

IHP news 465 : Practising factfulness in global health

(13 April 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,

Arguably suffering from an “**overdramatic worldview**” - in the words of Hans Rosling in his latest book [Factfulness](#), “that pervasive, generally pessimistic global perspective that often cancels out significant progress made in the face of vast challenges”, I’ll just stick to the facts in this week’s intro, practising ‘**factfulness**’ (i.e. ‘training yourself to put the news into perspective’) for once. After all, last weekend at a family get-together, my nephew mocked me for my abundant doomsday predictions on capitalism, global warming, the euro, ... My defense – that I still wouldn’t put my money on the euro to survive for another ten years in the current constellation, sounded, ahum, weak. Anyway, what can I say: he’s going to be a MD, in some years, if all goes well. And as many of you know, these doctors don’t have a clue. You just want them to fix your body (and mind), if needed, and not overcharge you for it :)

In this week’s issue we’ll pay quite some attention to the [WHO Global Dialogue on financing for prevention and control of NCDs](#) in **Copenhagen**, Denmark. With sponsors like the WEF, terms like ‘innovative partnerships’ and ‘multistakeholder’ were naturally “all around” – yes, you’re all allowed to hum that cheesy ‘Wet Wet Wet’ [song](#) again. Rifat Atun even reckoned, “*The distinction between the private and public sector is passé — we must work together*”. A global health version of Robin Thicke’s “[Blurred Lines](#)”, in Copenhagen, *quoi*. Hope the moves between these cozy “partners” aren’t accordingly. According to one of the twitterandi, the word ‘**bold**’ also kept coming back in Copenhagen, so it sounds like the NCD community is also full of Star Trek fans, aiming ‘to boldly go where no man has gone before’. (PS: *Star Trek* was popular before the #MeToo movement). I certainly agree mankind is currently boldly going where no man has gone before. #fact

Malaria will also get a fairly prominent place in this week’s issue, ahead of a Malaria Summit next week; **road safety** (via a new UN trust fund & resolution); and the same is true for the **Millennium Villages Project** (cfr an [endline evaluation](#) in the May issue of the Lancet Global Health). Interpretations by Sachs & Bendavid differed wildly, almost ‘millennia’ apart from each other. Meanwhile, **Alma Ata 2.0 preparations** are in full swing; make sure you comment on the [draft declaration on Primary Health Care](#), for **Astana** (25-26 October). As some of you might know, Astana is also a cycling team, and, at least in the past, a rather dodgy one, in #fact. A bit like PHC in many under-resourced LIC settings, yes. But, practising factfulness, ‘The Time is Now’ to change that! Hope the final version of the declaration pays a bit more attention to the planetary health paradigm (and what that involves in terms of the transformative economy needed). That is, if Astana still exists in October. Currently not counting on the Donald for that. #fact

Last but not least, the ones in global health applauding Hans Rosling's 'Factfulness' the most seem also the very ones warning us most enthusiastically for a 'post-antibiotic apocalypse', looming pandemics and other global health security "goodies". #fact

Enjoy your reading.

Kristof Decoster

Featured Article

Canada as an SDG role model for High-Income Countries?

Sameera Hussain, CIHR Health System Impact Fellow

A recent [article](#) by my friend and editor-in chief of BMJ Global Health, Seye Abimbola, on the North/South framing for development and health resonates more than ever. At the core of the development story is its history of conquest and domination, with colonial rulers helping themselves to cheap labour and natural resources. It has [evolved](#), of course. To clever people in high-income countries (HICs) helping people in low- and middle- income countries (LMICs). And then to those same people in HICs leading development programs in LMICs. *Sometimes*, people from LMICs even lead those programs. Thus evolved the development (and "global health") paradigm.

Enter the UN's global goals: the universality principle in Agenda 2030 for Sustainable Development brings *all* UN Member States into the development discourse, requiring them to engage with intersectoral issues pertaining to people and planet, both within and outside of their countries. At least in theory.

When Canada committed to the SDG agenda, it did so under a previous government with an internationally-oriented mindset, and not necessarily a *global* one (read inclusive of Canada and other HICs). Just a matter of semantics? The current SDG discourse in Canada indicates otherwise. Seye, take note: many people in this HIC acknowledge that we have our own problems of inequity, and we hope to do something about it.

The SDG portfolio in Canada remains under the umbrella of our foreign policy department, and the government has been slow in beginning to engage domestically. [A civil society petition called for each of the 17 ministries/departments to provide guidance around Canadian SDG progress.](#)

It's safe to say [Canada is mobilizing on the SDGs](#)—Alliance 2030 is a network linking communities, civil society organizations, the private sector, and anyone in Canada, really, who understands and cares about the universality of the SDGs (cf [a new working paper highlights their relevance domestically, collectively, as well as externally](#)). Indeed, the energy in this group at a meeting on March 23 was intense. Our national government doesn't quite seem to know (yet) what to do with the SDGs domestically but is certainly interested in the notion - a pilot project by Statistics Canada to measure, by province and territory, a subset of targets and indicators was revealed. Jeffrey Sach's

shop, the Sustainable Development Solutions Network ([SDSN](#)) [finds its way to Canada](#) next month, shortly after a [Generation SDG Summit](#).

But if Canada is going to lead the pack of HICs in terms of SDG commitment, we need so much more: the part looking at inequity domestically is clearly of great importance, but the same is obviously true for policy coherence for sustainable development in other areas. To be bold and transformative for people, planet and prosperity, our feminist international policy and Trudeau’s climate championship are no doubt a good start, but they contrast with much of what Canadian mining companies are doing overseas. Inside Canada, I struggle to see how it is possible for our government to be on board with the [Kinder Morgan pipeline](#) in the context of its climate policy. Our economic policy, too, requires a drastic SDG “revamp” of sorts (though this part of the SDGs is actually problematic and incoherent, encouraging in many ways the continuity of the current economic model that has contributed to the world being in the dire straits it is today), so perhaps it’s more accurate to say a “planetary health/boundaries” revamp is needed of the economy.

Certainly, Canada is setting clear and promising steps with respect to the SDGs. But many gaps remain—our trade and investment agreements (think NAFTA, CPTPP, CETA) don’t always work well for us domestically or for the planet. Some would even call that an understatement.

In short, Canada, spearheading the HICs for SDGs? In our acknowledgment that we are both domestically and internationally accountable, yes. But national policies have to find synergies with SDGs in that they must take into account the planetary health paradigm that goes beyond people and prosperity.

To date, 64 countries have presented [Voluntary National Reviews](#) to the UN’s High-Level Political Forum on Sustainable Development. Canada’s report, out later this year, will be telling.

Acknowledgment: with input from Kristof Decoster (ITM)

Highlights of the week

WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease (NCD) Prevention and Control (Copenhagen, Denmark 9-11 April 2018)

WHO – [Denmark hosts the WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease Prevention and Control](#)

This WHO article provided some of the **background**, ahead of the Dialogue in Copenhagen:

“Noncommunicable diseases (NCDs) are responsible for 40 million deaths globally every year. Tackling NCDs is a global priority, but despite this, investment is still lacking and action is needed

to reach the United Nations Sustainable Development Goal target 3.4 of reducing premature deaths from NCDs by one third by 2030. “The scale of the NCD crisis is immense, as is the need for accelerated and strengthened action across multiple sectors and stakeholders globally,” said Dr Svetlana Axelrod, WHO’s Assistant Director-General for NCDs and Mental Health. **“Only by working together in new partnerships and investing the right levels of resources will we be able to protect people from NCDs and provide the care they need.”**

“...The Dialogue [will] focus on how international cooperation can mobilize domestic and external financing streams, as well as on aligning private sector financing in support of national responses to chronic diseases – with due respect to conflicts of interest...” “... The Global Dialogue will take stock of the progress made since 2011 in funding national NCD responses. It will also showcase examples of best practices on how to align public and private interests in order to accelerate action on NCD prevention and control. ...”

“... The Dialogue is the first global multistakeholder meeting to discuss the current NCD financing landscape and demonstrate the synergies between financing NCD responses and broader efforts to strengthen health systems for universal health coverage and health for all. The WHO Global Dialogue is part of the informal process leading up to the United Nations General Assembly Third High-Level Meeting on the Prevention and Control of Noncommunicable Diseases in September 2018. It is co-organized by the World Health Organization and the Government of Denmark and supported by the Organisation for Economic Co-operation and Development, the World Diabetes Foundation, the International Federation of Pharmaceutical Manufacturers and Associations, the World Economic Forum and the NCD Alliance...”

WHO – Dialogue : [Main resource page](#)

Make sure you read the [concept note \(3 p\)](#); and the [overview \(17 page presentation\)](#)

Some of the **expected outputs** were:

“The **Global Dialogue report**, which may serve as an input into the preparatory process leading up to the Third High-level Meeting on NCD Prevention and Control • Press releases • Web publications • **Copenhagen Call to Action.**”

All coming soon, I guess...

NCD Alliance on this Dialogue

Devex - We need new ways to fund NCDs. Development assistance isn't enough.

Katie Dain; <https://www.devex.com/news/opinion-we-need-new-ways-to-fund-ncds-development-assistance-isn-t-enough-92486>

This was **Katie Dain** (NCD Alliance)'s take on the Dialogue, ahead of the meeting. Must-read.

Do read also the NCD Alliance's [short overview of the Financing Dialogue](#).

*"... **The Dialogue brought together 300 participants from NCD civil society, academia, private sector, UN agencies and ministries of health and finance** to discuss existing and potential sources of finance and development cooperation to close the resource gap in the NCD response. Over the course of two and a half days, a mix of plenary and concurrent workshop sessions explored the current state of financing for NCD prevention and control, cost-effective interventions to close the resource gap, building the investment case for NCDs, the role of partnerships and the various actors in partnerships, and various aspects of the NCD response such as digital health solutions and the health workforce. **Many speakers and participants also highlighted the need to establish clear conflict of interest policies and mechanisms to protect polices from vested commercial and industry interference prior to entering any partnership.** While the private sector is a key actor in the NCD response and a necessary partner in order to achieve the Sustainable Development Goals (SDGs), it is important to recognise that the private sector is not a homogenous group and cannot all be treated alike, noted speakers. Additionally, **The Lancet Taskforce on NCDs and Economics launched a series of five papers** that links NCDs to at least eight other SDGs and demonstrates the connection between economic growth and the NCD response...."*

Hashtag #NCDdialogue

<https://twitter.com/hashtag/NCDdialogue?src=hash>

While awaiting some in-depth analysis & reports from the Dialogue, here you can find some of the quotes & tweets from the Dialogue:

*"**WHO has been trying to broker a breakthrough on #NCDsFinance for some years now to realize commitments made by world leaders at #UNGA in 2011.** Efforts include convening 2 Working Groups and #NCDdialogue."*

*"On behalf of @UN UnderSecretary General & Executive Director Grete Faremo, @nikolajgilbert announces that **@UNOPS has agreed to host the @DefeatNCD Partnership that is geared towards the urgent task of helping helping countries to scale up actions to #BeatNCDs #NCDdialogue**"*

UNOPS - "I am pleased to announce that we have just agreed to **host a new people-public-private initiative – the Defeat-NCD Partnership, based in Geneva. It is dedicated to helping countries scale up their work on NCDs, according to their own national health and NCD strategies, and guided by the best practices advice from the World Health Organization. As part of its mission, the Defeat-NCD Partnership has started looking into innovative models for service delivery, procurement of essential supplies and financing. I would like to thank the Government of Denmark and Novo Nordisk for their generous support to start the Defeat-NCD Partnership, and we invite others to join."**

<https://www.unops.org/news-and-stories/speeches/global-dialogue-on-partnerships-for-sustainable-financing-of-noncommunicable-disease-ncd-prevention-and-control>

*.@nickbanatvala of @un_ncd defines the **UN offer on #NCDs - "establish global catalytic trust fund, focus on governance support, work with civil society, seek new partnerships, build on tobacco control to further work on harmful use of alcohol, scale up work on cervical cancer"***

“We need to change the narrative from spending to investing” - first of 5 sharp recommendations from @RifatAtun @Harvard #NCDdialogue”

“Argentina’s leadership to put childhood obesity on the #G20 agenda is recognized in #NCDdialogue in Copenhagen”

Agnes Soucat – “@WHO Global Dialogue on Sustainable Financing of #NCDs : Three steps for NCDs Financing : 1. Implement health taxes.. now.. in all countries 2. Fund promotion programs..3. Buy value for money ..Strategic Purchasing of best buys”

3 Slides of James Love on partnerships & conflicts -
https://docs.google.com/presentation/d/e/2PACX-1vQJuh4M_8GYExizFtacoPKRbmgV37HhhOIN9evysciA7MfMUK_feDxPbmXdqt0os7Thd-U2zYzK0KDN/pub?start=false&loop=false&delayms=3000&slide=id.g36e36e96d9_0_1

.@jamie_love makes point that you cannot talk about #NCD financing without addressing drug pricing

“PPPs for #NCDs must: - demonstrate added value for health - have clear goal - be guided by WHO best buys - support #SDGs target for #NCDs - ensure participation of stakeholders - evaluate benefits & risks - pursue public-health goal > interests - structure = functions”

.@IlonaKickbusch “NCDs are not a slow moving disaster. It’s a tsunami!” Only tsunami of change can revert it. All the possible resources need to be mobilized. #NCDDialogue

WHO Independent High-level Commission on NCDs: update

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

For some **statements of Commissioners**, either in print or via a short video. We recommend especially:

High-level Commission must address the dynamics inherent in a global consumer industry

I Kickbusch; <http://www.who.int/ncds/governance/high-level-commission/statement-of-ilona-kickbusch.pdf?ua=1>

Especially for this final paragraph:

“We are witnessing a sea change in how food and drink is produced, distributed and advertised globally, and we will need new global agreements to address this consumer society ecosystem. The new WHO High-level Commission should study whether an agreement similar to the Paris Agreement on climate – a framework agreement with an approach to nationally determined

contributions – would be possible for NCDs and their determinants, as the challenges and the complexity are very similar in nature. This would allow countries to focus their political commitment, to set national targets and a time frame for achieving them, and to create cross-sectoral governance structures for the development and implementation of innovative policies. This fits well with the health-related SDGs, which create similar demands for effective national governance.”

Other news related to this commission, via the NCD Alliance’s newsletter: **“Time is short to comment on report of Commission on NCDs. The timeline for commenting on the draft report of the WHO Independent High-Level Commission on NCDs** has been very condensed. Public consultation will now be open **16-20 April**. The **report** will probably be made available [here](#). (not there yet at the time of writing)

Lancet Global Health (May issue)

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

The new Lancet Global Health issue is a gem. Of the articles that didn’t appear online yet before, we’d like to recommend:

- The **editorial** – on the merits of **vaccination**. [#VaccinesWork... don't they?](#)

Excerpt:

*“... **Vaccination has contributed tremendously to global health**. Since the creation of the Expanded Programme on Immunization in 1974, it has saved countless lives and improved the living conditions of millions of people. So **as we near the end of the Decade of Vaccines**, with its promise of universal access to immunization by 2020 via the Global Vaccine Action Plan (GVAP), **it seems almost paradoxical that global coverage of such a successful and cost-effective tool is showing only sluggish progress**. Results of the 2017 report from **WHO's Strategic Advisory Group of Experts on Immunization (SAGE)** on implementation of the GVAP were concerning, as slow improvement in vaccination coverage, misalignment of strategies and funding, and external threats to progress were evoked. **SAGE will meet this April as part of its twice-yearly schedule** and while there may be some progress to celebrate, pressures on vaccination efforts will certainly continue to permeate the discussions. There is no doubt that vaccines work: they save lives, they are the best investment a country could make for its citizens. Yet **immunisation only really works when all the pressures on coverage, those mentioned above and many more, are relieved in a collective effort**. The **theme of this year's World Immunization Week on April 24–30, “Protected Together, #VaccinesWork”** is a good reminder of that.”*

- **Millennium Villages Project ‘endline evaluation’ + Comments by Jeff Sachs & Erin Bendavid**

The evaluation: [The Millennium Villages Project: a retrospective, observational, endline evaluation](#) (by S Mitchell, J Sachs et al)

*“The MVP had favourable impacts on outcomes in all MDG areas, consistent with an integrated rural development approach. The **greatest effects were in agriculture and health**, suggesting support for*

*the project's emphasis on agriculture and health systems strengthening. **The project conclusively met one third of its targets.***"

As already mentioned, interpretations differed a lot. Both are **must-reads**.

Jeff Sachs himself – [Lessons from the Millennium Villages Project: a personal perspective](#)

Excerpt:

"The Millennium Village Project (MVP) was initiated in 2005 as a means to implement the recommendations of the UN Millennium Project at a local scale in rural Africa. The main conclusion of the UN Millennium Project was that the Millennium Development Goals (MDGs) could be achieved if the high-income donor nations increased their official development assistance (ODA) to the long-standing UN target of 0.7% of gross national income (GNI). The evaluation of the MVP published in The Lancet Global Health reinforces the main message of the UN Millennium Project, and is relevant for the era of Sustainable Development Goals (SDGs): a small amount of funding goes far to achieve bold goals to alleviate the multidimensional burdens of rural poverty. The project achieved significant gains in MDG-related outcomes, and significant impacts compared with matched sites on 30 of the 40 MDG-related targets. When grouped by major MDG-related category (poverty, nutrition, education, health, and infrastructure), significant impacts were found for every major category. The largest consistent gains were in health and agriculture. The project achieved around a third of the MDG-related targets and fell short on two-thirds, although with at least some progress towards most of the targets. However, even when impacts were favourable, they were often insufficient to reach the ambitious targets. I suspect that there are four main reasons for this shortfall..."

Eran Bendavid's Comment – [The fog of development: evaluating the Millennium Villages Project](#)

*"... Shira Mitchell and colleagues' endline evaluation of the Millennium Villages Project (MVP) in The Lancet Global Health marks an important chapter in our understanding of Africa's meandering path towards health and economic development. ... Nevertheless, **the publication of this study is an important bookend to a decade of rhetoric about the effectiveness of the MVP.** The numbers—or at least the indices—are in. On 30 of the 40 measures, the MVP villages are better off, on average, than the comparison villages. This finding is reassuring given the amount of money that has been invested in building fundamental capacities in agriculture, education, infrastructure, and health (about US\$600 million in direct investments, amounting to \$120 per person per year over 10 years for 500 000 people living in the Millennium villages; author's estimation). **The one area in which unequivocal and substantial benefits are observed is maternal health**, including contraception use, antenatal care, and use of skilled birth attendants. **The effect sizes for other key outcomes, including child malnutrition and mortality, are small, heterogeneous, and unstable** (the overall child mortality effect seems driven by the comparison in poorly matched Nigeria). Moreover, although not the focus of health analyses, **the end of poverty—arguably the raison d'être of the entire project—was no closer in the MVP villages than in the comparison villages.** ... The success of the MVP might have been partly undone by its next of kin millennium: the Millennium Development Goals (MDGs). ..."*

Read also:

- **Inequalities in child mortality: real data or modelled estimates? (by T Boerma et al)**

[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30109-8/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30109-8/fulltext)

- **A new era for community health in countries of low and middle income? (by N Winters et al)**

[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30072-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30072-X/fulltext)

*“ It is predicted that by 2030 there will be a worldwide shortage of over 14 million health workers. To help to address this pressing problem, the World Economic Forum taking place in Davos, Switzerland, saw the launch of a new 4-year US\$100 million fund to support two non-governmental organisations, Last Mile Health and Living Goods, to train 50 000 community health workers (CHWs) in six countries. ... This is a potentially game-changing development for the sector. ... The project has two core components. ... “... The second is the **social entrepreneurship model developed by Living Goods**, whereby CHWs sell drugs and other health treatments such as oral rehydration solutions and soaps at a discounted price. They describe this work as creating “super scalable networks of ‘Avon-like’ health entrepreneurs” ...”*

As you can imagine, there are some concerns, especially on this latter component.

*“... In conclusion, although we welcome the positive potential of this initiative, **we urge caution in its implementation**. Work to fundamentally tackle the **five challenges** will be difficult, but it is needed to ensure health systems are strengthened through this new private–philanthropic partnership.”*

Malaria

Devex – Lancet Commission to develop first-ever roadmap for malaria eradication

<https://www.devex.com/news/lancet-commission-to-develop-first-ever-roadmap-for-malaria-eradication-92492>

*“The **Lancet Commission on Malaria Eradication launched Tuesday**, bringing together 24 experts from around the world to develop the first-ever roadmap for malaria eradication. The new commission is a **joint endeavor between The Lancet**, a highly regarded medical journal, **and the Global Health Group at the University of California, San Francisco**, with **financial support from the Bill & Melinda Gates Foundation**. The 24 commissioners will **develop a roadmap, to be published in The Lancet in 2019**, with a detailed analysis of why and how to pursue malaria eradication, as well as maps and models outlining factors that could accelerate or block progress...”*

*“... The announcement of the commission comes **as world leaders gather to discuss the disease at the Multilateral Initiative on Malaria conference in Dakar, Senegal, as well as at the Commonwealth Heads of Government meeting in London, United Kingdom, next week...**”*

On Twitter, it was fast pointed out (by Robert Marten), that **this isn't exactly the first-ever attempt to eradicate malaria.**

The next generation of bednets

Lancet – [Effectiveness of a long-lasting piperonyl butoxide-treated insecticidal net and indoor residual spray interventions, separately and together, against malaria transmitted by pyrethroid-resistant mosquitoes: a cluster, randomised controlled, two-by-two factorial design trial](#)

“With increasing insecticide resistance, a trial assesses the effectiveness of new piperonyl butoxide long-lasting insecticidal nets versus standard long-lasting insecticidal nets as single interventions and in combination with the indoor residual spraying of pirimiphos-methyl in malaria control.”

See also the **press release**:

*“The Lancet: **New bed net coated with an insecticide and a long-lasting chemical helps reduce malaria prevalence. Bed nets have been highly effective in protecting against malaria, but recent increase in insecticide resistance means new approaches are needed***

Bed nets coated with a long-lasting chemical – called piperonyl butoxide (PBO) – combined with pyrethroid insecticide reduced the prevalence of malaria in children by 44% over one year, and 33% over two years, compared to the bed nets currently used, according to a randomised controlled trial published in The Lancet. Based on this evidence, the World Health Organisation (WHO) recommends increasing coverage of PBO bed nets in areas where resistance to pyrethroids is developing.”

And a **Lancet Comment** - [Insecticide-resistant malaria vectors must be tackled](#)

Guardian - We can turn the tide in the fight against malaria – but we must act now

Jeremy Farrar; [Guardian](#);

*“After 15 years of success, the battle to eradicate the disease has stalled. This month’s **Commonwealth leaders’ meeting** is a window of opportunity.”*

Guardian - The town that breeds resistance to Malaria drugs

[Guardian](#);

*“As new waves of the disease threaten the globe, **worried scientists want to conduct a mass inoculation in a Cambodian region** where new vaccines always seem to stop being effective.” On the famous town of **Pailin**.*

*“... The prospect has so alarmed scientists and politicians that the issue is to be **raised as an emergency topic to be debated at the heads of Commonwealth meeting in London next week (16-***

20 April). There are 19 Commonwealth member states in Africa, the continent that is the most vulnerable to malaria. According to World Health Organisation statistics, about 90% of all malaria deaths occur in Africa. Hence the concern of many Commonwealth heads of state who believe their homelands are most at risk of a spreading malarial resistance. **For its part, WHO officials say that the dangers posed by the new malaria superbug are exaggerated and that better prevention efforts, monitoring and treatments will limit its spread from the Mekong region.** Others are not so sure, however. The **Malaria summit** – organised by the Ready to Beat Malaria campaign is to be held **in London on 18 April at next week’s Commonwealth summit** and will be attended by scientists and business leaders, including Bill and Melinda Gates. They are pressing for urgent commitments from all world leaders to battle the disease....”

Lancet (Seminar) – Malaria

E Ashley et al; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30324-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30324-6/fulltext)

« A Seminar reviews the disease epidemiology, current control methods, and the need for increased resources, regional co-operation, and societal commitment to accelerate progress towards eliminating malaria.”

“Following unsuccessful eradication attempts there was a resurgence of malaria towards the end of the 20th century. Renewed control efforts using a range of improved tools, such as long-lasting insecticide-treated bednets and artemisinin-based combination therapies, have more than halved the global burden of disease, but it remains high with 445 000 deaths and more than 200 million cases in 2016. Pitfalls in individual patient management are delayed diagnosis and overzealous fluid resuscitation in severe malaria. Even in the absence of drug resistance, parasite recurrence can occur, owing to high parasite densities, low host immunity, or suboptimal drug concentrations. Malaria elimination is firmly back as a mainstream policy but resistance to the artemisinin derivatives, their partner drugs, and insecticides present major challenges. Vaccine development continues on several fronts but none of the candidates developed to date have been shown to provide long-lasting benefits at a population level. Increased resources and unprecedented levels of regional cooperation and societal commitment will be needed if further substantial inroads into the malaria burden are to be made.”

Launch of UN Road Safety Trust Fund & adoption of UN resolution on road safety

<https://www.unece.org/info/media/presscurrent-press-h/transport/2018/launch-of-united-nations-road-safety-trust-fund/doc.html>

“The **United Nations Road Safety Trust Fund, launched today in New York City,** aims to accelerate progress in improving global road safety by **bridging the gaps in the mobilization of resources for effective action at all levels.** Established at the request of the Secretary-General following the suggestion made by United Nations Member States, the Fund will mobilize resources from governments, intergovernmental or non-governmental organizations, the private sector, philanthropic organizations and individuals.”

See also **UN News** - [UN launches initiative to improve road safety worldwide](#). “ With some 1.3 million drivers, passengers and pedestrians dying each year on the world’s roads, the United Nations took a major step to address this tragedy by **launching on Thursday a trust fund** to spur action that could save lives and prevent the loss of opportunity associated with road accidents.”

“... Also today, the **UN General Assembly** – the UN body with universal membership of all 193 Member States – **adopted a resolution on road safety** in which it called for a host of measures to prevent road accidents and to minimizing the resulting damage....”

PS: Sweden will host the third global road safety conference 2020.

Yellow Fever

WHO - Nearly one billion people in Africa to be protected against yellow fever by 2026

<http://www.who.int/mediacentre/news/releases/2018/yellow-fever-africa/en/>

“Nearly one billion people will be vaccinated against yellow fever in 27 high-risk African countries by 2026 with support from WHO, Gavi – the Vaccine Alliance, UNICEF and more than 50 health partners. The commitment is part of the **Eliminate Yellow fever Epidemics (EYE) in Africa strategy**, which was launched by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Professor Isaac Folorunso Adewole, Nigeria’s Minister of Health and partners at a regional meeting in Abuja, Nigeria on Tuesday (10 April).”

Alma Ata 2.0 preparations

Declaration on Primary Health Care: Have your say!

<http://www.who.int/primary-health/conference-phc/en/>

The **Draft declaration "Alma Ata 2.0"** is now open for consultation until **23 April 2018**. Declaration will be adopted at **2nd International Conference on #PHC (Astana, 25-26 October 2018)** and serve as foundation for resolution at **WHA72** and **UNGA #HLM #UHC** in 2019. Only 3 pages so far, so a must-read!! And then comment.

PS: on Twitter, we also learnt (via a tweet from Dr Tedros himself) that something will be done for some of the main WHO heroes (like Halfdan Mahler; Carlo Urbani, ..) in this Alma Ata 2.0 year.

Lancet Global Health (blog) - The Need for a Geopolitical Shift in Global Health

<http://globalhealth.thelancet.com/2018/04/06/need-geopolitical-shift-global-health>

Must-read, by Richard Seifman and Ok Pannenborg.

We need something like a **Bretton Woods Conference on Global Health in the 21st Century**. Plus **three other recommendations**.

G20 preparations - Argentina

<https://g20.org/en/news/inclusion-its-focus-g20-development-working-group-meets-buenos-aires>

*“The **G20 Development Working Group (DWG)** began its official activities today at the CCK in Buenos Aires with the objective of promoting inclusive economic growth and placing a focus on strengthening peoples’ skills. The two-day meeting was attended by Carolina Stanley, Argentine Minister of Social Development, and Pedro Villagra Delgado, the Argentine G20 sherpa”.*

As you know, the G20 increasingly gets involved in areas of development and health (though, arguably, still not nearly enough). *“The agenda of this working group prioritizes **early childhood development**, sustainable habitat, and inclusive business, bringing a gender perspective on each.”*

A few tweets:

*“Fabulous to see this highlighted: “**Early childhood development** looks into the developmental impact of the first 1,000 days of a child’s life, and how to build human capital at the stage where children acquire lifelong abilities.” @theGFF #G20 #SDGs #health #nutrition”*

*“My take on Argentina’s #G20 presidency: “The **focus on long-term low GHG emission development strategies** is good, but without adequate measures such as #CarbonPricing these strategies will remain a toothless exercise”*

Meanwhile, **Japan** picked **Osaka** to host next year’s G20 Japan Summit – see [Reuters](#).

ODA

Devex - More aid spent through loans but LDCs see first ODA increase since 2010

<https://www.devex.com/news/more-aid-spent-through-loans-but-ldcs-see-first-oda-increase-since-2010-92501>

*“The volume of lending to developing countries by bilateral donors has increased by 13 percent compared to 2016, **new figures from the Organisation for Economic Co-operation and Development revealed Monday**. Overall, **aid to developing countries fell slightly, by 0.6 percent**, according to the 2017 data from the OECD’s Development Assistance Committee. Some aid experts met the news with concern, pointing out that loans tend to go to middle-income countries and safer sectors such as manufacturing, while leaving out lower-income countries and social investments such as education. However, despite the increased proportion of aid being spent in loans, the DAC also revealed that the **volume of aid going to the least developed countries increased by 4 percent to about \$26 billion** — the first time this figure has risen since 2010.”*

See also Thomson Reuters - [Aid spending stagnates as rich countries shift focus from refugees to poor nations](#)

*“Rich nations spent more on helping poor countries last year but less on refugees at home, leading to stagnation in overall aid expenditure - which remains well below United Nations’ targets. Figures released on Monday showed that **official development assistance (ODA) was \$146.6 billion, down 0.6 percent on 2016**, according to the Organisation for Economic Co-operation and Development (OECD). **The slight decrease was due mainly to a near 14 percent drop in the amount spent on hosting and processing migrants and refugees in rich countries**, which cost a total of \$14.2 billion in 2017, the Paris-based think tank said. ODA excluding refugee costs rose about 1 percent....”*

UK Aid

On Thursday, the UK International development secretary gave a major speech on UK aid.

Guardian - Penny Mordaunt hails UK aid as a shield against crime, poverty and terrorism

<https://www.theguardian.com/global-development/2018/apr/12/penny-mordaunt-hails-british-aid-as-a-shield-against-poverty-and-terrorism>

“UK Aid is a shield against pandemics, organised crime, poverty and terrorism, and an example of British values, Penny Mordaunt, the international development secretary has said.

*... .. She also announced the **launch of a new “great partnership”** that, she said, would “connect all that our nation has to offer, its talents, its people and communities, its expertise and knowledge, and its resource to those in the developing world”.*

Devex – DFID to partner with UK finance sector to support development

<https://www.devex.com/news/dfid-to-partner-with-uk-finance-sector-to-support-development-92527>

*“U.K. aid chief Penny Mordaunt **laid out five key focus areas for the U.K. government's aid work** in a speech with a national interest thrust Thursday morning, **including a plan to partner with the City of London to help countries transition out of poverty.**” Stunning plan.*

For more detail on the latter, see also the FT - [UK aid budget set for 'big shift' towards City funding for poorer countries](#).

Excerpts: “...**The UK’s £13.9bn aid budget is set for its biggest overhaul in years, with plans to use development spending to push British exporters and pension funds to invest in poorer parts of Africa and Asia.** Penny Mordaunt, the International Development secretary, said her department would experience a “**big shift**”. It has faced political pressure to justify its growing budget at a time when other ministries face sizeable cuts. **Under the new strategy, aid money will be used to help African companies raise debt in local currencies through the City of London, and to facilitate British companies selling and directly investing in less familiar markets.** Dfid’s aim is to facilitate pension funds’ investment in emerging countries, by helping to smooth regulations and to make companies creditworthy... .. Ms Mordaunt said that **she wanted to “open up” Dfid so that it worked with more partners, including firms in the City and the wider private sector.** “We want to really diversify,” she said, adding that some small charities “are better than the big players” at safeguarding their staff and beneficiaries from sexual harassment. ...”

As you can imagine, not everybody is all that happy about this ‘Big Shift’, see for example **Global Justice Now** - [UK aid should not be used to help the City of London, warn campaigners](#).

PS: ahead of the speech, **Owen Barder** (CGD) wrote a few blogs which you might want to read: [What I Would Like to Hear from the UK Development Secretary: Making the “Fusion Doctrine” Work for the Poor](#) & [What I Want to Hear from the UK Development Secretary: How to Improve Whole-of-Government Aid Spending](#).

Palliative care

Lancet-Offline: “A sea of suffering”

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30889-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30889-4/fulltext)

“How did it happen that palliative care lost the dignity debate”, Horton wonders. ...

“Last week, the Lancet Commission on Alleviating the Access Abyss in Palliative Care and Pain Relief launched its findings and recommendations at the University of Miami. Led by Felicia Knaul, the Commission described how **61 million people are affected by severe health-related suffering, 80% of whom live in low and middle-income settings.** 45% of those dying annually experience severe suffering, including 2.5 million children. The Lancet Commission identified a highly cost-effective package of interventions to address this neglected burden of suffering. Commissioners called on the entire health community, indeed the whole of society, to take pain and suffering more seriously—and to take collective action to remedy the access abyss, without question the most disfiguring inequity in health care today. **the great innovation of the Lancet Commission was to devise a new metric—severe health-related suffering—to uncover the epidemic of suffering afflicting communities worldwide.**” Horton goes on to describe what should be the **next steps** for the NCD & UHC fights.

Foreign Affairs – Gene Editing for Good: How CRISPR Could Transform Global Development

Bill Gates; [Foreign Affairs](#);

Gates' take on CRISPR, possible breakthroughs (for example in the area of malaria) and how it should be regulated.

Excerpt: “... But ultimately, eliminating the most persistent diseases and causes of poverty will require scientific discovery and technological innovations. That includes CRISPR and other technologies for **targeted gene editing**. **Over the next decade, gene editing could help humanity overcome some of the biggest and most persistent challenges in global health and development.** The technology is making it much easier for scientists to discover better diagnostics, treatments, and other tools to fight diseases that still kill and disable millions of people every year, primarily the poor. It is also accelerating research that could help end extreme poverty by enabling millions of farmers in the developing world to grow crops and raise livestock that are more productive, more nutritious, and hardier. New technologies are often met with skepticism. But if the world is to continue the remarkable progress of the past few decades, it is vital that scientists, subject to safety and ethics guidelines, be encouraged to continue taking advantage of such promising tools as CRISPR. In global health, **one of the most promising near-term uses of gene editing involves research on malaria.** ...”

Guardian - Africa's unsung scientists finally get their own journal to spread research

https://amp.theguardian.com/global-development/2018/apr/10/africas-unsung-scientists-finally-get-their-own-journal-to-spread-research?CMP=share_btn_tw&_twitter_impression=true

“A new journal to showcase Africa’s often-overlooked scientific research has been launched to give the continent’s scientists better global recognition. **Scientific African** will be the first “mega-journal” in Africa. It was **unveiled in Kigali last week at Africa’s biggest science conference, the Next Einstein Forum (NEF) conference**, and the first issue is scheduled to be published at the end of the summer.”

“The publication will highlight pioneering work of scientists searching for cures to diseases like HIV and malaria and solutions to climate change...”

WHO/UNICEF breastfeeding guidance

UN’s advice for hospitals: Help mothers breastfeed to give babies best possible start in life

<https://news.un.org/en/story/2018/04/1007041>

*“Breastfeeding within the first hour of birth protects newborns from infections and saves lives, United Nations agencies said at the **roll-out of their 10-step guidance** to help new mothers and hospital workers embrace this practical advice and give children the best possible start in life.”*

See also WHO - [WHO and UNICEF issue new guidance to promote breastfeeding in health facilities globally](#)

“WHO and UNICEF today issued new ten-step guidance to increase support for breastfeeding in health facilities that provide maternity and newborn services. Breastfeeding all babies for the first 2 years would save the lives of more than 820 000 children under age 5 annually. The Ten Steps to Successful Breastfeeding underpin the Baby-friendly Hospital Initiative, which both organizations launched in 1991. The practical guidance encourages new mothers to breastfeed and informs health workers how best to support breastfeeding....”

Polio

Stat News - Despite high hopes for polio eradication, discouraging news is piling up

[Stat News](#);

*“Every year for the past few years, supporters of the global effort to wipe out polio have made an optimistic declaration: This could be the year that polio ends. And this year, the 30th anniversary of the launch of the ambitious program, was no exception. But **just three months into 2018, the projection is less rosy**. Eight cases of polio have already been reported, in Afghanistan and Pakistan, when there were only 22 cases in total. That’s three more than were seen over the same period last year. In addition, sewage surveillance in those two countries has turned up 28 other polioviruses so far this year — during what is supposed to be the low season for poliovirus transmission. **At least some leaders of the eradication campaign have already started making mental preparations for the possibility that 2018 may not be the year the world licks polio.** “We would like it to be the year, but the first few months of the year have not been all that positive,” acknowledged Michel Zaffran, director of polio eradication for the World Health Organization....”*

But there are **also positive notes**, among others on Nigeria & on the polio vaccine front.

As for Pakistan, see also Reuters - [Pakistan launches countrywide polio eradication drive](#).

Coming up: Spring Meetings IMF/WB (20-22 April, Washington)

Some **analysis** ahead of the meetings:

Bretton Woods Project - Spring Meetings 2018 Preamble: Despite favourable growth trends, World Bank and IMF's attempts to tackle debt and inequality remain elusive

<http://www.brettonwoodsproject.org/2018/04/spring-meetings-2018-preamble-despite-favourable-growth-trends-world-bank-imfs-attempts-tackle-debt-inequality-remain-elusive/>

Highlights: *“US-China trade row may overshadow Bank's capital increase negotiations; Fund focuses on social protection, fragile states; Bank's #MeToo moment arrives; Bank grapples with approach to fragility, climate change.”*

See also the **Bretton Woods Project briefing** - [Pro-poor or anti-poor? The World Bank and IMF's approach to social protection.](#)

Oxfam global health check (blog) - IMF conditionality – Still undermining health care?

<http://www.globalhealthcheck.org/?p=2027>

By **Gino Brunswijck**, Research and Advocacy Officer and **Jesse Griffiths**, Director of Eurodad. As **Ronald Labonté** noted on Twitter, “The answer appears to be ‘yes’.”

“Last year, the IMF tried to counter long-running accusations that its programmes damage health outcomes in developing countries, but the independent evidence points in the opposite direction. The question is whether the IMF will use this year's reviews of its lending to switch approach and start helping Sustainable Development Goal (SDG) three to “ensure healthy lives and promote well-being for all at all ages.”...”

And we already want to flag this WB (hosted) flagship event on UHC (20 April):

<http://live.worldbank.org/towards-universal-health-coverage>

“This flagship event, co-hosted in partnership with the Government of Japan and the World Health Organization, will look at how countries are pursuing reforms and investments, building political commitment and going beyond business as usual to ensure that all people receive needed quality health services without financial hardship. Part of the World Bank Group -International Monetary Fund Spring Meetings 2018, the event aims to drive sustained country and global commitment to attain UHC by 2030.”

Jim Kim will be one of the speakers.

Some key publications of the week

Special issue – Global Health and Sustainable Development: Norwegian Perspectives

<https://tidsskriftet.no/2018/04/global-health-and-sustainable-development-norwegian-perspectives>

“This special edition of Tidsskriftet is the result of a cooperation with The University of Oslo and The Norwegian Agency for Development Cooperation (Norad). Our ambition has been to promote current Norwegian contributions to the field of global health through publication of a series of papers in a special edition of Tidsskrift, published January 2018.” Do check out the papers!

Wellcome Open Research- Balancing science and political economy: Tobacco control and global health

M Mukaigawara et al; <https://wellcomeopenresearch.org/articles/3-40/v1>

New paper from the team from **Devi Sridhar**. Abstract:

*“**Background:** Global tobacco control is a major public health issue, as smoking-related disease burden remains high worldwide. The World Bank and the World Health Organization (WHO) are the driving forces in global tobacco control. However, little research has focused on their development, financing, decision-making, and accountability structures.*

*... **Results:** We identified four periods in the Bank’s involvement in global tobacco control, from creation of the evidence base in the 1990s to the implementation of tax reforms. We identified three phases in the WHO’s efforts, from its early recognition of the link between tobacco and health risks in the 1970s to its implementation of the Framework Convention on Tobacco Control. Both organisations are financed by a handful of private philanthropies, and face similar risks for effective tobacco control: reduced accountability and resource mobilisation, poor decision-making authority due to specific donor influence, and difficulty in monitoring and evaluation.*

***Conclusions:** Continued attention should be paid not only to the primary health-related outcomes of tobacco use, but also to the decision-making and financing structures to promote tobacco control activities.”*

BMJ – The health, poverty, and financial consequences of a cigarette price increase among 500 million male smokers in 13 middle income countries: compartmental model study

Global Tobacco Economics Consortium; <https://www.bmj.com/content/361/bmj.k1162>

Among the results: *“...A 50% increase in cigarette prices would lead to about 450 million years of life gained across the 13 countries from smoking cessation, with half of these in China...”*

“...Higher prices of cigarettes provide more health and financial gains to the poorest 20% than to the richest 20% of the population. Higher excise taxes support the targets of the sustainable development goals on non-communicable diseases and poverty, and provides financial protection against illness.”

See also the related BMJ Editorial - [The benefits of taxing cigarettes in middle income countries.](#)

Lancet – Smoking prevalence and attributable disease burden in 195 countries and territories, 1990–2015: a systematic analysis from the Global Burden of Disease Study 2015

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30819-X/fulltext?elsca1=tlxpr](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30819-X/fulltext?elsca1=tlxpr)

I guess you know what this article will say.

SS&M - The social network of international health aid

Lu Han et al; <https://www.sciencedirect.com/science/article/pii/S027795361830162X>

*“International development assistance for health generates an emergent social network in which policy makers in recipient countries are connected to numerous bilateral and multilateral aid agencies and to other aid recipients. Ties in this global network are channels for the transmission of knowledge, norms and influence in addition to material resources, and policy makers in centrally situated governments receive information faster and are exposed to a more diverse range of sources and perspectives. Since diversity of perspectives improves problem-solving capacity, the structural position of aid-receiving governments in the health aid network can affect the health outcomes that those governments are able to attain. **We apply a recently developed Social Network Analysis measure to health aid data for 1990–2010 to investigate the relationship between country centrality in the health aid network and improvements in child health.** A generalized method of moments (GMM) analysis indicates that, controlling for the volume of health aid and other factors, **higher centrality in the health aid network is associated with better child survival rates in a sample of 110 low and middle income countries.**”*

Global health events

IP-Watch - At Geneva Health Forum: Importance Of High Quality Of Health Systems, Beyond Access

<https://www.ip-watch.org/2018/04/11/geneva-health-forum-importance-high-quality-health-systems-beyond-access/>

(gated) *“Achieving a high percentage of universal health coverage often does not translate into a high quality of health systems, according to speakers at the opening of the Geneva Health Forum. While in developed countries people are demanding better quality, the expectations of people living in low and middle-income countries need to be raised, they said. Another panel looked at the use of big data and mathematical modelling as ways to improve health systems, including Facebook monitoring.”*

For more on Geneva Global Health Forum 2018, themed 'Precision global health in the digital age', see [here](#). With daily news [here](#).

Global Health Norway conference

Cfr a tweet: "Global Health Norway conference opened in @UniOslo_GH, Oslo with the theme: **#healthsystems strengthening: #HealthForAll revisited**. Keynote address by @goran_tomson from @karolinskainst. #globalhealth"

I have a hunch there'll be a bunch of global health events with that theme this year.

Geneva Global Health Hub - Civil society meetings ahead of 71st WHA

<http://g2h2.org/posts/event/may2018/>

Among others: "Translating "Health for All" into the Present and Future" (Friday 18 May)

Quod erat demonstrandum :)

Global governance of health

Guardian - Anger over global inequality reaches tipping point: Richest 1% on target to own two-thirds of all wealth by 2030

https://www.theguardian.com/business/2018/apr/07/global-inequality-tipping-point-2030?CMP=Share_iOSApp_Other

*"The world's richest 1% are on course to control as much as two-thirds of the world's wealth by 2030, according to a shocking analysis that has led to a cross-party call for action. World leaders are being warned that the **continued accumulation of wealth at the top will fuel growing distrust and anger over the coming decade** unless action is taken to restore the balance."*

KFF (factsheet) - The President's Malaria Initiative and Other U.S. Government Global Malaria Efforts

<https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-global-malaria/>

PS: this week, in between all the belligerent tweeting, Trump also named the **new leader for the President's Malaria Initiative: K W Staley**, currently a consultant at McKinsey. See [White House](#):

*"...Kenneth William Staley of Iowa, to be the Coordinator of United States Government Activities to Combat Malaria Globally. Dr. Staley is a consultant at McKinsey and Company, where he has **assisted with large public health crisis responses to Ebola and MERS and has also served clients in the pharmaceutical and medical device industries.** Prior to joining McKinsey, Dr. Staley was an executive at Medtronic, where he led ventures aimed at expanding access to medical technology in emerging economies. During the George W. Bush administration, he served as Director for Biodefense Policy at the White House, where he led implementation of the "National Strategy for Pandemic Influenza" and served as the State Department's Acting Deputy Assistant Secretary for Counterproliferation...."*

PEPFAR Releases First-Ever Site-Level Program Results and Partner Performance Data to the Public

<https://www.pepfar.gov/press/releases/280328.htm>

*"[Today], the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) **reached a new transparency milestone** in the global HIV/AIDS response by publicly releasing program results and implementing partner performance data for more than 40,000 PEPFAR-supported facilities spanning all of its 35 country and regional programs...."*

Devex - Exclusive: USAID chief unveils major organizational shakeup

[Devex](#):

"U.S. Agency for International Development leaders are poised to undertake one of the most significant restructuring efforts in the institution's history. A new organizational chart calls for the creation of new, high-level positions, the consolidation of a number of agency offices and functions, and a more unified approach to budgeting and management inside the world's largest bilateral aid donor. Administrator Mark Green revealed the proposed structure in a series of staff meetings and internal announcements last week. The agency will now present it to Congress and gather feedback from employees, implementing partners, and other U.S. aid experts. ..."

NYT – Trump proposes rejoining the TPP to shield farmers from trade war

<https://www.nytimes.com/2018/04/12/us/politics/trump-trans-pacific-partnership.html?smid=tw-nytimes&smtyp=cur>

Ahum.

Bloomberg - North Korea's Other 'Weapon' Is Poised to Explode

<https://www.bloomberg.com/news/articles/2018-04-11/north-korea-s-other-weapon-is-poised-to-explode>

"People in China like to joke that North Korea has two lethal weapons: nuclear missiles and tuberculosis. While the rogue state's nuclear ambitions have long inspired angst—and led to economic sanctions—the threat of TB, the planet's biggest infectious killer, has garnered less attention. With more than 100,000 cases in 2016, North Korea is on the World Health Organization's list of nations with the greatest incidence of the deadly lung disease, and doctors warn that an explosion in multidrug-resistant strains could be coming. In February, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the biggest financial contributor to TB control in the Democratic People's Republic of Korea since 2010, announced that it will close its programs there in June, citing challenges working in the country. The closure of programs is likely to lead to "massive stock outs of quality-assured TB drugs nationwide," wrote Harvard Medical School doctors in an open letter to the Global Fund, published on March 14 in the British medical journal the Lancet. Such privation in the past has "led to the rapid creation of drug-resistant TB strains, as doctors ration pills and patients take incomplete regimens," they wrote...."

See also Jeremy Youde in the Washington Post's Monkey Cage: [North Korea has a big tuberculosis problem. It's about to get worse.](#) (must-read indepth analysis & some speculation on possible rationale of the GF's decision to suspend grants by 30 June, and impact on TB & malaria in North-Korea, and beyond).

A few related tweets:

"Has there been a response from @GlobalFund @PeterASands yet on #NorthKorea? Given high number of lives and the broader #globalhealth risks, not to mention the Fund's own good governance and transparency policies, this is clearly a serious issue which warrants greater attention."

KJ Seung - Why is @GlobalFund pulling out of North Korea? According to @aidspan "...it is likely that the Fund is thinking about the potential impact to its global portfolio of grants if anything were to go wrong in the DPRK." This is a stupid reason to abandon an entire people.

http://www.aidspan.org/gfo_article/global-fund-terminates-its-grants-democratic-people%E2%80%99s-republic-korea

"I've heard of 'defensive medicine'. But I've never heard of "defensive @GlobalFund grant management"! We cannot let this become the norm. How can we look in the mirror if we abandon the poorest of the poor because of "perceived risk"?"

ORF - The sharp power of development diplomacy and China's edge

T Ngangom; <https://www.orfonline.org/expert-speaks/sharp-power-development-diplomacy-china-edge/>

“Chinese development diplomacy not only offers alternative sources of finance, but also presents a model that seems to overcome the major criticisms of traditional aid. However, such power relations are rarely horizontal, and often come attached with significant geopolitical implications.”

WB (publication) – The State of Social Safety Nets 2018

<http://www.worldbank.org/en/topic/socialprotectionandjobs/publication/the-state-of-social-safety-nets-2018?cid=ECR TT PUBS EN EXT>

“An estimated 36 percent of the very poor escaped extreme poverty because of social safety nets, providing clear evidence that social safety net programs are making a substantial impact in the global fight against poverty. In developing and transition countries, 2.5 billion people are covered by safety net programs. Of these, 650 million people are from the poorest quintile. Yet, in low-income countries, only 1 in 5 of the poorest are covered by safety net programs.”

Guardian - Save the Children faces formal investigation over staff misconduct

<https://www.theguardian.com/society/2018/apr/11/save-the-children-inquiry-staff-misconduct-brendan-cox>

“Save the Children, the global charity mired in allegations that it failed to investigate sexual abuse and inappropriate behaviour by staff, is to be formally investigated by the Charity Commission.”

Global Challenges – When “Good Evidence” Is Not Enough: A Case of Global Malaria Policy Development

B D'Souza & J Parkhurst; <https://onlinelibrary.wiley.com/doi/abs/10.1002/gch2.201700077>

“This paper presents findings from a case study of two different policy development processes within the WHO's malaria department. By comparing the policy processes for the interventions of intermittent preventive treatment in infants versus children, the findings suggest that “good evidence” from a technical perspective, though important, is not sufficient to ensure universal agreement and uptake of recommendations. An analysis of 29 key informant interviews finds that evidence also needs to be relevant to the policy question being asked, and that expert actors

retain a concern over the legitimacy of the process by which technical evidence is brought to bear in the policy development process. Previous findings from the field of sustainable development, that evidence must be credible, salient, and legitimate to be accepted by the public, appears to apply equally within scientific advisory committees. While the WHO has principally focused on technical criteria for evidence inclusion in its policy development processes, this study suggests that the design and functionality of its advisory bodies must also enable transparent, responsive, and accepted processes of evidence review to ensure that these bodies are effective in producing advice that engenders change in policy and practice.”

Foreign Policy – The End of Human Rights? Learning from the failure of the Responsibility to Protect and the International Criminal Court.

David Rieff; <http://foreignpolicy.com/2018/04/09/the-end-of-human-rights-genocide-united-nations-r2p-terrorism/>

Well worth a read, on the state of the human rights movement globally. They’re in the defensive, as you might have noticed. **“There is no doubt that the human rights movement is facing the greatest test it has confronted since its emergence in the 1970s as a major participant in the international order.”**

“... for the moment, at least, Brexit, Donald Trump’s presidency, and the steady rise of China have shattered the human rights movement’s narrative that progress is inevitable. ... What the human rights movement has been unwilling to do is accept some of the blame for the greatly weakened position in which it finds itself. ...”

IRIN - Let’s end this competition of misery

A Verjee; <http://www.irinnews.org/opinion/2018/04/10/opinion-let-s-end-competition-misery>

“Reader, answer me this: what is the world’s worst crisis? Yemen? Syria? The Democratic Republic of Congo? South Sudan? That question may not be any easier to answer even if there are accompanying descriptors: the worst famine since the Second World War; the worst refugee crisis since Rwanda; the worst humanitarian crisis in 50 years....”

*“...In invoking searing historical moments such as the Rwandan genocide or even the Second World War (and, implicitly, Nazi atrocities), UN agencies, humanitarian NGOs, donor governments, and the media aim to shock when they make public announcements. They attempt to convey urgency and significance, to make crises relatable, to provide a frame of reference. By doing so, they hope to galvanise their audiences to action, to unlock both financial and political capital to be applied to desperate situations. **But this sort of language, these reductive statements, also simplify complex, difficult crises. They turn them into contests of superlatives, into a competition of misery.** Ultimately, we are **reduced to compiling a hierarchy of priorities**, one that is determined by outsiders. Which situation is more deserving of the attention of the rich and privileged than another? Put more starkly: **which set of humans is more deserving of our finite attention and goodwill?...**”*

Medium - Registration Gaps in Low and-Middle Income Countries Leave Billions Behind

<https://medium.com/vital-strategies/registration-gaps-in-low-and-middle-income-countries-leave-billions-behind-7a4d7cfd96f4>

By Dr. Philip Setel, who leads **Vital Strategies' Civil Registration and Vital Statistics** work under the **Bloomberg Data for Health Initiative**. Well worth a read. *"Roughly 130 million babies are born every year. Nearly one-quarter of them will begin life without any official record of their existence..."*

IP-Watch - Special Feature: Blocking Taiwan From Joining WHO Affects Global Health Security, Officials Say

<https://www.ip-watch.org/2018/04/09/special-feature-blocking-taiwan-joining-affects-global-health-security-officials-say/>

"Two years after the victory of Taiwan Democratic Progressive Party (DPP) and President Tsai Ing-wen, Taiwan is feeling the effects of the DPP's position against the "One China principle." At the World Health Organization, China is allegedly successfully blocking Taiwan from participating in the annual World Health Assembly, and in a number of WHO technical meetings, officials say. Beyond the political dimension of the dissent between China and Taiwan, the situation may hurt the Taiwanese and global health security, Taiwanese officials said..."

*"... In an attempt to shed light on what they feel is an unfair and prejudiced behaviour on the part of the WHO, the Taiwanese government invited an international group of journalists to come and see what Taiwan can offer in terms of cooperation and collaboration in global health security, and why they should be invited to participate in the World Health Assembly (WHA) from 21-26 May, and in the WHO technical meetings. **This year, new WHO Director General Tedros Adhanom Ghebreyesus (Dr Tedros) has not yet invited Taiwan.** According to sources, a group of like-minded countries supporting Taiwan whose names are undisclosed, is trying to convince the WHO to invite Taiwan, so far without results."*

A Twitter conversation related to the lack of SDG focus (still) among many donors (with focus on UNICEF)

Robert Marten – *"I have tremendous respect for @UNICEF, but when I read their Strategic Plan 2018-2021, it feels like the institution is still stuck in the MDG era. This document mentions HIV six times. It never mentions NCDs or tobacco. It never mentions pollution. https://www.unicef.org/videoaudio/PDFs/UNICEF_Strategic_Plan.pdf ... "*

Kent Buse - *Sadly @UNICEF is not unique. See analysis of global health NGOs' areas of focus mapped against Global Burden of Disease: institutional inertia & path dependency lead to failure to shift to #SDG3 - see pg 19 <https://bit.ly/2paDUy8> @HelenClarkNZ @suzp @NordstrmAnders*

Robert Marten – “Unfortunately, this is not an anomaly for UN institutions working on #globalhealth. Most @UN institutions remain stuck in the MDG era and have not fully transitioned their efforts to achieve the Sustainable Development Goals #SDGs.”

Stefan Peterson – “@UNICEF is not unique in depending on funding flows, which still largely are in the “three disease” era. In particular hard to fund #NCD agenda for first two decades..... chicken and egg situation requiring an omelette approach! #pivot2prevention #lifecycle #BeatNCDs”

Stefan Peterson – “Unfortunately 5.6m under five deaths and 2.6 m #stillbirths remain from MDG era, as we pivot to SDG era and expand to include #adolescent agenda, where @unicef SP includes learning agendas on e.g #mentalhealth where intervention evidence sparse...”

Robert Marten – “Dear Stefan, this is a good point. I agree. The donors really do need to start moving beyond the MDGs, and funding the SDGs. But I wonder if there are ways that the UN agencies can get ahead and lead the donors in the right direction? CC: @IlonaKickbusch”

Devex - Governments must fund global health security commitments

Dulce Pedrosa; [Devex](#);

“... The soon-to-be-launched Tackling Deadly Diseases in Africa Programme (TDDAP), led by the UK government, is an example of the renewed focus on universal health security that is coming at a critical time. The global health threat we are faced with today encourages the use of costing models to measure the impact of epidemics on the economy as a whole. **This is particularly relevant for health security, which requires shifting the agenda from the Ministry of Health to a more collaborative approach that spans across different sectors and players.** The French writer Albert Camus once wrote: “The one way of making people hang together is to give 'em a spell of the plague.” We would hope that realistic forecasting and costing scenarios can achieve this before a devastating disease strikes. **In the short and medium term, the implementation of global health security processes will still be donor-reliant. But at the same time, we need to ensure that plans align with national budgets in order to facilitate the eventual transition to domestic funding.** We also must ensure that all strategies support governments: enabling them to manage health security more effectively and giving them the opportunities to work closely with civil society. Ultimately, it is the government which is accountable for success or failure...”

BMJ Editorial – How serious are global health leaders about gender equality?

Anuj Kapilashrami <https://www.bmj.com/content/361/bmj.k1462>

Viewpoint on the Global Health 50/50 report.

*“... This **timely report should be a tipping point** in the struggle for accountability and action on gender inequality in global health, but **critical questions remain**. Firstly, **to what extent is the enthusiasm and concern among researchers shared by political leaders, policy makers, and funders?...**”*

*“**Secondly, how does tackling gender equality in global health sit within a broader political and economic restructuring of global health governance?** We know that decision making occurs in a fragmented policy arena, with a prominence of non-state actors and commercial interests. These multiple actors and their vertical orientations have led to pressing gender equity concerns and a shift away from a focus on the economic, political, social, and commercial determinants of health. This shift should prompt closer attention to the unintended gendered effects of global health programmes.”*

KHN - Patient Advocacy Groups Take In Millions From Drugmakers. Is There A Payback?

<https://khn.org/news/patient-advocacy-groups-take-in-millions-from-drugmakers-is-there-a-payback/>

“Kaiser Health News launches “Pre\$cription for Power,” a groundbreaking database to expose Big Pharma’s ties to patient groups.”

Guardian - Syria: 500 Douma patients had chemical attack symptoms, reports say

<https://www.theguardian.com/world/2018/apr/11/syria-douma-patients-chemical-attack-symptoms-who>

*“An estimated 500 people went to Syrian health facilities with “signs and symptoms consistent with exposure to toxic chemicals” after the attack on the rebel-held town of Douma at the weekend, according to reports passed to the World Health Organization. **“WHO demands immediate unhindered access to the area to provide care to those affected, to assess the health impacts and to deliver a comprehensive public health response,”** said Peter Salama, the agency’s deputy director general for emergency preparedness and response. UN aid agencies do not have access to most of the enclave of eastern Ghouta, including Douma where the alleged attack occurred. The Syrian government has denied responsibility for the attack. The report from the WHO’s partners in Syria adds to mounting evidence of the use of toxic gas in the attack, which killed at least 42 people and has raised the prospect of American airstrikes against forces loyal to the regime of Bashar al-Assad...”*

Lancet (Correspondence) – Protecting health care in armed conflict: action towards accountability

G P Taylor et al ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30610-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30610-X/fulltext)

“Driven by a deplorable trend of unlawful attacks on health-care facilities and workers in armed conflicts throughout the world, on May 3, 2016, the UN Security Council (UNSC) adopted Resolution 2286 calling for an end to such attacks. The Secretary-General followed with recommendations of concrete measures for implementation. However, unlawful attacks on health care have continued or intensified in many conflicts, notably in Syria. We, academic institutions, civil society, and co-sponsoring Member States, convened a side event during the 72nd UN General Assembly to focus global attention on this issue and the imperative that Resolution 2286 be implemented. ...” An update on where things stand now.

Lancet (Correspondence) – mHealth and the legacy of John Snow

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30783-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30783-9/fulltext)

*“...Smartphones and wearable technology are increasingly used as public health tools because billions of people worldwide are digital users. ... Clinicians and researchers can use these devices to effortlessly monitor patients' health and behaviour indicators in real time. This new concept of individualised screening, diagnosis, and follow-up (so-called **mHealth**), coupled with the initiatives of Google and Apple to turn their devices into mobile health centres and introduce them into existing primary health-care networks, is fuelling the growth of large digital epidemiological studies.... it is **possible for large multinational companies to take control of medical data and own large epidemiological databases**. Fortunately, incoming projects, such as The Argonaut Project and The Carin Alliance, are beginning to define the conditions and legal terms surrounding the sharing of electronic health records and other health information through the internet. ... Considered to be the father of epidemiology in the mid-19th century, John Snow used simple statistics and mapping to track the distribution of cholera in the population of London, UK. Medical data collection has undergone radical changes since then, and we are witnessing the advent of a new era in medicine, with unexpected levels of complexity. **mHealth is a promising tool that could improve biomedical research and health outcomes, but adequate governance is needed so that scientists and health-care professionals are, as they were in the past, the only people who have access to these data.**”*

UHC

Indicator 3.8.1 reclassification (i.e. on UHC)

Cfr a tweet:

“Great news! Advocacy for indicator 3.8.1 reclassification pays off. Monitoring of #SDGs target 3.8 is now complete and will track two aspects of #UHC: financial protection & coverage of essential health services #UHC2030” See also <https://unstats.un.org/sdgs/tierIII-indicators/files/Tier3-03-08-01.pdf>

“The IAEG-SDG endorses WHO’s proposal on upgrading the UHC indicator of SDG 3.8.1”.

Scidev.net - Universal health coverage depends on solid data

Ben Deighton; <https://www.scidev.net/global/editorials/universal-health-coverage-depends-on-solid-data.html>

Recommended. “World Health Day was dedicated to universal health insurance; But **data is unreliable and patchy – biggest deficit in Africa**; Policymakers left clutching at straws to turn the tide.”

Co-development call: exploring compassionate health care

<http://www.who.int/servicedeliverysafety/areas/qhc/co-development-call.pdf?ua=1>

“The **WHO Global Learning Laboratory (GLL) for Quality UHC** welcomes reflections using the structured questionnaire below...” Check it out and contribute. By **30 April**.

NYT - Republicans Couldn’t Knock Down Obamacare. So They’re Finding Ways Around It.

[NYT](#);

*“Alongside one health care market, a **parallel one, with fewer rules.**”*

*“The Trump administration has always seen Obamacare as an abominable roadblock to the less regulated insurance market it prefers. Last year, it tried to knock it down and failed. Now, it’s building a set of detours...” “... **On Monday, the Centers for Medicare and Medicaid Services, which oversees the marketplaces, unveiled a series of policies that Seema Verma, the agency’s administrator, made clear were aimed at working around the health law’s requirements...**”*

A few more pieces related to World Health Day 2018

Hera letter – A letter for World Health Day 2018

<http://www.hera.eu/en/news/a-letter-for-world-health-day-2018/>

Very poignant letter. “...As a *thought experiment* and a way of helping to outline the distances involved, a hera partner created a *fictitious letter from a fictitious ministry of health to a fictitious patient on world health day*, and we thought we should share it with you. It captures many of the struggles we must face to achieve our goals of Universal Health Coverage.”

Project Syndicate - How Corruption Impedes Universal Health Coverage

Sania Nishtar; <https://www.project-syndicate.org/commentary/corruption-waste-barriers-to-universal-health-coverage-by-sania-nishtar-2018-04>

“There is growing consensus that affordable, quality health care is a basic human right, and the United Nations Sustainable Development Goals include universal coverage as a target. But until an old foe – corruption and fraud – is defeated, the goal of health care for all will remain aspirational.”

And a few **tweets related to UHC** & World Health Day:

Kent Buse “- Dear @stefanswartpet - in response to your tweet yesterday - in my experience this @WHO definition is dominant understanding of #UHC - emphasis very much on health services (which are important), but does not encompass social determinants”

Stefan Peterson replied: “Yes, unfortunately so. Thus my broken record that “H” in “UHC” reads “health” and NOT “healthcare”. We need to address #social as well as #commercial #determinants of health. #Pivot2Prevention #HealthForAll @unicef”

Health Systems & Reform - Health and the Legislature: The Case of Nigeria

O Tejuoso et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1441622>

It’s clear the legislature needs to be fully involved in the UHC drive. Check out the Nigerian case.

Daily Mail - The divided states of America: Major health study warns US is at breaking point as the wealthy coasts thrive and the poor south is crushed by drugs, heart disease, obesity and cancer

<http://www.dailymail.co.uk/health/article-5599527/The-divided-states-America-Major-health-study-warns-breaking-point.html>

Based on a new [IHME study](#) published in JAMA. “In 21 states, an early death became more likely in 2016 than it was in 1990; Despite massive health care spending, Americans are dying in droves from obesity, drugs and suicides; While improvements are visible among older and younger groups, deaths are on the rise among 20- to 55-year-olds.”

Planetary health

Forthcoming in Special Issue of Journal of Human Rights and Environment - Climate Dreaming: Negative Emissions, Risk Transfer, and Irreversibility

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2940987

“The Integrated Assessment Models used by the Intergovernmental Panel on Climate Change rely heavily on negative emissions technologies [NETs] for scenarios that keep global temperature rise to 2° C or lower. One favoured NET is bio-energy combined with carbon capture and storage [BECCS]. It is not established, however, that BECCS is feasible at a scale sufficient to matter, nor that BECCS at sufficient scale is compatible with sustainable development. Secondly, substituting the prospect of BECCS later for ambitious mitigation of emissions now unjustifiably transfers risks from the present to the future. Thirdly, no NET can ‘buy time’ for unambitious mitigation because the later reduction of ‘overshoots’ in emissions cannot reverse the passing of tipping points in the interim. The substitution of the dream of later negative emissions for immediate mitigations is therefore completely unjustified.”

See a tweet from Jason Hickel – “This is a striking argument. Basically, **we can't rely on *future* negative emissions technologies to reduce carbon budget overshoot, because it's not possible to reverse climate tipping points.** This ups the stakes considerably.”

Guardian - Gulf Stream current at its weakest in 1,600 years, studies show

https://www.theguardian.com/environment/2018/apr/11/critical-gulf-stream-current-weakest-for-1600-years-research-finds?CMP=Share_AndroidApp_Tweet

Looks like we're all playing in a (slow-motion) version of 'The Day After Tomorrow'. “The warm Atlantic current linked to severe and abrupt changes in the climate in the past is now at its weakest in at least 1,600 years, new research shows. The findings, based on multiple lines of scientific

evidence, throw into question previous predictions that a catastrophic collapse of the Gulf Stream would take centuries to occur.”

Guardian – The Defenders

https://www.theguardian.com/environment/ng-interactive/2018/feb/27/the-defenders-recording-the-deaths-of-environmental-defenders-around-the-world?CMP=Share_iOSApp_Other

“20 environmental defenders have been killed so far in 2018 while protecting their community’s land or natural resources.” “Over the past year, in collaboration with Global Witness, the Guardian has attempt to record the deaths of all these people, whether they be wildlife rangers in the Democratic Republic of the Congo or indigenous land rights activists in Brazil. At this current rate, chances are that four environmental defenders will be killed this week somewhere on the planet.”

First Africa Climate week in Nairobi (9-13 April)

Cfr a tweet:

*“The **first #AfricaClimateWeek** opens in Nairobi, with a meeting on Regional #climate strategies & #climatetech transfer for a low-carbon and climate-resilient future for #Africa #CarbonForum18 #mitigation”*

Among others, it’s clear that African (Development Bank & national) **coal strategies** are a controversial point.

See also [IISD - Africa climate week](#) *“The 2018 Africa Climate Week will convene on the theme, ‘Climate Action for Sustainable Development: Driving Change in Africa.’ The events of Africa Climate Week will focus on NDC support and implementation, the SDGs, and Global Climate Action. ACW2018 is the first of what is expected to be an annual gathering. It aims to support implementation of countries’ Nationally Determined Contributions (NDCs) under the Paris Agreement and climate action to deliver on the SDGs.”*

Guardian - Drug waste clogs rivers around the world, scientists say

<https://www.theguardian.com/environment/2018/apr/11/drug-waste-clogs-rivers-around-the-world-scientists-say>

“River systems around the world are coursing with over-the-counter and prescription drugs waste which harms the environment, researchers have found. If trends persist, the amount of pharmaceutical effluence leaching into waterways could increase by two-thirds before 2050, scientists told the European Geosciences Union conference in Vienna on Tuesday. “A large part of the

freshwater ecosystems is potentially endangered by the high concentration of pharmaceuticals,” said Francesco Bregoli, a researcher at the IHE Delft Institute for Water Education in the Netherlands, and leader of an international team that developed a method for tracking drug pollution “hotspots”....”

Guardian - Want to save the world from hunger? Start by not wasting food, shoppers told

<https://www.theguardian.com/global-development/2018/apr/12/food-waste-recipe-for-disaster-global-hunger-fight-shoppers-warned-world-food-programme>

*“Consumers are being urged to use their imagination and create recipes from food that would otherwise go to waste, as part of a campaign to raise money to tackle global hunger. **The World Food Programme has launched a social media movement, #RecipeforDisaster, with the aim of making the public more conscious of the food waste they generate.** It is hoped the initiative, which is being **launched in Britain first before being rolled out globally,** will encourage people to share recipes online and make a donation....”*

Nature (news) - Global negotiations set to limit greenhouse-gas pollution from ships

<https://www.nature.com/articles/d41586-018-04100-9>

*“More than 170 governments are converging on a plan to curb greenhouse-gas emissions from the shipping industry, filling a gap left by the 2015 Paris climate agreement. The framework is slated for approval next week. **A panel of the United Nations International Maritime Organization (IMO) is due to meet in London,** where it is expected to agree on a resolution that would set targets for emissions reductions and lay the groundwork for future regulations. The IMO would then flesh out and finalize the regulatory framework by 2023....”*

Infectious diseases & NTDs

BMJ Global Health - Quality of WHO guidelines on snakebite: the neglect continues

S Bhaumik et al; <http://gh.bmj.com/content/3/2/e000783>

Summary: *“Snakebite is a major public health problem in many parts of the world. WHO has readded snakebite to the list of neglected tropical diseases in 2017. The two WHO guidelines on management of snakebite were appraised and found to have poor quality. The guidelines had inadequate stakeholder involvement, poor methodological rigour, and competing interests were inadequately*

managed. WHO should ensure development of high-quality guidelines on snakebite management in accordance with the WHO's Guideline Review Committee process."

NYT - TB Treatment May Leave Some Patients Contagious

[NYT:](#)

"The World Health Organization's dosage guidelines for two leading tuberculosis medications may be far too low for patients with H.I.V., allowing them to remain contagious for longer than necessary, a new study has found...."

CIDRAP - New findings on Zika virus in semen may alter CDC guidance

[CIDRAP:](#)

"A study published today in the New England Journal of Medicine sheds more light on how long the Zika virus lives in semen and may change the current recommendations for precautions against sexual transmission of the flavivirus. While it's been known that semen can transmit the virus, researchers have yet to determine how long semen remains infectious, but the study, by Centers for Disease Control and Prevention (CDC) researchers, shows that the window of time might be shorter than previously thought, usually within 1 month of the initial infection."

WHO Bulletin – International travel and the urban spread of yellow fever

S Brent et al ; http://www.who.int/bulletin/online_first/BLT.17.205658.pdf

This article examines the potential for international travel to spread yellow fever virus to cities around the world.

Some of the findings: "In 2016, 45.2 million international air travellers departed from yellow fever-endemic areas of the world. Of 11.7 million travellers with destinations in 472 cities where yellow fever was not endemic but which were suitable for virus transmission, 7.7 million (65.7%) were not required to provide proof of vaccination upon arrival. Brazil, China, India, Mexico, Peru and the United States of America had the highest volumes of travellers arriving from yellow fever-endemic areas and the largest populations living in cities suitable for yellow fever transmission."

AMR

Stat News - Innovative ways to pay for new antibiotics will help fight superbugs

Keving Outterson; [Stat News](#)

Viewpoint on the use of “**transferable exclusivity awards**” to boost new antibiotics. This sort of award is essentially “a voucher or prize that allows a drug company to extend the patent life of any drug in its portfolio by one year”.

And a tweet from last week:

“RT @ "Resistance to antibiotics is presently a huge public health challenge in Africa. If left unchecked about 4 million Africans could die of antibiotic-related deaths by 2050. **Africa CDC will this week launch an implementation strategy of its antimicrobial resistance network.**”

NCDs

Lancet Psychiatry – Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews

C Lund et al ; [http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(18\)30060-9/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30060-9/fulltext)

*“Mental health has been included in the UN Sustainable Development Goals. However, uncertainty exists about the extent to which the major social determinants of mental disorders are addressed by these goals. **The aim of this study was to develop a conceptual framework for the social determinants of mental disorders that is aligned with the Sustainable Development Goals, to use this framework to systematically review evidence regarding these social determinants, and to identify potential mechanisms and targets for interventions.** We did a systematic review of reviews using a conceptual framework comprising demographic, economic, neighbourhood, environmental events, and social and culture domains. We included 289 articles in the final Review. This study sheds new light on how the Sustainable Development Goals are relevant for addressing the social determinants of mental disorders, and how these goals could be optimised to prevent mental disorders.”*

UNSW Law journal - Holding Food Companies Responsible for Unhealthy Food Marketing to Children: Can International Human Rights Instruments Provide a New Approach?

E Handsley et al; <http://www.unswlawjournal.unsw.edu.au/article/holding-food-companies-responsible-advance/>

“Public health advocates argue that unhealthy food marketing to children infringes children’s rights, given its link to obesity, and that states have an obligation under the UN Convention on the Rights of the Child (‘UNCRC’) to protect children from such marketing. This article explains how international human rights concepts could be used to impose obligations directly on companies to modify their practices to protect children from unhealthy food marketing. We draw on the global governance framework that creates human rights obligations for businesses, and evaluate voluntary codes and initiatives on responsible marketing to children in Australia, to see whether they satisfy the obligations imposed under this framework and the UNCRC. Finding significant limitations in these measures, we set out recommendations for how the food industry could take an approach to food marketing that places children’s best interests as a primary consideration.”

WHO Bulletin – Reducing the global burden of musculoskeletal conditions

A Briggs et al; http://www.who.int/bulletin/online_first/BLT.17.204891.pdf

“The sustainable development goals (SDGs) and the Decade of Healthy Ageing 2020– 2030 offer a timely and favourable opportunity for increased global attention and action on musculoskeletal health...”

With some suggestions.

The Nation - How Big Wireless Made Us Think That Cell Phones Are Safe: A Special Investigation

[The Nation;](#)

“The disinformation campaign—and massive radiation increase—behind the 5G rollout.” Big Tobacco would have been proud of this industry whitewashing & the tactics used.

Medical Press - There's an allergy epidemic in Africa, and not enough specialists to deal with it

[Medical Press](#)

“Allergies are on the rise in Africa, but with too few specialists to treat them, and a parallel increase in immune deficiency diseases, the situation is worse than we thought. According to researchers from Ain Shams University in Egypt in an article published in the Journal of Allergy and Clinical Immunology, the answer is more funding, motivated governments and better scientific partnerships....”

Reuters – More U.S. teens seeing e-cigarette ads

[Reuters:](#)

“A large and growing proportion of U.S. teens are seeing e-cigarette ads in stores, online, on television and in newspapers and magazines, a recent [CDC] study suggests.....”

Facebook has a tobacco problem, researchers say

https://www.cnbc.com/2018/04/05/facebook-filled-with-e-cig-tobacco-promotions-researchers-say.html?_source=sharebar%7Ctwitter&par=sharebar

A new day, a new problem for Facebook and its beleaguered CEO, it appears :)

“Tobacco products are promoted across Facebook, Stanford University researchers found. Researchers applauded Facebook for even having policies aimed at preventing tobacco promotions and sales but recommended the company make them more consistent and improve how it enforces them.”

IJHPM - Global Surgery – Informing National Strategies for Scaling Up Surgery in Sub-Saharan Africa

J Gajewski; http://ijhpm.com/article_3485.html

*“Surgery has the potential to address one of the largest, neglected burdens of disease in low- and middle-income countries (LMICs), especially in sub-Saharan Africa (SSA). **The Lancet Commission on Global Surgery (LCoGS)** has provided a blueprint for a systems approach to making safe emergency and elective surgery accessible and affordable and has started to enable African governments to develop national surgical plans. **This editorial outlines an important gap, which is the need for surgical systems research, especially at district hospitals which are the first point of surgical care for rural communities, to inform the implementation of country plans.** Using the Lancet Commission as a starting point and illustrated by two European Union (EU) funded research projects, we point to the need for implementation research to develop and evaluate contextualised strategies. As illustrated by the case study of Zambia, coordination by global and external stakeholders can enable governments to lead national scale-up of essential surgery, supported by national partners including surgical specialist associations.”*

IJHPM – Tapping the Power of Soda Taxes: A Call for Multidisciplinary Research and Broad-Based Advocacy Coalitions – A Response to the Recent Commentaries

S Roch & L Gostin; http://ijhpm.com/article_3484.html

*“...In comments on our recent editorial, Le Bodo and De Wals¹ and Baker et al provide compelling reflections on the need for further research into the policy processes and societal conditions conducive to sustainable soda taxes. **This response is a call to action for increased multidisciplinary research and broad-based advocacy coalitions to expand the use and the effectiveness of soda taxes to promote the public’s health.** In particular, we highlight the need for research relevant to low and middle-income countries (LMICs) and emerging efforts to incorporate the voices and experiences of people living with non-communicable diseases (NCDs) into the development of policy responses....”*

And a tweet on soda:

““Generally, I think sugar is where tobacco was in 1973,” Larry Summers says. “We’ve recognized how serious it is as a public health problem. There are initiatives, and the tide is rolling in.””

Lancet Global Health - Effective interventions for unintentional injuries: a systematic review and mortality impact assessment among the poorest billion

A Vecino-Ortiz, A Hyder et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30107-4/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30107-4/fulltext)

*“Between 1990 and 2015, the global injury mortality declined, but in countries where the poorest billion live, injuries are becoming an increasingly prevalent cause of death. The vulnerability of this population requires immediate attention from policy makers to implement effective interventions that lessen the burden of injuries in these countries. **Our aim was two-fold; first, to review all the evidence on effective interventions for the five main types of unintentional injury; and second, to estimate the potential number of lives saved by effective injury interventions among the poorest billion....”***

Last but not least, a quick link to a [new article](#) in the Lancet Psychiatry - Risk of dementia increased in people with traumatic brain injury.

My own brain is telling me something similar, for some years :)

Sexual & Reproductive / maternal, neonatal & child health

Guardian - Alarm over cuts to Hague-Jolie plan to end sexual violence in war

<https://www.theguardian.com/global-development/2018/apr/12/litmus-test-looms-william-hague-angelina-jolie-scheme-to-end-sexual-violence-in-war-preventing-sexual-violence-initiative>

The scheme launched by William Hague and Angelina Jolie faces a 'litmus test' as scrutiny falls on the British response to the rape of Rohingya women.

Stop funding research that ignores sex and gender, says expert

<https://www.timeshighereducation.com/news/stop-funding-research-ignores-sex-and-gender-says-expert>

"Stanford's Londa Schiebinger warns that failure to account for differing impact of interventions on men and women is costing lives. Funding bodies should refuse to support scientific studies that do not examine the potential health effects on women as well as men, according to one of the world's leading experts on gender in science. Londa Schiebinger, John L. Hinds professor of history of science at Stanford University, told Times Higher Education that influential scholars had a responsibility to "ensure that sex and gender are designed into research and that this becomes a part of research funding requirements"...."

Guardian - The strange alliance between #MeToo and the anti-porn movement

<https://www.theguardian.com/culture/2018/apr/07/me-too-anti-porn-conference-cosmopolitan-ban>

"The sexual objectification of women has liberal feminists and conservative anti-porn crusaders talking about the same issues – but are they fighting the same fight?"

NYT (Letter to the Editor) - Combating Menstrual Stigma

<https://www.nytimes.com/2018/04/06/opinion/menstrual-stigma.html>

Re “When Pads Can’t Fix Prejudice” (Sunday Review, April 1)

*“Chris Bobel suggests that menstrual activism focuses disproportionately on providing hygiene products, instead of combating menstrual stigma. While I agree with 99 percent of her argument, **she underestimates the role products can play in reducing stigmas.** As a program manager for water and sanitation projects at Plan International, I have seen firsthand how the provision of products, or the construction of sanitation facilities, opens the door to dialogue in places where it was firmly shut....”*

Guttmacher – Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2018

<https://www.guttmacher.org/article/2018/04/just-numbers-impact-us-international-family-planning-assistance>

Policy analysis.

Access to medicines

Guardian - Non-profit’s \$300 hepatitis C cure as effective as \$84,000 alternative

<https://www.theguardian.com/science/2018/apr/12/non-profits-300-hepatitis-c-cure-as-effective-as-84000-alternative>

*“An affordable hepatitis C treatment has been shown to be safe and effective, with very high cure rates for patients including hard-to-treat cases, in **interim clinical trial results** that offer hope to the 71 million people living with the disease worldwide. The treatment is expected to cost \$300 for 12 weeks, or \$3.50 per day, in Malaysia, where trials were conducted along with Thailand – a fraction of the cost of other hepatitis C medicines produced by major drugmakers, which often run to tens of thousands of dollars. **The Drugs for Neglected Diseases initiative (DNDi)**, a not-for-profit organisation, is working with the Egyptian drugmaker Pharco Pharmaceuticals to bring a combination treatment of two hepatitis C tablets, ravidasvir -(a new drug)- and sofosbuvir, to countries that cannot afford to pay the high prices charged by US companies Gilead and AbbVie. This is taking longer than expected but has moved a big step closer with the latest results. The interim results of the phase II/III trial of 301 people will be presented in Paris on Thursday. **It has been funded by Médecins Sans Frontières, one of DNDi’s founding partners which also include France’s Institut Pasteur....”***

MSF Access - Open Letter to European Commissioner on EU India Free Trade Agreement and its impact on access to medicines

<https://www.msfacecess.org/content/open-letter-european-commissioner-eu-india-free-trade-agreement-and-its-impact-access>

“... Since 2010, MSF has expressed concerns about the possible effects that IP provisions proposed in the negotiations could have on the sustainable supply of quality assured generic medicines. As talks restart, MSF remains concerned today and would like to **reiterate the importance of a moratorium on the introduction of TRIPS-plus measures, and of completely removing additional enforcement provisions from the FTA negotiations....**”

Guardian - Why do new medicines cost so much, and what can we do about it?

<https://www.theguardian.com/news/2018/apr/09/why-do-new-medicines-cost-so-much-and-what-can-we-do-about-it>

Excellent briefing article by Sarah Boseley.

Human resources for health

WHO - Because health workers are worth more

Jim Campbell; http://www.who.int/hrh/news/2018/because_health_workers_are_worth_more/en/

Must-read blog related to World Health Worker week (last week).

“...**2016 and 2017 were milestone years in moving forward an international agenda to sustain and grow health workforces, in particular in low- and middle-income countries, to meet both present and future needs for health and employment. 2016 and 2017 were milestone years in moving forward an international agenda to sustain and grow health workforces, in particular in low- and middle-income countries, to meet both present and future needs for health and employment.**”
Read why.

“... **Having established commitment at global level, now Working for Health is focusing efforts at country level....**” Check out some promising highlights.

IHP – Disharmony and unhealthy rivalry among health professionals in Nigeria

<http://www.internationalhealthpolicies.org/disharmony-and-unhealthy-rivalry-among-health-professionals-in-nigeria/>

Probably not only a problem in Nigeria. By **Bolaji Samson Aregbeshola**. Key issue to tackle also with a view on UHC.

Miscellaneous

The Conversation – Why shared toilets in informal settlements may pose a serious health risk

S Simiyu; <https://theconversation.com/why-shared-toilets-in-informal-settlements-may-pose-a-serious-health-risk-94339>

*“Informal settlements in developing countries are mostly characterised by poor housing, poverty and a lack of basic services. One of these services is sanitation. Research shows that nearly a fifth of the population in sub-Saharan Africa share their sanitation facilities. Sharing toilets allows residents who do not have toilets in their individual homes to access toilets. **But when these shared toilets are poorly maintained and dirty, they end up posing a health risk rather than reducing the threat....”***

Lancet (Editorial) – Closing the gender pay gap: when and how?

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30837-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30837-7/fulltext)

Including this: “... **Academic publishing—which supports and profits from the health and research communities—has likewise fared poorly.** Among scholarly publishers, **Elsevier, the publisher of The Lancet, stands out, with a median pay gap of 40% in favour of men over women in its UK business.** This compares to a median gap of 22% at Wiley, 15% at Springer Nature, 15% at SAGE, and 13% at Oxford University Press. ... The Lancet strives to champion science that combats inequity and promotes the ability of women everywhere to live healthy and fulfilling lives. **That our publisher has reported such a large gender pay gap, and especially when compared with other publishers, is unacceptable.**”

French say ‘no deal’ to Springer as journal fight spreads

<https://www.timeshighereducation.com/news/french-say-no-deal-springer-journal-fight-spreads>

“Research institutions, first in Germany and now in France, are finding that publishers do not cut off access to journals – even when they stop paying.”

Lancet (Comment) – The social sciences, humanities, and health

M Pickersgill et al ; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30669-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30669-X/fulltext)

“... Public health and global health are unimaginable without the insights of qualitative and quantitative social sciences...” “...the value of these disciplines should be abundantly clear, and biomedical funders, international organisations, and professional associations need to play a full part in asserting this vision...”. Especially now that the May government in the UK “announced a review of UK higher education funding, with Secretary of State for Education Damien Hinds implying that undergraduate degrees in the humanities and social sciences should have their fees cut”.

The Global

<https://theglobal.blog/>

A brand new blog related to **Global Governance**. Linked to the **Graduate Institute** in Geneva.

Brookings TechTank – Less than four percent of private investment in health R&D targets the developing world

[Brookings](#):

*“A recent report published by the Brookings Private Sector Global Health R&D Project found that the private sector devotes at least \$159.9 billion to investments related to health research and development (R&D) annually. That total includes \$156.7 billion from pharmaceutical companies and \$3.2 billion from venture capital firms, and encompasses investments focused on both the developed and developing world. But when the researchers further broke out the spending, they found that an **exceedingly small share was dedicated to the developing world**. The figure [below] summarizes the private sector spending on overall health R&D, global health R&D (that is, spending that emphasizes medical treatments in the developing world), and neglected disease R&D. **Of the total \$159.9 billion spent on overall health R&D, only 3.7 percent, or \$5.9 billion was focused on the developing world, with \$5.6 billion coming from pharmaceutical firms and \$225.8 million from venture capital companies**. The researchers also examined what share of private sector investment was directed toward drugs, vaccines, and therapeutics to treat 35 specific illnesses that primarily afflict impoverished nations. **These neglected diseases attracted the least private R&D money. According to the report, neglected disease R&D spending totaled \$511 million** (with \$471 million coming from pharmaceutical funders and \$40 million from impact investors)....”*

Devex - What the Facebook scandal means for 'data for good'

<https://www.devex.com/news/what-the-facebook-scandal-means-for-data-for-good-92425>

*“As Facebook responds to a public relations nightmare — the fallout from news that a political consulting firm violated its rules for third party apps — **organizations that have worked with the social media giant to use its data for good are wondering what the implications may be for their partnerships....**” “Groups that have worked with the company on everything from spreading internet access, to raising funds, to communicating with beneficiaries, are asking what lessons this scandal holds for them when it comes to privacy and security. Some are now worried that partnering with Facebook could pose a risk to their reputation, or have real concerns about the protection of sensitive information on the populations they serve. Others remain as committed as ever to these partnerships — with varying levels of confidence as to whether Facebook feels the same. But what is clear to all of them is that this is a defining moment, demonstrating the growing opportunities and risks of leveraging data for good....”*

*“...As Facebook works to make changes internally, the question is not only what the impact will be on its data for good partnerships, but also whether this will drive a more serious conversation on **responsible data sharing between the private and public sector....**”*

Devex - Good news: Tools for facing down anti-aid media attacks

<https://www.devex.com/news/good-news-tools-for-facing-down-anti-aid-media-attacks-92439>

*“In the final part of our [3-part] **series on aid and the British media**, Devex explores how aid organizations can take control of biased news and how it influences the public's understanding of aid.”*

Guardian - 'Millions missing out': aid fails to make the grade on early years education

<https://www.theguardian.com/global-development/2018/apr/11/aid-early-child-development-education>

*“Just 1% of international aid dedicated to young children’s development is being targeted on pre-school education, according to a report that warns spending is imbalanced and short-sighted. **While global funding for early childhood development has grown in recent years, almost all of this investment – 95% – has been channelled towards health and nutrition initiatives.** Donors are deterred from spending on pre-school education, the report says, because the benefits of doing so are less immediate and visible....” Analysis by Cambridge University academics for the children’s charity Theirworld.*

Reachout (brief) - Improving data quality in community health programmes: Recommendations from inter-country research

<http://reachoutconsortium.org/learn-more/briefs/improving-data-quality-in-community-health-programmes-recommendations-from-inter-country-research/>

*“In all countries with community health programmes, close-to-community providers collect data about the people that they serve and the services that they provide. Depending on the country, these services include a mixture of health promotion, disease prevention, referral, and curative and disease management services. These data are essential to monitor the performance of community health programmes. **Governments often rely on national Demographic and Health Surveys** to provide them with information regarding the health of the populations in their districts/counties. The disadvantage of these surveys is that they are expensive and take place several years apart. **The data collected by close-to-community providers offers a more regular and cheaper alternative**, reaching all the way down to specific villages/facility catchment areas. **However, data collection and reporting tools used by close-to-community providers are not designed with the users in mind: they are often complicated, bulky to carry to home visits, and duplicative. The quality of data reported by close-to-community providers is often poor.** Data quality can be measured through data quality assessments and improved by inclusion of data management training, regular feedback, and supportive supervision. Finally, close-to-community providers rarely receive feedback on the quality and the meaning of the data they provide and the information flow in the system is primarily bottom-up. **This brief provides suggestions for national policy makers and the supervisors of close-to-community providers of health care on how this situation can be improved.**”*

Research

Health Research Policy & Systems - What can we learn from interventions that aim to increase policy-makers' capacity to use research? A realist scoping review

A Haynes et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0277-1>

*“Health policy-making can benefit from more effective use of research. In many policy settings there is scope to increase capacity for using research individually and organisationally, but little is known about what strategies work best in which circumstances. **This review addresses the question: What causal mechanisms can best explain the observed outcomes of interventions that aim to increase policy-makers' capacity to use research in their work?...**”*

Results: “... We found 22 studies that spanned 18 countries. There were two dominant design strategies (needs-based tailoring and multi-component design) and 18 intervention strategies targeting four domains of capacity, namely access to research, skills improvement, systems improvement and interaction. Many potential mechanisms were identified as well as some enduring contextual characteristics that all interventions should consider. The evidence was variable, but the

SCMO analysis suggested that **tailored interactive workshops supported by goal-focused mentoring, and genuine collaboration, seem particularly promising. Systems supports and platforms for cross-sector collaboration are likely to play crucial roles. Gaps in the literature are discussed.**

Social Science & Medicine – Understanding the micro and macro politics of health: Inequalities, intersectionality & institutions - A research agenda

A Gkiouleka et al ; <https://www.sciencedirect.com/science/article/pii/S027795361830025X>

“This essay brings together intersectionality and institutional approaches to health inequalities, suggesting an integrative analytical framework that accounts for the complexity of the intertwined influence of both individual social positioning and institutional stratification on health...”

Public Understanding of Science - Identifying diffusion patterns of research articles on Twitter: A case study of online engagement with open access articles

J P Alperin et al; <http://journals.sagepub.com/doi/abs/10.1177/0963662518761733>

*“The growing presence of research shared on social media, coupled with the increase in freely available research, invites us to ask whether scientific articles shared on platforms like Twitter diffuse beyond the academic community. We explore a new method for answering this question by identifying 11 articles from two open access biology journals that were shared on Twitter at least 50 times and by analyzing the follower network of users who tweeted each article. **We find that diffusion patterns of scientific articles can take very different forms, even when the number of times they are tweeted is similar. Our small case study suggests that most articles are shared within single-connected communities with limited diffusion to the public.** The proposed approach and indicators can serve those interested in the public understanding of science, science communication, or research evaluation to identify when research diffuses beyond insular communities.”*

SS&M - Does trade liberalization reduce child mortality in low- and middle-income countries? A synthetic control analysis of 36 policy experiments, 1963-2005

P Barlow; <https://www.sciencedirect.com/science/article/pii/S0277953618301606>

Highlights:

“Impact of trade liberalization and child mortality is currently unclear; Analysis of this relationship using synthetic control method; There is no universal association between trade liberalization and child mortality; Impact of trade liberalization and child mortality varies substantially; Reductions in child mortality greatest in democracies, Latin America, and pre-1990.”

Global Public Health – Financial security and public health: How basic income & cash transfers can promote health

N Sircar, E Friedman et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1460383>

*“Inadequate financial resources are a major driver for poor health. Financial insecurity contributes to health inequities in mutually reinforcing ways, with some effects lasting years. Fostering financial security to reduce the likelihood or magnitude of such pressures would have significant present and future health benefits. We review several models for bolstering financial security to determine which have the most significant health contributions based on current evidence and their theoretical potential. **We hypothesise that basic income guarantees might have the greatest positive health impact for beneficiaries, though this is heavily contingent on programme design and how financing affects other social welfare programmes.** Cash transfer programmes also contribute to financial security and promote health, with particularly strong evidence for the health benefits of conditional cash transfers, and may be more feasible programmes in some contexts.”*

CGD (working paper) - Using Supervised Learning to Select Audit Targets in Performance-Based Financing in Health: An Example from Zambia - Working Paper 481

D Grover et al; <https://www.cgdev.org/publication/using-supervised-learning-select-audit-targets-performance-based-financing-health>

“Independent verification is a critical component of performance-based financing (PBF) in health care, in which facilities are offered incentives to increase the volume of specific services but the same incentives may lead them to over-report. We examine alternative strategies for targeted sampling of health clinics for independent verification. Specifically, we empirically compare several methods of random sampling and predictive modeling on data from a Zambian PBF pilot that contains reported and verified performance for quantity indicators of 140 clinics. Our results indicate that machine learning methods, particularly Random Forest, outperform other approaches and can increase the cost-effectiveness of verification activities. “

Or see a tweet from one of the authors: *“Stay tuned for a new CGD paper that compares methods for risk-based verification in PBF. We find that supervised learning vastly outperforms random sampling and could substantially reduce verification costs.”*

Cochrane Review - Contracting out to improve the use of clinical health services and health outcomes in low- and middle-income countries

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD008133.pub2/abstract>

“Contracting out of governmental health services is a financing strategy that governs the way in which public sector funds are used to have services delivered by non-governmental health service providers (NGPs). It represents a contract between the government and an NGP, detailing the mechanisms and conditions by which the latter should provide health care on behalf of the government. Contracting out is intended to improve the delivery and use of healthcare services. This Review updates a Cochrane Review first published in 2009....”

Some of the **conclusions**: *“This update confirms the findings of the original review. Contracting out probably reduces individual out-of-pocket spending on curative care (moderate-certainty evidence), but probably makes little or no difference in other health utilisation or service delivery outcomes (moderate- to low-certainty evidence). Therefore, **contracting out programmes may be no better or worse than government-provided services**, although additional rigorously designed studies may change this result. The literature provides many examples of contracting out programmes, which implies that this is a feasible response when governments fail to provide good clinical health care....”*

Social Science & Medicine – Whatever happened to the ‘social’ science in Social Science and Medicine? On golden anniversaries and gold standards

Kirsten Bell; <https://www.sciencedirect.com/science/article/pii/S0277953618301680>

Well worth a read. *“... Although Social Science & Medicine has tried to carve out a space for what we might call ‘disciplined’ interdisciplinary dialogue, articles published in the journal have become increasingly standardized in form and content over the past fifteen years. This is immediately evident when back issues are compared with newer ones, where a degree of uniformity has begun to supersede the journal’s prior epistemological and methodological eclecticism. In what follows, I aim to trace these developments via a textual analysis of the journal itself, identifying several pivotal moments in its history that arguably set Social Science & Medicine on its current path: namely, the emergence of a social epidemiology section and the rise of ‘qualitative research’ as a pan-disciplinary methodological category. Through this exercise, I use the journal as a lens into the contemporary circumstances of scholarly knowledge production about social science and medicine: both in the politics of such production and the transformations in its machinery, which, in turn, have affected the very idea of it means to be a ‘journal’....”*