no monographs were available in any of the eight pharmacopeias investigated. Only 3% (1/30) of the cardiovascular medicines listed, but 28% (9/32) of the antiretroviral medicines and 23% (6/26) of the antimalarial medicines lacked monographs. **Conclusion : There appear to be no public standards for many so-called essential medicines.** To address this shortfall, a greater collaboration in the global health community is needed.”*

Social determinants of health

Non-communicable diseases in Indian slums: re-framing the Social Determinants of Health

L B Lumagbas; <https://www.tandfonline.com/doi/full/10.1080/16549716.2018.1438840>

«... The study reviews the literature describing SDH in Indian slums, specifically those that establish causal relations between SDH and NCDs. Root cause analysis was then used to organise the identified relations of SDH and NCDs. “

Results: *“Although poverty remains the largest structural determinant of health in slums, **the multi-dimensional relations between SDH and NCDs are structured around four themes that describe the dynamics of slums, namely scarce clean water, low education, physical (in)activity and transportation.** From the reviewed literature, four logic trees visualising the relations between SDH in slums and NCDs were constructed. The logic trees separate symptomatic problems from their more*

distal causes, and recommendations were formulated based on features of these relationships that are amenable to policy intervention.”

Miscellaneous

ODI - Research Excellence Framework (REF) impact toolkit

H Tilley et al; <https://www.odi.org/sites/odi.org.uk/files/resource-documents/12144.pdf>

“This toolkit provides a step-by-step guide to help researchers plan for, monitor and improve the impact their research has on policy and practice.”

Economist (blog) - Democracy continues its disturbing retreat

<https://www.economist.com/blogs/graphicdetail/2018/01/daily-chart-21?src=scn/tw/te/bl/ed/>

“More than half the countries in the latest update of a democratic-health index saw their scores decline.”

*...A decade has passed since Larry Diamond, a political scientist at Stanford University, put forward the idea of a **global “democratic recession”**. The **tenth edition of the Economist Intelligence Unit’s Democracy Index suggests that this unwelcome trend remains firmly in place**. The index, which comprises 60 indicators across five broad categories—electoral process and pluralism, functioning of government, political participation, democratic political culture and civil liberties—concludes that **less than 5% of the world’s population currently lives in a “full democracy”**. **Nearly a third live under authoritarian rule, with a large share of those in China**. **Overall, 89 of the 167 countries assessed in 2017 received lower scores than they had the year before.**”*

IMF Working Paper- The Distribution of Gains from Globalization

V Lang et al; <http://www.imf.org/en/Publications/WP/Issues/2018/03/13/The-Distribution-of-Gains-from-Globalization-45722>

*“We study economic globalization as a multidimensional process and investigate its effect on incomes. In a panel of 147 countries during 1970-2014, we apply a new instrumental variable, exploiting globalization’s geographically diffusive character, and find differential gains from globalization both across and within countries: **Income gains are substantial for countries at early and medium stages of the globalization process, but the marginal returns diminish as globalization rises, eventually becoming insignificant**. Within countries, these **gains are concentrated at the top***

of national income distributions, resulting in rising inequality. We find that domestic policies can mitigate the adverse distributional effects of globalization.”

WP - Brahmin Left vs Merchant Right: Rising Inequality & the Changing Structure of Political Conflict (Evidence from France, Britain and the US, 1948-2017)

Thomas Piketty; <http://piketty.pse.ens.fr/files/Piketty2018.pdf>

“Using post-electoral surveys from France, Britain and the US, this paper documents a striking long-run evolution in the structure of political cleavages. In the 1950s-1960s, the vote for left-wing (socialist-labour-democratic) parties was associated with lower education and lower income voters. It has gradually become associated with higher education voters, giving rise to a “multiple-elite” party system in the 2000s-2010s: high-education elites now vote for the “left”, while high income/high-wealth elites still vote for the “right” (though less and less so). I argue that this can contribute to explain rising inequality and the lack of democratic response to it, as well as the rise of “populism”. I also discuss the origins of this evolution (rise of globalization/migration cleavage, and/or educational expansion per se) as well as future prospects: “multiple-elite” stabilization; complete realignment of the party system along a “globalists” (high-education, high-income) vs “nativists” (low education, low-income) cleavage; return to class-based redistributive conflict (either from an internationalist or nativist perspective). Two main lessons emerge. First, with multi-dimensional inequality, multiple political equilibria and bifurcations can occur. Next, without a strong egalitarian-internationalist platform, it is difficult to unite low education, low-income voters from all origins within the same party.”

Wellcome Open Research

<https://wellcomeopenresearch.org/>

“A new way for Wellcome-funded researchers to rapidly publish any results they think are worth sharing.”

Already in place for a short while, but see the raving review it got from Gavin Yamey (and Devi Sridhar), on Twitter:

Gavin Yamey “ With a colleague from my team, just did my first open peer review report 4 @WellcomeOpenRes, a revolutionary journal. This. Is. The. Future.”

Devi Sridhar – “Thanks for your helpful & constructive review. Agree that platforms like @WellcomeOpenRes are the future. Just need more academics & universities to support this model.”

Devex - Key insights from the OECD review of Australian aid

<https://www.devex.com/news/key-insights-from-the-oecd-review-of-australian-aid-92433>

“The Organization for Economic Co-operation and Development have had their say on Australia’s aid program, its first development cooperation peer review conducted under Australia’s coalition government — and the first review following the 2013 integration of AusAID...”

CFR (brief) What's Next for the WTO?

James McBride; [CFR](#);

Just an example of the many existential questions now being asked about the WTO. *“With President Trump skeptical of the WTO’s usefulness and Doha negotiations stalled, the future of global trade rules is in doubt.”*

And some quick links:

Devex - [AfDB increases engagement with philanthropic foundations](#)

*“Purse-string tightening by traditional international development donors in recent years has prompted the **African Development Bank** to cast a wider net in seeking aid funding. One of the areas that has seen success, the bank told Devex, is securing financing from philanthropic organizations....”*

Foreign Policy – [Syria Is Threatening to Break the Aid World](#)

*“The **president of the Red Cross** describes tensions between his moral principles and the country's political realities.”*

Research

Journal of Development Effectiveness - How well are aid agencies evaluating programs? An assessment of the quality of global health evaluations

J Raifman et al;

<https://www.tandfonline.com/doi/abs/10.1080/19439342.2018.1452779?journalCode=rjde20#.WrQe5M7mkx4.twitter>

*“Evaluations are key to learning and accountability. We assessed the methodological quality of 37 randomly selected programme evaluations **from 5 major global health funders**. Two researchers*

rated each evaluation for relevance, validity, and reliability and met to resolve discrepancies. Most evaluations asked questions relevant to the health programme, but less than 40 per cent of impact evaluations and less than 10 per cent of performance evaluations used relevant data, followed accepted social science methods for sampling, or had high analytical validity and reliability. There is a need to improve the methodological quality of programme evaluations."

Plos One – Assessing the influence of health systems on Type 2 Diabetes Mellitus awareness, treatment, adherence, and control: A systematic review

S E Ong, M McKee et al; <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0195086>

Systematic review.