

# IHP news 469 : A potentially toxic cocktail of rising and unmet expectations

( 11 May 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,

Early summer in Belgium, splendid weather in other words, so I will duly self-censor the objectivating (*supposedly ape*) part of my brain lest I get the gender & intersectionality armada on my neck over the weekend. Let's just put it like this: with all these divine creatures roaming in the streets, you understand why Hinduism came up with the notion "God is in all of us", and hundreds (or is it thousands?) of deities. In spite of this, and even also taking into account the yearly Eurovision song contest (which is always good for some [silly fun](#)), and an official holiday yesterday, it was again a fairly dystopian week for 'glass half empty' people like me, and – I'm afraid – also for most neutral observers. The Donald was a prime culprit, as usual, but troubles for the world go [far deeper](#). I have to admit that the relentless feed of disheartening news on Twitter (or any other media platform) wears one down, and so I understand why many people have taken a conscious decision not to follow the news anymore, although that can never really be an (other than temporary) option, at least if you don't want to give up on this world.

What are some of these 'deeper troubles' lurking just around the corner, then? Well, you hear a lot of 'fake news' at IMF/WB Spring Meetings, from what I can tell, but in certainly one way Jim Kim had it right [last month](#). 'Rising expectations' (socio-economic, governance related ones, ...) in combination with the technological/digital means to be connected to the whole world now through a mouse click (or via smartphone), lead to a situation whereby time is fast running out to do something about the outrageous (and still increasing) global inequality and blatant gaps between different places in the world. Add to this the fact that in many former Northern strongholds many among the new generations notice they can't expect anymore the living standard and security of their parents' generation (which is for many, the benchmark, according to sociologists), and you get a potentially toxic cocktail for leaders & regimes (both democracies and more authoritarian ones) around the world. Many expectations for more justice and a fairer world are (more than) justified, however, as neoliberalism is imploding, the '[antineoliberalist](#)' backlash could very well spark protofascist regimes (or worse) instead of a fairer world (as you can notice on a daily basis on your Twitter feed). Meanwhile, expectations of women (i.e. half the world) around the world are rising too, now that #MeToo is going global, and that's damned overdue. At the same time, some of the more disgruntled men around the world (for example, the many in India & China who know they'll never marry) live increasingly, due to urbanization among others, in a now anything but traditional/conservative society; instead the global capitalist system we all live in now (with a few exceptions) is one whereby our expectations ( and in many instances, cheap commercial desires) are egged on all the time via billboards, ads in (social) media, etc. "You can have it all, right now", that's the message you get in our world all the time, even if for most people this clearly is "very fake

news”, if they actually think it through. In addition, we all notice now – again via global media, 24 hours a day - how most of the 0.01 % don’t seem to care a damn about the responsibility they have for our planet and global inequality, and live a ‘bling bling’ life while lecturing the rest of us on our many responsibilities and need to work ever harder and longer. A life of moderation, as in previous times, has become very unfancy. It’s more something for losers, this global economic system seems to imply. And this all in a world that faces the challenge of accommodating the most people ever on this planet (more than 7.5 billion now, with no end in sight in the medium term), and thus huge ecological pressure. So yes, sometimes, it’s hard not to feel dystopian about where our world is heading for. Looks like Marx and Hobbes will have the final word in the 21<sup>st</sup> century, certainly if we don’ t manage to get to a “sufficiency economy” (and thus post-capitalist system), soon, and move away rapidly from the current “hyperconsumption” ideology of the [“corporate consumption complex”](#). The latter is the main ‘planetary health’ & SDG challenge for the coming decade(s). Hope the Liverpool symposium will also zoom in on this. (PS: *Not sure beer will be allowed to get to a more “glass half full’ picture : ) )*

Anyway, many in the global health community (including the NCD community) are already slowly gearing up for the 71<sup>st</sup> World Health Assembly, but in this week’s IHP newsletter we will pay more attention to the **Global Fund Board meeting** in Skopje, Macedonia; a [report of the Guttmacher–Lancet Commission on sexual and reproductive health and rights for all: the return of Ebola in the DRC](#); a [new IDS bulletin on accountability for health equity](#) and much more...

Enjoy your reading.

Kristof Decoster

## Featured Article

### **A health systems puzzle: if hardware can earn votes, why should politicians care about software in Pakistan?**

**Faraz Khalid** is a Health Systems Consultant at World Health Organization, Eastern Mediterranean Regional Office

In the next few months, Pakistan, the sixth most populous country in the world, is expected to undergo the second democratic transition in its 70- year history. Elections are expected to be held in August 2018 and politicians have already begun holding public rallies as a run up for their election campaigns. Political parties are gearing up to announce their new election manifestoes. At this stage, it’s important to assess how the politicians are garnering support from their electorate. From a health systems lens, one can predict the achievements that will be boasted during the election campaigns by reviewing the health sector developments shared by the federal and provincial ministries of health (ruled by different political parties) against the promises made in the party manifestoes in the 2013 election cycle. In this account, I will compare the attention given to the hardware vs software of the health system from one election cycle to the next. As commonly explained in the [literature](#), health system hardware includes financial resources, infrastructure, technology, medical products and human resources for health; health system software encompasses

procedures, values, interests, power distribution, relationships, and communication between stakeholders.

In 2013, the health section of five major political parties' manifestoes – [Pakistan Muslim League \(Nawaz\)](#), [Pakistan People's Party Parliamentarians](#), [Pakistan Tehreek-e-Insaf](#), [Mutahida Quami Movement](#), and [Jamaat-e-Islami Pakistan](#) – focused more on strengthening health system hardware – upgrading of district and sub-district hospitals, deployment of mobile health units, addition of human resources for health in rural areas, establishment of food and drugs testing laboratories, launching of health insurance programs, and enhancing the coverage of service delivery programs. Similarly, the developments projected on the websites of departments of health run by the [Federal government](#), and the [Punjab](#), [Sindh](#), [Khyber Pakhtunkhwa](#), and [Balochistan](#) provincial governments and the grey literature published during the last 5 years clearly show a tilt towards the addition of hardware into the system. A snapshot thematic analysis of the speeches made by the ministers of health in public meetings over the last year also signals a very strong focus on the hardware.

The decision to prioritize hardware over software makes sense both from electoral politics and technical perspectives. Since hardware is very visible, can be easily showcased to point out achievements, and can improve the public image in a relatively short time, politicians' fondness to prioritize it can be easily understood. Pakistan is certainly no exception to this rule. Moreover, the country's health system certainly needs immense public investments into the hardware, as the ratios of health workers, hospital beds, and outpatient facilities per 10,000 population, and governmental spending on health are substantially lower than the corresponding average values for other lower middle-income countries.

Nevertheless, prioritizing health systems hardware over health system software raises a few questions. Is not software needed, such as placing public health goals above private self-interest, transparency in procurement procedures, community participation and empowerment, crediting and striving for equity, intra and inter-sectoral coordination, awareness of power dynamics, sensitization of each stakeholder's own legitimacy, role and practice in the system, relevant legislations and regulations, required knowledge and skillset? If all these are needed, why have these important software issues not been on the political agenda so far?

Let's focus on corruption by way of example. Pakistan has been ranked consistently low in its public-sector governance and combatting corruption would be one type of policy to improve health systems software. According to the corruption perception index 2017, the country is ranked 117 out of 180 countries in a global ranking – not exactly an enviable position. There has been no recent comprehensive country level assessment for the health sector. The [latest statistics published in 2006](#) revealed, however, that 95% of the population perceived high levels of corruption in the health sector and 96% of the users who sought services from public health care providers made informal payments. The [reported underlying reasons](#) for corruption in the health sector were the lack of explicit performance standards for providers, collusion in contracting, lax fiscal controls in public funds management, limited enforcement of rules and no sanctions, lack of accountability and oversight, and limited citizen involvement – most of which are related to health system software. Chances are not much has changed since 2006. In a country where domestic general government health expenditure makes up just 1% of its GDP, the significance of plugging corruption-related leaks is undeniable. From politicians to patients, "the abuse of entrusted power for private gain" needs to be dealt with, not only in Pakistan by the way but globally, as [corruption in healthcare is rife worldwide](#), according to a 2016 report.

For politicians, potential reasons for not prioritizing changes in health system software in a typical lower middle-income country context could be that such reforms require consistency, long-term commitment, are not readily visible, and sometimes threaten the interests of powerful constituencies (like political partners, bureaucrats, pharmaceutical companies, etc.), which may not always be politically feasible. While [development partners](#) have been increasingly focusing on improving governance and combatting corruption, their work has often been more normative. Less support has been offered to countries on the “how”, when it comes to dealing with corruption. In addition, civil servants, who usually get promotions based on their political loyalties rather than merit, often prefer aligning their work with short term political goals rather than setting the house in order (*some would say ‘on fire’*). Traditionally, with more funding options available for disease specific responses, strengthening the institutions has also not been high on civil society’s agenda. Further, there have been very limited tracer indicators developed for assessing cross-country and within country performance on the health system software situation.

Concerted efforts will be needed to ensure that the policy agenda combines the health system hardware with the required software. The forthcoming manifesto review meetings organized by political parties will be a good platform to highlight this need. Otherwise, the hardware added into the system may be used more for political mileage rather than health system strengthening.

*Disclaimer: Views expressed in this article are those of the author and do not represent his official position*

## Highlights of the week

### Global Fund Board meeting in Skopje, Macedonia (9-10 May)

#### Global Fund - Global Fund Board Strengthens Sustainability and Domestic Financing

<https://www.theglobalfund.org/en/news/2018-05-10-global-fund-board-strengthens-sustainability-and-domestic-financing/>

**Must-read short report** of the Board Meeting in Skopje & everything decided there. *“The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, at its 39th Board meeting, highlighted the importance of strengthening sustainability and supporting successful transition to domestic financing to build long-term solutions and achieve greater health security...”*

You find an **overview of the Board decisions**, one by one, also here: [Board decisions](#)

Stay tuned also for more coverage from the **Global Fund Observer**, probably in the hours & days to come.

Surprisingly perhaps, not much info so far on discussions related to the GF's dodgy partnerships (Heineken etc), and how it intends to engage in 'ethical/SDG conform' partnerships in the future.

## Lancet – The Global Fund responds—partnership with Lombard Odier

A Kurtovic et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31037-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31037-7/fulltext)

Speaking of which, this Letter was published earlier this week. The **Chair & Vice Chair of the Global Fund Board** didn't like the **Lancet Letter by Anthony Costello** (on the GF's relationship with Lombard Odier) much. "A Correspondence published in *The Lancet* by Anthony Costello (April 28, p 1674) about the Global Fund to Fight AIDS, Tuberculosis and Malaria's relationship with Lombard Odier included seriously inaccurate statements. It also wrongly implies that Peter Sands, Executive Director of the Global Fund, could have a conflict of interest..."

They conclude their reply with: "...**The real issue is the role of private sector partnerships in global health.** Governments from all over the world agree—and formalised their agreement at the Addis Ababa Financing for Development conference in 2015—that the private sector has a critical role in international development and global health. We strongly endorse that view. **The scale of our global health challenge is tremendous, and we are convinced that we can only succeed by engaging the private sector effectively, not by shunning it. Constructive partnerships like the one between the Global Fund and Lombard Odier are the solution, not the problem.**"

If you believe that, you probably also were a fan of Snow White and the Seven Dwarfs as a toddler.

## Lancet Commission - Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30293-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext)

"The Guttmacher–Lancet Commission proposes a **new, comprehensive definition of sexual and reproductive health and rights** and an associated essential package of health services to help achieve universal access for all."

Cfr the **press release**:

"*The Lancet*: **Sexuality education, fertility services, and counselling for gender-based violence** must be at the heart of global health agenda":

"*The right to control one's own body, define one's sexuality, choose one's partner and receive confidential, respectful and high-quality services are essential part of the new agenda. **Countries around the world must embrace a broader definition of sexual and reproductive health and rights that moves beyond disease prevention and contraception, and encompasses sexuality education, fertility services and counselling for gender-based violence as part of an essential package of***

*health interventions, according to a new **Lancet** Commission on Sexual and Reproductive Health and Rights. The Commission brings together the best available evidence and calls on governments around the world to tackle barriers embedded in laws, policies, the economy, and in social norms and values that perpetuate gender inequality and prevent people from achieving sexual and reproductive health and fulfilling their related rights. ...”*

Make sure you also read some of the related **Comments**:

[Addressing the unfinished agenda on sexual and reproductive health and rights in the SDG era](#) (by E Zuccala and Richard Horton)

[Defining sexual and reproductive health and rights for all](#) (by dr. Tedros & Natalia Kanem)

[Sexual and reproductive health and rights for all: an urgent need to change the narrative](#)

## New Ebola outbreak in Congo

**UN News - New Ebola outbreak confirmed in DR Congo: UN health agency scales up response**

<https://news.un.org/en/story/2018/05/1009142>

*“Two new cases of Ebola Virus Disease (EVD) have been confirmed in the Democratic Republic of the Congo (DRC) by Government scientists there, prompting the UN health agency to immediately scale up its response.”*

The WHO released \$1 million from its Contingency Fund for Emergencies to support the response, in coordinating with the government of the DRC and a number of partners.

See an encouraging **tweet from Jeremy Farrar**: *“Tribute to DRC, @MSF @WHO @PeteSalama @rd\_blueprint - roadmap, coordination, leadership starting within hours of confirmation of outbreak. Just off call of partners from DRC & around the world.”*

And the latest via **Peter Salama**: *“Case count today has risen to 32 suspected, probable and confirmed cases of #Ebola. @WHO and partners in the field and scaling-up rapidly”*

**CIDRAP - [DRC Ebola outbreak climbs to 32 cases, gets UK funding boost](#)**

Some more detail on the current situation (+ funding announcements). *“... Wellcome Trust said today that it is making an initial \$2.7 million (£2 million) pledge to support a rapid response to the DRC's Ebola outbreak, and the UK's Department for International Development (DFID) said it is releasing \$1.35 million (£1 million) from a joint research initiative on epidemic preparedness that it operates with Wellcome Trust to support the rapid response.”*

Analysis so far of the situation gives a rather **mixed picture** (in terms of the severity & assessed risk of spread).

Read:

- **Helen Branswell** (Stat News) - [WHO officials fear latest Ebola outbreak in Congo could spread to big cities](#)
- **AP** - [The risk of Congo's latest Ebola outbreak spreading is "very low" because of the remote area, a Congolese disease expert said Wednesday as medical teams arrived on the scene.](#)
- **Thomson Reuters Foundation** - [Congo Ebola outbreak met with rapid response after West African crisis](#)

*"On Tuesday, Democratic Republic of Congo confirmed two cases of the viral disease. That same day, WHO helicoptered in a team of experts to the scene and released \$1 million in funding. "I think with this rapid response we will be able to contain it," **WHO emergencies director for Africa, Ibrahima Soce Fall**, told the Thomson Reuters Foundation. "Very clearly" the U.N. agency learned its lesson from the crisis, he added...."*

- **Ed Yong** in the Atlantic - [Ebola Returns Just as Trump Asks to Rescind Ebola Funds.](#)

*(recommended analysis – Ed Yong is not too worried for now, but also points at yet another stupid request from Donald Trump related to global health security funding that was left from last week, see also below in an **analysis from Laurie Garret**)*

## Trump & Global health security

### Foreign Policy; Ebola Is Back. And Trump Is Trying to Kill Funding for It.

Laurie Garrett - <http://foreignpolicy.com/2018/05/09/ebola-is-back-and-trump-is-trying-to-kill-funding-for-it/>

*"As a new outbreak surfaces in Africa, the only possible motive for ending America's anti-Ebola program is that Barack Obama started it."*

Excerpts:

*"... As U.S. President Donald Trump announced his decision to pull out of the Iran nuclear deal, the White House discreetly released an official proposal to cut funding for children's health programs, Medicare, and Ebola responses. The two policies may seem unrelated, but **they share the same basic design — assuming vast national security risks simply for the sake of dismantling former President Barack Obama's legacy.** ... .. **Trump's anti-Obama motive becomes apparent in rescission R18-27, which cuts \$252 million in emergency response funding that had been set aside in the 2015 fiscal year during the Ebola epidemic in Sierra Leone, Liberia, and Guinea, which claimed more than 11,300 lives. Obama, recognizing that the West African epidemic had the potential to become a national security crisis at home, asked Congress for roughly \$1 billion in emergency funds to help the three affected countries combat the virus, deploy U.S. armed forces personnel, and sustain an***

*all-hands-on-deck Centers for Disease Control and Prevention response that lasted well over a year. The \$252 million that remained in the fund in 2018 had been reserved for use in building local capacities to spot and react to future Ebola outbreaks all over Africa.”*

*“... Similarly, Trump seeks to cut \$30 million worth of emergency response funds from the State Department’s Complex Crises Fund (CCF). The CCF is meant to be a contingency fund at the secretary of state’s disposal to allow deployment of diplomats, disease experts, famine relief supplies, and disaster programs to de-escalate crisis situations that threaten to blow up into all-out wars or mass catastrophes. The intent is to spend a little money today to offset cataclysm tomorrow. Created at the behest of former Secretary of State Hillary Clinton, the CCF appears to be targeted by Trump because of personal animus...”*

We’ll need to **count on Congress** again to (hopefully) ignore this stupid request.

### **CIDRAP News - Experts review 1918 pandemic, warn flu is global threat**

<http://www.cidrap.umn.edu/news-perspective/2018/05/experts-review-1918-pandemic-warn-flu-global-threat>

*“The US Centers for Disease Control and Prevention (CDC) partnered with Emory University to mark the 100th anniversary of the 1918 flu with a symposium about influenza pandemics: when and if they will strike, how ready the United States is to confront a pandemic, and how to do so.”*

They agreed the US aren’t ready.

More reassuring (well ... : ) ): *“Luciana Borio, MD, of the White House National Security Council, said the administration also sees the threat of pandemic flu as a global health crisis. “Flu is our number one health security issue,” said Borio. “We do not close borders to control flu—it just doesn’t work.” Borio—who also confirmed that China is not currently sharing flu vaccine strains—said that a universal vaccine is a long-term goal of the Trump presidency.”*

### **Huffington Post - Sudden Departure Of White House Global Health Security Head Has Experts Worried**

[https://www.huffingtonpost.com/entry/tim-ziemer-global-health-security-leaves\\_us\\_5af37dfbe4b0859d11d02290?h9k](https://www.huffingtonpost.com/entry/tim-ziemer-global-health-security-leaves_us_5af37dfbe4b0859d11d02290?h9k)

Somewhat less reassuring: *“Rear Adm. Tim Ziemer, the head of global health security on the White House’s National Security Council, left the Trump administration on Tuesday. The news was announced one day after an Ebola outbreak was declared in the Democratic Republic of the Congo. The departure comes amid a reshuffling of the NSC under newly named national security adviser John Bolton, which includes a change in organizational structure that eliminates the office Ziemer led. Ziemer’s staff has been placed under other NSC departments...”*

All in all, as also the Washington Post noted, this seems to signal a **downgrading of global health security** in the Trump administration. Guess they’re too busy provoking war in the Middle East.

## Nuclear Threat Initiative - Global Health Security index

<http://www.nti.org/about/projects/global-health-security-index/>

*“... NTI, in partnership with the Johns Hopkins Center for Health Security and the Economist Intelligence Unit (EIU), is developing a GHS Index that provides a public benchmarking of global health security conditions. Learning lessons from NTI’s Nuclear Security Index, the GHS Index will be a valuable tool for highlighting current needs by individual countries and boosting compliance with international standards for epidemic preparedness. The GHS Index draws from and complements the World Health Organization Joint External Evaluation process and is intended to influence decision-making; motivate regular country commitments, financing, and accountability; and—ultimately—to aid the improvement of pandemic preparedness...”*

## WHO Afro - WHO supports six African countries conduct first joint health emergency operations exercise

[WHO Afro](#);

*“With the increasing threat of health emergencies crossing borders, six African countries are building their capacity to respond rapidly and effectively to acute emergencies. **Together with the World Health Organization (WHO) and other international partners, the Senegal Ministry of Health and Social Action is hosting a regional simulation exercise, which [will] include Cote d’Ivoire, Gambia, Liberia, Nigeria, Senegal and Zambia from 8-9 May 2018.** The exercise will simulate a real-life acute emergency where a novel and deadly respiratory virus will land in Senegal with the potential to spread to other countries, triggering the activation of the Public Health Emergency Operations Centres and the implementation of response plans and procedures...”*

## IDS bulletin - Accountability for Health Equity: Galvanising a Movement for Universal Health Coverage

<https://www.ids.ac.uk/publication/accountability-for-health-equity-galvanising-a-movement-for-universal-health-coverage?logout=1>

*“In July 2017, IDS hosted a workshop on ‘Unpicking Power and Politics for Transformative Change: Towards Accountability for Health Equity’, with the aim of generating dialogue and mutual learning among activists, researchers, policymakers, and funders working towards more equitable health systems and a commitment to Universal Health Coverage (UHC). **This issue of the IDS Bulletin is based around three principal themes that emerged from the workshop** as needing particular attention. **First**, the nature of accountability politics ‘in time’ and the cyclical aspects of efforts towards accountability for health equity. **Second**, the contested politics of ‘naming’ and measuring accountability, and the intersecting dimensions of marginalisation and exclusion that are missing from current debates. **Third**, the shifting nature of power in global health and new configurations of health actors, social contracts, and the role of technology...”*

See also **this Introduction to the IDS bulletin** by Erica Nelson - [Accountability for health equity and the struggle to meet the most basic health needs.](#)

“... **accountability**,’ while a slippery concept and term in practice, offers a useful entry point to asking challenging questions about the nature of power in the exercise of this thing we call ‘global health’...”

Lots of must-reads in this Bulletin !!

Start perhaps with the [Introduction: Accountability for Health Equity: Galvanising a Movement for Universal Health Coverage](#) (by Erica Nelson, Gerry Bloom et al)

[Key Considerations for Accountability and Gender in Health Systems in Low- and Middle-Income Countries](#) (by Linda Waldman, Sally Theobald, Rosemary Morgan)

& much more...

As a reminder, the **webinar** coinciding with the launch of this IDS bulletin issue takes place on **17 May**. More detail [here](#).

## NCDs

### 1<sup>st</sup> Face to Face meeting of the High-Level Commission on NCDs (7 May, Geneva)

Cfr the newsletter of the NCD Alliance:

*“Members of the WHO Independent High-Level Commission on NCDs met for the third time on Monday 7th May, in person in Geneva, to **discuss the first draft of the report of the High-Level Commission. Discussions were chaired by Dr Sania Nishtar**, and included a review of the recommendations made during the technical consultations held in Geneva on the 21 and 22 March.”*

### The WHO Independent High-level Commission is hosting a web-based consultation from 10 to 16 May 2018 on a preliminary draft report

<http://www.who.int/ncds/governance/high-level-commission/mission/hlc-report-web-based-consultation.pdf?ua=1>

*“The WHO Independent High-level Commission is hosting a web-based consultation from 10 to 16 May 2018 on a preliminary draft report dated 1 May 2018. Member States, UN organizations, NGOs, private sector entities, philanthropic foundations, and academic institutions are invited to submit their comments by email to [ncdcommission@who.int](mailto:ncdcommission@who.int) by 16 May 2018. **All relevant contributions received before or on 16 May 2018 will be published** on this website. The comments received may serve as an input for the work of the Commission. **The report will be launched on 1 June 2018.**”*

For the **draft report**, see [here](#). For the time being with 4 recommendations.

## Enough NCDs website is now live

<https://enoughncds.com/>

Check it out.

## UN Interagency taskforce on NCDs - Innovative Financing for NCDs United Nations–World Bank Non-Communicable Diseases and Mental Health Catalytic Trust Fund

<http://www.who.int/ncds/un-task-force/un-wb-ncd-mental-health-catalytic-trust-fund.pdf?ua=1>

*“A significant new initiative under the UN Interagency Task Force for the Prevention and Control of NCDs is being developed to catalyze more effective responses to NCDs and mental health at country level. **The Trust Fund** is one of the bold ideas being considered by the WHO Independent Global High-level Commission on NCDs.”*

Cfr a **tweet** from an NCD insider:

*“Preliminary ideas about Multi-donor Trust Fund on #NCDs now published. Demand for technical support from #DevelopingWorld to develop national NCD responses remains largely unanswered. Will Trust Fund see daylight at the #HLM3 #NCDs on 27 September 2018?”*

## UN News - ‘Bad’ fats targeted in new global health guidelines

<https://news.un.org/en/story/2018/05/1008912>

*“People everywhere need to cut down on their consumption of artery-clogging fatty foods, the WHO is urging, in a new report released [last week] on Friday.” “...The initiative is a bid to prevent some of the 17 million deaths caused every year by **cardiovascular diseases**, which have been linked to food containing saturated fats and trans-fats.”*

*“And the UN health agency wants **trans-fats** – which are found in baked and fried foods and cooking oil - to account for just one per cent of daily calorie intake.”*

See also AP - [WHO: Saturated fat should be less than 10 percent of diet](#) (cfr 1<sup>st</sup> draft guidelines on fat intake).

Comments are possible till 1 June.

And a tweet:

*“**WHO will launch REPLACE action package on Mon 14 May**, i.e. step-by-step guide to eliminate industrially-produced transfats from global food supply. Transfats are responsible for > 0.5M premature deaths from #NCDs each year. Eliminating transfats will save > 10M lives in 20y.”*

## Alcohol control

### IOGT - It's In The Numbers: Alcohol An Obstacle To Development

Kristina Sperkova; <http://iogt.org/blog/2017/06/25/numbers-alcohol-obstacle-development/>

Very good overview of how alcohol relates to (many) SDGs. Recommended.

### Guardian - Enough liberal hand-wringing – raising alcohol prices is not class war

<https://www.theguardian.com/commentisfree/2018/may/05/enough-liberal-hand-wringing-raising-alcohol-prices-is-not-class-war>

*“There must be curbs on an industry that makes most of its money from exploiting addicts.”* Linked to the Scottish alcohol pricing news from last week.

Would be interesting to raise alcohol prices in many countries just before the World Cup football. Guess we would – at last – get a ‘People’s Revolution’ : )

Finally, a tweet: *“People in low-income countries are exposed to 81 times more **tobacco ads** than those in high-income countries”*.

## Tobacco control

### Devex - Opinion: How incentivizing small tobacco farmers can change livelihoods

<https://www.devex.com/news/opinion-how-incentivizing-small-tobacco-farmers-can-change-livelihoods-92669>

*“... The **United Nations Development Programme, working in partnership with the WHO FCTC secretariat**, is working to apply this innovative financing model to tobacco cultivation and has **developed a proposal for the world’s first tobacco social impact bond, or TSIB**. The objective of the bond is to support tobacco farmers to transition from tobacco cultivation to economically viable and environmentally sustainable alternatives...”*

### Science - Thirdhand smoke uptake to aerosol particles in the indoor environment

[Science](#);

*“Aerosol composition measurements made in an indoor classroom indicate the uptake of thirdhand smoke (THS) species to indoor particles, a novel exposure route for THS to humans indoors....”*

Cfr a **tweet** by the Washington Post science correspondent who wrote **an article** about this: *“Smoking is deadly. So is 2nd-hand smoke. But have you heard of **third-hand smoke**? Mounting concerns as evidence grows about this new hazard.” “*

WP - **“Thirdhand smoke is widespread and may be dangerous, mounting evidence shows.”** *“The residue left on surfaces by tobacco smoke persists longer and spreads farther than expected, new studies show.”*

## Cholera vaccination campaigns

### Medium - Gavi and WHO Launch the Biggest Cholera Vaccination Drive in Human History

Chris Elias; <https://medium.com/@ChrisJElias/gavi-and-the-who-launch-the-biggest-cholera-vaccination-drive-in-human-history-7960cf0df2c0>

*“The largest cholera vaccination drive in human history has just gotten underway. Supported by Gavi and the World Health Organization (WHO), it will reach more than two million people across five countries in Africa and help accelerate progress toward the goal of eliminating cholera as a global health threat by 2030. **On Monday, May 7, partners launched the drive in Nigeria, Malawi, Uganda, Zambia and South Sudan.** Gavi fully funded the oral cholera vaccines sourced from the global stockpile, which will be administered and distributed by each country’s ministry of health with support from WHO. **WHO is also conducting a cholera vaccination drive in Yemen,** which made headlines last year when an outbreak there became the largest ever recorded. Launched on Sunday, May 6, the Yemen drive will reach 350,000 people in its initial phase with the hope of eventually vaccinating four million people in at-risk areas....”*

*“... **two recent innovations in vaccine technology** are making it easier to get cholera vaccines to the people who need them most. ...”*

See also Reuters - [Cholera vaccination campaign starts in Yemen after year delay - WHO.](#)

As you might recall, last year *“In July 2017, the International Coordinating Group on Vaccine Provision - which manages a global stockpile - earmarked one million cholera vaccines for Yemen. But the WHO and local authorities together decided to scrap a vaccination plan on logistical and technical grounds and the doses were diverted to South Sudan....”*

## AMR

### Project Syndicate - Where Are We in the Fight Against AMR?

Jim O’Neill; <https://www.project-syndicate.org/commentary/antimicrobial-resistance-progress-and-hurdles-by-jim-o-neill-2018-05>

Must-read.

*“To mark the **second anniversary of the British government’s Review on Antimicrobial Resistance (AMR)**, which I had the honor of chairing, two members of the Review team – Anthony McDonnell and Will Hall – and I have published a **new book: Superbugs: An Arms Race Against Bacteria**. In it, we discuss **the Review’s ten recommended interventions** – what I call the **Ten Commandments** – while considering the progress made so far, and the work that still needs to be done...”*

In spite of **some progress in some of these areas**, there’s **still too much empty talk** (from major governments, and from big pharmaceutical companies), Jim O’Neill says. Meanwhile, the **rise of antimicrobial resistance is occurring faster and in more places than foreseen**.

## G20 preparations in Argentina

See also last week’s IHP news for some tweets.

But probably also good to know this:

*“Antimicrobial resistance is an urgent global #health challenge requiring coordinated action across all government sectors and society. **@WHO thanks #Argentina for keeping #AMR on the global political agenda**. #antimicrobialresistance #antimicrobialstewardship @g20org”*

## UHC

### WB (report) – Business Unusual : Accelerating Progress Towards Universal Health Coverage

[https://openknowledge.worldbank.org/handle/10986/29730?CID=HNP\\_TT\\_Health\\_EN\\_EXT\\_bu-healthforall](https://openknowledge.worldbank.org/handle/10986/29730?CID=HNP_TT_Health_EN_EXT_bu-healthforall)

*“At present rates, the global 2030 UHC targets under the United Nations SDGs will not be met. Urgent action is needed to speed progress in the two dimensions of UHC, health service coverage and financial protection, and to ensure that no one is left behind. What can be done? **First, countries can learn from past experience**. This report identifies a set of factors common among countries that made outstanding progress on selected service coverage and financial protection indicators between 2000 and 2015. By adapting proven approaches to their own settings, and by addressing stubborn implementation bottlenecks countries can accelerate progress towards UHC. **Second, even as they benefit from models of success countries must prepare to manage deeper health system transformation now on the horizon**. Spurred by economic, technological, demographic, and epidemiologic forces, these transformations will reshape the landscape in which countries pursue their 2030 UHC goals, creating new risks but also opportunities. “*

### FT (Big Read) – India’s healthcare: does Modi have the right cure?

<https://www.ft.com/content/a37648b0-4e00-11e8-8a8e-22951a2d8493>

(recommended analysis ) “With the health system floundering, the Indian government plans a national insurance scheme.” Includes also the view of Dr N Devadasan, co-founder of the Bangalore-based Institute of Public Health.

## Save the Children (blog) - Queezed out: shrinking civil society space threatens progress towards UHC

T Brace-John ; <https://blogs.savethechildren.org.uk/2018/05/squeezed-shrinking-civil-society-space-threatens-progress-toward-universal-health-coverage/>

« 109 countries have closed, repressed, or obstructed civic space, according to **CIVICUS’s State of Civil Society Report 2018**. This shrinking space for civil society impacts 82% of the world’s population. The CIVICUS report also found that globally, it was most common for protests related to socio-economic rights – where citizens are demanding their entitlements or questioning the quality of their services – to be met with excessive force. **This culture doesn’t bode well for global health governance ...** ... The Universal Health Coverage (UHC) agenda requires policy-makers to reprioritise investment and commit to financing plans that deliver free-at-the-point-of-use healthcare to all, including the most marginalised and vulnerable people. The inclusion of UHC under Sustainable Development Goal 3 is a victory for civil society and an ongoing challenge to hold policy-makers to account. **Civil society requires the support of the development community and international institutions to become strong, and for national civil society platforms to become drivers of policy change in their countries. Gavi and GFF should not give in to pressure from national governments that would scupper their plans to fortify national civil society platforms and to build citizens’ voice in helping improve health governance and accountability....** »

## #MeToo & global health/aid/science

### Guardian - The #MeToo movement needs to become a truly global phenomenon

Helen Pankhurst; <https://www.theguardian.com/commentisfree/2018/may/10/metoo-me-too-movement-global-phenomenon-women-girls-workplace-abuse>

**“The world’s poorest women and girls will continue to experience workplace abuse unless there is a culture change.”**

Excerpt: “As Nazma Akter, a Bangladeshi labour rights activist, shouted out to the crowd at #March4Women: **“When clothes are cheap, women are cheap**. Nothing comes for free in this world. Nothing is a discount.” Women in the crowd heard her, and felt it. They also recognised that we in the UK are implicated directly, since we are consumers of these cheap clothes....”

**“...On 28 May the International Labour Organization is holding a conference to debate whether or not to legislate for a global convention on sexual harassment and abuse in the workplace. We need the UK government to support a strong global legislative framework that is legally binding, and that explicitly includes the most vulnerable workers here and abroad, including those such as domestic workers who are employed outside businesses with formal HR policies. It should also refer to the UN guiding principles on business and human rights – to ensure that companies adhere to globally**

*agreed standards throughout their supply chains. This is a once-in-a-generation opportunity to transform the lives of women and girls everywhere...."*

### **UN News - UN leaders vow to stamp out workplace sexual harassment**

<https://news.un.org/en/story/2018/05/1008962>

*"Leaders from across the UN system [last week] on Friday pledged to increase efforts to stamp out sexual harassment within their ranks; ensuring a zero-tolerance approach where abusers are held accountable, and staff feel safe to report incidents."*

### **Nature (News) - Big UK science funder says report harassment or risk losing funding**

[https://www.nature.com/articles/d41586-018-05071-7?utm\\_source=tw\\_tnc&utm\\_medium=social&utm\\_campaign=naturenews&sf188711241=1](https://www.nature.com/articles/d41586-018-05071-7?utm_source=tw_tnc&utm_medium=social&utm_campaign=naturenews&sf188711241=1)

*"The Wellcome Trust vows to pull grants if researchers or institutions do not abide by its new misconduct policy."*

### **Nature (World view) - Harassment should count as scientific misconduct**

[https://www.nature.com/articles/d41586-018-05076-2?utm\\_source=briefing-dy&utm\\_medium=email&utm\\_campaign=briefing&utm\\_content=20180509](https://www.nature.com/articles/d41586-018-05076-2?utm_source=briefing-dy&utm_medium=email&utm_campaign=briefing&utm_content=20180509)

*"Scientific integrity needs to apply to how researchers treat people, not just to how they handle data, says Erika Marín-Spiotta."*

And a link:

**Guardian** - [UN sexual misconduct chief was promoted while facing harassment claims](#) (on Jan Beagle)

## **International Day of the midwife (5 May)**

### **Midwives 'lead the way with quality care', as world marks International Day**

<https://news.un.org/en/story/2018/05/1008952>

*"Midwives are vital to driving sustainable development and key to helping mothers, and expectant-mothers, make informed, healthy choices, said the United Nations health agency's chief nurse [last week] on Friday."*

“...**The theme** for this year’s celebration of one of the world’s oldest and most important professions is: **“Midwives leading the way with quality care.”** ...”

## Breastfeeding

### Devex – UNICEF: Babies from high-income countries 5 times less likely to be breastfed

<https://www.devex.com/news/unicef-babies-from-high-income-countries-5-times-less-likely-to-be-breastfed-92727>

*“Babies in low- and middle-income countries are much more likely to be breastfed than young children in high-income countries due to variation in government policy, social support, and public perception, according to a new United Nations Children’s Fund analysis released Thursday. Just 4 percent of babies in low- and middle-income countries are never breastfed, while 21 percent of babies in high-income countries never receive breastmilk. ...”*

But many babies in HICs probably have an i-Pad to play with, or a fancy tv with many colours.

Nevertheless, (UN News) - [UNICEF urges wealthy countries to encourage more breastfeeding](#).

## Gearing up for WHA 71 (21-26 May, Geneva)

[http://apps.who.int/gb/e/e\\_wha71.html](http://apps.who.int/gb/e/e_wha71.html)

It’s coming very close now, the World Health Assembly, dr. Tedros’ first WHA as DG. Some colleagues will join (both in the earlier & later stages), so stay tuned for some of their articles & blogs.

Meanwhile, you find on the WHO website all **preparatory documents, a provisional agenda, ...**

- For info on **civil society meetings ahead of the WHA (18-19 May)**, see [G2H2 - Geneva Global Health Hub](#).

Among others, there’s a full day workshop **“40 Years of Alma-Ata: Translating “Health for All” into the Present and Future” (Friday 18 May)**.

- Stay tuned also for a **public side event** - an MMI Health Cooperation workshop in cooperation with @GHC\_IHEID, Geneva, **on 26 May 2018, 12.30-14.30**. Topic: [#AidToo: Sexual exploitation in international cooperation. Prevent, respond adequately – and most of all: address the root causes.](#)

- For WHA related **events at the Graduate institute**, see <http://graduateinstitute.ch/global-health-events>

To get in the mood, by way of example, one blog (see PLOS) related to one of the many WHA agenda items, **snakebites**:

### [Striking Back: Snakebites Gain Global Attention](#)

*“...this May at the World Health Assembly, the WHO’s 193 Member States will have the opportunity to move the needle even further on this most neglected tropical disease **by voting on a resolution that could finally make snakebite envenoming a global health priority**. If passed, the resolution would further compel the WHO and all countries to take increased action.”*

And see also this (Reuters) - [Taiwan blames China for absence from U.N. health meeting](#). “Taiwan blames China for absence from U.N. health meeting” (for the second year in a row)

## Access to medicines

### Politico - Trump’s 'America First' agenda on drug pricing could backfire around the world

<https://www.politico.com/story/2018/05/09/trump-drug-pricing-prescriptions-514925>

Very interesting analysis ahead of Trump’s speech on Friday ( on how to lower cost of drugs in the US).

*“President Donald Trump wants Americans to get lower prices for medicines — and the rest of the world may pay for it. His “America First” message on drugs at home, coupled with pro-pharmaceutical industry policies abroad, could lead to higher costs for patients around the world — without making drugs more affordable for those in the U.S....”*

*“... Global health officials worry he will also target practices that keep medicines affordable in other countries. Amid rising trade tensions between the U.S. and key trading partners, Trump and top administration officials have repeatedly blamed high U.S. prices in part on foreign countries that take advantage of the significant U.S. investment in medical research without paying their fair share. Many nations, including wealthy European ones, negotiate or regulate drug prices to keep them lower than what Americans typically pay. ...”*

See also Reuters - [Trump plan for drug prices seen largely sparing industry](#).

And FT Health - [Donald Trump set to unveil measures to bring down drug prices](#) “ President takes aim at foreign countries he says benefit from US drug innovation”

## Lancet - EMRO Regional Director election

"A [World Report](#) discusses the election of the Regional Director for the Eastern Mediterranean Regional Office on May 19. Read a [Q&A forum](#) forum with the eight candidates."

Good to know perhaps: "Of the nine emergencies that WHO is responding to worldwide, four are in the EMRO region: Syria, Iraq, Yemen, and Somalia".

See also this [Comment in the Lancet - New leadership for the WHO Regional Office for the Eastern Mediterranean: exceptional election in an exceptional time.](#)

## Lancet (Editorial) – Vitamin A distribution in danger

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31035-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31035-3/fulltext)

"Vitamin A deficiency affects almost half of children under 5 years in south Asia and sub-Saharan Africa. A new **UNICEF report**, released on May 2, highlights the current problems facing vitamin A supplementation programmes around the world. **Coverage at a crossroads: new directions for vitamin A supplementation programmes** claims that vitamin A distribution has reached a 6-year low, with 62 million children in high-mortality countries not receiving the supplement..."

"...One of the reasons for this drop is an interesting lesson in the pitfalls of removing seemingly unnecessary infrastructure. **As the world moves closer to the eradication of polio, countries are stopping their polio immunisation programmes.** However, in low-income countries, these were typically the vehicle for delivery of vitamin A supplements, and so the necessary end of an unneeded programme brings with it a host of unanticipated knock-on effects..."

## Lancet – Offline: John E Fogarty and the defeat of Donald J Trump

Richard Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31072-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31072-9/fulltext)

Horton reflects on the celebration of 50 years of the Fogarty center, in a "rather difficult" political environment in the US.

"It is no exaggeration to say that the foundations of modern global health have been built on the response to the international threat of the AIDS pandemic. Although that epidemic is in retreat, **HIV remains an intolerable danger to human health.** ... Although science has delivered the tools to end the AIDS epidemic, the rhetoric of "end" and "cure" has badly backfired. Fauci described how the US Congress now mistakenly believes that the fight against AIDS is no longer a national priority. Whereas he was once regularly questioned about AIDS when giving testimony to Congress, politicians are now silent—"we are not paying attention to AIDS anymore", he said. Sten Vermund, Dean of Yale's School of Public Health, went further. He called talk of the end of AIDS nothing more

than “aspirational claptrap”. ... .. But **beyond disease-specific programmes, Fogarty's unique contribution lies in nothing less than nation building**. Through its investments in people—Fogarty scholarships and fellowships, medical and nursing educational partnerships—**Fogarty has helped transform health leadership in countries.**”

As for Horton’s question, ‘**where are the Fogarty’s of our time?**’, I’d suggest we look in the direction of the planetary health & boundaries folk ( including economists like Kate “doughnut” Raworth & all other people who try to think through a really sustainable economy).

## Some key publications of the week

### Health Promotion Journal of Australia (Editorial) - People's health and the social determinants of health

Fran Baum; <https://onlinelibrary.wiley.com/doi/full/10.1002/hpja.49>

(must-read) Fran Baum reflects on what the **Commission on the Social Determinants of Health** has achieved so far, ten years after its launch, and looks ahead to the **4<sup>th</sup> People’s health Assembly**, later this year in Bangladesh.

*“...At our meeting in Bangkok, we decided that the **4th People's Health Assembly would be held from the 15th–19th November 2018 and that it will focus on the social, economic and environmental threats to health examining local and global perspectives**. Key themes will be corporate impunity and its impact on health, a critical assessment of the UN Sustainable Development Goals and, especially its Universal Health Coverage goal, the importance of climate change to health and the presentation of inspiring movements and initiatives that really have advanced health equity...”*

### Global Public Health – Ethical responsibilities of health research funders to advance global health justice

Bridget Pratt & Adnan Hyder;

<https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1471148>

*“Research funders from high-income countries have an ethical obligation to support health research in low and middle-income countries that promotes justice in global health. Conceptual work from bioethics proposes funders should do so through their design of grants programs, investments, and grants management. That work has begun to specify the content of funders’ ethical responsibility with regards to health systems research, but it has thus far not been informed by their practice. As a first step to bridge that gap, **this paper focuses on health systems research funders’ design of grants programs**. It **aims to test the content of funders’ proposed ethical responsibility against recent empirical work describing how they design their health systems research grants programs to help address global health disparities**. Based on that analysis, recommendations are made for how to better articulate the content of health systems research funders’ obligation. Such recommendations may be pertinent to funders of other types of international research. The paper*

also provides an initial picture of how well health systems research grants programs' designs may align with the ideals of global health justice."

## **BMJ Global Health – Patterns of authorship on community health workers in low-and-middle-income countries: an analysis of publications (2012–2016)**

Helen Schneider et al; <http://gh.bmj.com/content/3/3/e000797>

*"Studies of authorship provide a barometer of local research capacity and ownership of research, considered key to defining appropriate research priorities, developing contextualised responses to health problems and ensuring that research informs policy and practice. This paper reports on an analysis of patterns of research authorship of the now substantial literature on community health workers (CHWs) in low-and-middle-income countries (LMICs) for the 5-year period: 2012–2016."*

**Results:** *"The 649 papers reported experiences from 51 countries, 55% from middle-income countries (MICs) and 32% from low-income countries (LICs), with the remaining 13% multicountry studies. Overall, 47% and 54% of all the papers had a high-income country (HIC) lead and last author, respectively. Authorship followed three patterns: (1) a concentrated HIC pattern, with US-based authors numerically dominating LIC-based and multicountry studies; (2) an MIC pattern of autonomy, with a handful of countries—India, South Africa and Brazil, in particular—leading >70% of their CHW publications and (3) a pattern of unevenness among LICs in their lead authorship of publications varying from 14% (Malawi) to 54% (Uganda). Region, programme area and funding source were all associated with the distribution of authorship across country income categories."*

**Conclusion :** *"The findings in this analysis mirror closely that of other authorship studies in global health. Collectively these provide a common message—that investments in global health programmes in the Millennium Development Goal era may have benefited health but not necessarily capacity for knowledge generation in LMICs."*

## **JH Center for Humanitarian Health - Humanitarian Health Digest (inaugural issue)**

[HopkinsHumanitarianhealth](http://HopkinsHumanitarianhealth);

*"Inaugural issue of the Humanitarian Health Digest—a **quarterly bibliography** of published peer-reviewed journal articles on humanitarian health. **The Digest is compiled by the Johns Hopkins Center for Humanitarian Health and The Lancet.** It includes one or two new commentaries on peer-reviewed articles cited in the Digest. The objective of the Digest is to provide links to peer-reviewed articles on humanitarian health from a wide variety of journals in one place for ease of reference..."*

## **Health Research Policy & Systems (Commentary) - Changing roles of universities in the era of SDGs: rising up to the global challenge through institutionalising partnerships with governments and communities**

Fadi El-Jardali et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0318-9>

*“The 2030 Agenda for Sustainable Development covers a wide range of interrelated goals, including poverty eradication and economic growth, social inclusion, environmental sustainability and peace for all people by 2030. Policy decisions to meet the Sustainable Development Goals (SDGs) need to be informed by policy-relevant evidence co-designed and co-produced with the pertinent stakeholders, taking into consideration local and political contexts. Universities are uniquely placed to lead the cross-sectoral implementation of the SDGs and advance the 2030 agenda. **This commentary provides the case for building, strengthening and institutionalising university partnerships with governments and communities to achieve the SDGs.** The authors call for a change in mindsets and culture in both academia and government, and invite both parties to start the dialogue if we are to rise up to the global challenge.”*

## Some key blogs & articles of the week

### **The Chronicle of Higher Education - Are You in a BS Job? In Academe, You're Hardly Alone**

<https://www.chronicle.com/article/Are-You-in-a-BS-Job-In/243318>

Long read by **David Graeber**. The read of the week, and for not very mysterious reasons frantically retweeted by anybody with some link to academia. On the “bullshitization of academic life”.

Sadly, by now (at the end of the week), capitalism has realized they can make money from this very article, and so you need to subscribe to get access to it : )

### **Global Health Governance Programme - Human Capital & global health**

Felix Stein; <http://globalhealthgovernance.org/blog/2018/5/5/human-capital-and-global-health>

Absolute must-read by **Felix Stein** (from Devi Sridhar's team), who attended the WB/IMF Spring Meetings.

*“The idea of human capital is likely to arise more and more frequently in global health governance debates, so it is useful to take a closer look at it...”*

### **DevPolicy blog - Diplomacy will have more weight in China's foreign aid program**

Denghua Zhang; <http://www.devpolicy.org/diplomacy-more-weight-chinas-foreign-aid-program-20180502/>

Very well informed, this take.

*“... On 18 April, the official launch of the agency was held in Beijing and attended by Yang Jiechi and Wang Yi. Yang is a former Minister of Foreign Affairs and the incumbent director of the Office of Foreign Affairs of China's Communist Party, the top decision-making organ on foreign affairs under Party Secretary General Xi Jinping. Wang is China's current Minister of Foreign Affairs and also a*

*newly appointed State Councilor (a position similar to Vice Premier). Similar to the other new government agencies that were recently opened by their supervisors, Yang and Wang's attendance of the above launch sent out a **strong signal that China's Ministry of Foreign Affairs (MFA) will play a more prominent role in the management of Chinese aid.** The impact of this could be profound...."*

## **Foreign Policy – China Enlists U.N. to Promote Its Belt and Road Project**

<http://foreignpolicy.com/2018/05/10/china-enlists-u-n-to-promote-its-belt-and-road-project/>

*"Top United Nations officials are helping sell Xi Jinping's signature foreign-policy initiative."*

*"...Speaking at an African Union summit in Addis Ababa, Ethiopia, last July, **United Nations Deputy Secretary-General Amina Mohammed** suggested a way for African leaders to boost their economies and end decades of strife: sign up to participate in China's Belt and Road Initiative, a plan to invest a trillion dollars or more into the construction of ports, roads, and railways across dozens of countries from East Asia to East Africa. ... The promotion highlighted the **U.N.'s curious role in China's public relations campaign to sell the Belt and Road to the developing world.** In speech after speech, top **U.N. officials, including Secretary-General António Guterres, have sung its praises in terms that echo Chinese government talking points, portraying the Belt and Road Initiative as a vital pillar in a U.N.-sponsored plan to tackle poverty around the world by the year 2030...."***

## **Oxfam (blog) - Insurance hits peak hype in the aid & development biz – but what do we really know?**

<http://oxfamblogs.org/fp2p/insurance-hits-peak-hype-in-the-aid-development-biz-but-what-do-we-really-know/>

By **Debbie Hillier**, Oxfam's Senior Humanitarian Policy Adviser.

*"...There is a lot of enthusiasm for insurance right now in a range of different sectors: humanitarians are particularly excited, hoping this is a quick win to fill the aching chasm in humanitarian aid; climate change experts hope it will be an easy fix for the problems of Loss and Damage and polluting countries hope that this will avoid the insistent calls for compensation; in the financial inclusion sector, it's the Next Big Thing after savings and credit...."*

Hillier nuances the enthusiasm in this blog post.

## **Global health events**

### **UNAIDS - What needs to be done to Fast-Track social protection to end AIDS?**

<http://www.unaids.org/en/resources/presscentre/featurestories/2018/may/fast-track-social-protection-to-end-aids>

*“...The International Conference on Fast-Tracking Social Protection to End AIDS was held in Geneva, Switzerland, on 25 and 26 April...” Among others, “... The event also saw the launch of a new UNAIDS [report](#), *Social protection: a Fast-Track commitment to end AIDS*. The report provides guidance on how to scale up what works in the context of different HIV epidemics and for different populations. It also provides guidance to governments, people living with or affected by HIV, policy-makers and other stakeholders on how to intensify the integration of HIV with social protection and other programmes for ending poverty and inequality towards ending AIDS.”*

And a tweet on a meeting in the US (**New York**), on a **partners’ meeting related to the Data for Health Initiative** :

*“The JHU #D4HI team spent the last 2 days in #NYC at @BloombergDotOrg for a partners meeting discussing lessons learned, highlights, and successes of the #DataforHealth initiative, including work on mobile phone surveys.”*

## Global governance of health

### Project Syndicate - Bringing Gender Equality to Global Public Health

Helen Clark & Sania Nishtar; <https://www.project-syndicate.org/commentary/global-health-gender-equality-by-helen-clark-and-sania-nishtar-2018-05>

*“Writing in @ProSyn, @HelenClarkNZ & @SaniaNishtar call for more leadership & accountability to meet the gender-equality commitments in #Agenda2030 – including that organisations adopt concrete measures to rectify shortcomings identified by #GH5050.”*

### IISD (Policy brief) - A Short Guide to HLPF 2018 Preparations, Inputs and Agenda

[IISD](#);

*“Expert group meetings and other preparatory processes are underway on all six of the SDGs up for in-depth review at the 2018 session of the HLPF. The Forum's first week will feature the SDG review, views from various groupings of states and stakeholders, the Secretary-General's report on SDG progress, and an assessment of leaving no one behind. The second week, held jointly with ECOSOC as a ministerial meeting, will feature the 47 VNRs.”*

Check out also (IISD) - [Africa Regional Forum Agrees on Over 50 Messages for HLPF](#).

## **Quartz – The growing membership of a China-led development bank challenges the IMF-World Bank orthodoxy**

<https://qz.com/1273424/kenya-joins-china-led-asian-infrastructure-investment-bank-aiib/>

*“Kenya has become the latest country to join the Asian Infrastructure Investment Bank (AIIB), the China-led financier established to fund infrastructure projects along with schemes in energy, transportation, agriculture, telecommunications, and more.*

*The East African nation joins two African states, namely Egypt and Ethiopia, along with a total of 86 others from six continents who have enlisted with the financial institution since it commenced operations in Jan. 2016....”*

## **Washington Post - CDC director’s salary now set at \$209,700 instead of \$375,000**

[WP](#);

*“The recently appointed director of the Centers for Disease Control and Prevention, Robert Redfield, has agreed to take a pay cut from \$375,000 to \$209,700, putting his compensation more in line with those of previous agency chiefs, federal health officials said Tuesday. “Dr. Redfield did not want his compensation to become a distraction from the important work of the CDC and asked that his salary be reduced...”*

## **Oxfam (blog) - 5 ways to build Civil Society’s Legitimacy around the world**

<http://oxfamblogs.org/fp2p/5-ways-to-build-civil-societys-legitimacy-around-the-world/>

*“Saskia Brechenmacher and Thomas Carothers, of the Carnegie Endowment for International Peace, introduce and summarize the insights from their new collection of essays from civil society activists.”*

## **CGD (notes) –Linking US Foreign Aid to UN Votes: What Are the Implications?**

S Rose; <https://www.cgdev.org/publication/linking-us-foreign-aid-un-votes-what-are-implications>

*“The Trump administration has pledged to tie foreign aid more directly to countries’ United Nations (UN) votes, threatening to punish countries who vote against the US position by cutting their foreign assistance. While the administration’s harsh rhetoric marks a shift from the recent past, the United States has been using aid to influence UN votes for decades. There are multiple ways to capture UN voting alignment and the picture that emerges depends on how different kinds of votes are counted. In other words, methodology matters. It is unclear how the Trump administration will act on its promise, but **implementing such a policy in an exacting manner would pose risks**, including (1) compromising US interests in areas not covered by UN votes; (2) disproportionately disadvantaging democracies and poorer countries when it comes to the allocation of US assistance; (3) increasing waste in foreign aid by compromising the effectiveness of both past and future investments; and (4) underestimating how other global powers might respond as part of a competition for influence.”*

## **CGD - Development Cooperation Has Emerged a Winner in the EU’s 2021-2027 Budget Proposal, but the Odds Are Stacked against It**

M Gavas; <https://www.cgdev.org/blog/development-cooperation-has-emerged-winner-eus-2021-2027-budget>

*“The long-awaited European Commission Communication on the Multiannual Financial Framework (MFF) 2021-2027—the EU’s long-term budget—has been unveiled, and so begins the EU’s big battle over money and priorities. ... This is also the review that will shape the future of EU development cooperation and the credibility of the EU as a major player in the international development sphere. Does the Commission’s proposal live up to the challenge? **Doing more with less—or with more?** The European Commission has billed the next budget as “doing more with less” although **the figures paint more of a “doing more with more” picture and with one less contributor**. The next EU budget as proposed by the Commission has not only filled the giant hole left by Brexit (€13 billion per year) but has built a small hill over it too. And **development aid emerges as one of the winners with the EU retaining its market share as the fourth largest bilateral aid donor in the world (following the US, Germany, and the UK), at least in this proposal**. However, experience from the last MFF rounds shows that as the negotiations progress with the many compromises and concessions, it is development that suffers disproportionately from other competing agendas...”*

I guess my definition of being a ‘winner’ (for development cooperation and more importantly, real evidence of ‘global solidarity’, quite differs ... )

## **WB (blog) - The global identification challenge: Who are the 1 billion people without proof of identity?**

<http://blogs.worldbank.org/voices/global-identification-challenge-who-are-1-billion-people-without-proof-identity?TAI TT ICT EN EXT>

Blog from end of April. *“According to the World Bank Group’s 2018 #ID4D Global Dataset, an estimated one billion people around the globe face challenges in proving who they are. They struggle to access basic services – including access to finance and even a mobile phone – and may*

miss out on important economic opportunities, such as formal employment or owning a registered business. The implications of “providing legal identity for all, including birth registration” go beyond individual rights and opportunities: being able to reliably verify the identities of their population is critical for countries to deliver services efficiently, strengthen their ability to raise revenues, and foster growth in the private sector. **This week 1,600 delegates – government officials from 47 African countries, development partners, and the private sector – are gathered in Abuja, Nigeria for ID4Africa to help accelerate progress in closing the identification gap on the continent, where over half of the 1 billion ‘uncounted’ reside.** Accurate data on who these people are is vital for all stakeholders to close this gap, and especially to “leave no one behind.”

## UNDP – UN’s Health and Development Agencies Join Forces for Good Health for All

[UNDP](#);

News from late last week. “While real progress has been made on a number of serious health issues, half of the world’s citizens lack access to essential health services. Today, **the United Nations Development Programme (UNDP) and the World Health Organization (WHO) signed a five year Memorandum of Understanding (MoU) to help support countries to achieve the health-related targets across the 2030 Agenda for Sustainable Development and the agenda’s commitment to leave no one behind.**”

## Lancet – Roger Glass: Celebrating the Fogarty at 50

[Lancet](#);

In case you missed that in last week’s Lancet issue.

Excerpt:

**“At the Fogarty International Center, “we’re small, but we’re catalytic”, says Roger Glass, the centre’s Director and Associate Director for International Research at the US National Institutes of Health (NIH). The Fogarty celebrates its 50th anniversary this month and has been under Glass’s leadership since 2006.** By training scientists, supporting research, and building partnerships, the Fogarty serves a bridge between the NIH and the global health community. Since its creation in 1968, about 6000 scientists have received research training through its programmes and the centre funds about 500 projects. ... ..**Looking to the future, Glass thinks that while infectious diseases and pandemic control remain important, non-communicable diseases (NCDs) and environmental health will increasingly shape global health research.** “There is an explosion of new research tools—in point-of-care diagnostics, genomics, mHealth, imaging—that will change our ability to work in the global space”, he says. Glass points out that “solutions will depend upon other partners—in business to consider supply chain logistics to deliver services, drugs, and vaccines; bioengineering to develop low-cost technologies and devices; law to write documents like the Framework Convention on Tobacco Control or laws to instate taxes to reduce the sugar content of beverages or the salt content of foods”.”

## NPR – When a mystery outbreak strikes, Who you gonna call?

[NPR](#);

Not Ghostbusters. But apparently the CDC's 'Epidemic Intelligence Service'.

## CSIS - The Gathering Health Storm Inside North Korea

[CSIS](#);

By **J Stephen Morrison**. Good background on the health situation in North Korea, also with a view on the Global Fund discussions from the Board meeting.

## UHC

### The Collectivity - Experts' views on Community Health

<http://blog.thecollectivity.org/2018/05/09/experts-views-on-community-health/>

*"Thinking that 'Community Health' like any other phenomenon may mean many things to different people, the opinions of experts on the CH-CoP were requested on what '**community health**' really means to each one of them...."*

*"...Other than having clarity on what community health denotes, an additional aim is to differentiate this term from related ideas such as Primary Health Care and Public Health, and whether community health can be measured. What follows is a synthesis of the views of the experts...."*

### HFG project (USAID) (Brief) - Communication and Advocacy in Action: Building Momentum for Universal Health Coverage

J Holtz et al; <https://www.hfgproject.org/communication-and-advocacy-in-action-building-momentum-for-universal-health-coverage/>

*"Despite strong global commitment to achieve UHC, inconsistent understanding and communication about UHC hinders progress. The experience of the Health Finance and Governance (HFG) project suggests that advocating for and communicating about UHC requires deliberate, tailored, context-specific strategies. HFG has supported global and country-specific initiatives aimed at strengthening leadership, building capacity, and enabling effective communication for UHC."*

This brief highlights **four key lessons** and lists recommendations for future work.

## Open Access Government – UHC in Africa and the public good

[Open Access government](#);

*“Associate Professor at University of Oslo, **Dr Ruth J. Prince** provides an overview of universal health coverage (UHC) and why this is important in Africa when it comes to the state, citizenship, healthcare and welfare.”*

## Planetary health

### Costa Rica to ban fossil fuels and become world's first decarbonised society

<https://www.independent.co.uk/environment/costa-rica-fossil-fuels-ban-president-carlos-alvarado-climate-change-global-warming-a8344541.html>

*“Costa Rica’s new president has announced a plan to ban fossil fuels and become the first fully decarbonised country in the world.”*

### Devex – update from Bonn

<https://www.devex.com/news/ebola-funding-fears-uk-aid-reporting-rules-and-paris-climate-agreement-rules-this-week-in-development-92729>

*“As midyear climate change negotiations conclude Thursday in Bonn, Germany, politicians, civil society groups, and development professionals are taking stock of a daunting amount of work left to do to make the Paris climate agreement operational. This year negotiators are primarily focused on agreeing to a “rulebook” for implementing the historic agreement — a complex and technical task that must be completed by the end of the Conference of Parties meeting in Katowice, Poland, in December. **While observers report that negotiators made reasonable progress on the technical details of that rulebook, they are also warning that remaining issues, including perennial questions around financing for developing countries, will require strong political leadership.** “The radio silence on money has sown fears among poor countries that their wealthier counterparts are not serious about honoring their promises. This funding is not just a bargaining chip, it is essential for delivering the national plans that make up the Paris agreement,” said Mohamed Adow, international climate lead at Christian Aid, in a statement.”*

## Vox - What genuine, no-bullshit ambition on climate change would look like

<https://www.vox.com/energy-and-environment/2018/5/7/17306008/global-warming-climate-change-scenarios-ambition>

Recommended. “New scenarios show how to hit the most stringent targets, with no loopholes.” With a focus on **3 recent publications**.

## Nature (News feature) - How to save the high seas

[https://www.nature.com/articles/d41586-018-05079-z?utm\\_source=twit\\_nnc&utm\\_medium=social&utm\\_campaign=naturenews&sf189126820=1](https://www.nature.com/articles/d41586-018-05079-z?utm_source=twit_nnc&utm_medium=social&utm_campaign=naturenews&sf189126820=1)

“As the United Nations prepares a historic treaty to protect the oceans, scientists highlight what’s needed for success.”

“...momentum is now building to protect the high seas. **This September in New York City, negotiations begin on a United Nations treaty** — which is likely to be an add-on to UNCLOS — to agree on how to safeguard this vast shared resource by setting aside areas for conservation and laying out rules for activities such as deep-sea mining. The treaty could also find ways to help all countries benefit from research into deep-sea species — including whether marine organisms’ genes and proteins might form the basis of new drugs or materials — either financially or through technology transfer. **The talks are being heralded as a Paris climate accord for the oceans:** a vital opportunity to conserve the planet’s least-explored realm. “**We have a once in a lifetime chance to secure a treaty that will allow nations to manage activities on the high seas,**” says Lance Morgan, president of the non-profit Marine Conservation Institute in Seattle, Washington, which is focused on ocean protection....”

## The Conversation - The carbon footprint of tourism revealed (it’s bigger than we thought)

<https://theconversation.com/the-carbon-footprint-of-tourism-revealed-its-bigger-than-we-thought-96200>

“**The carbon footprint of tourism is about four times larger than previously thought**, according to a world-first **study published today in Nature Climate Change**. Researchers from the University of Sydney, University of Queensland and National Cheng Kung University — including ourselves — worked together to assess the entire supply chain of tourism. This includes transportation, accommodation, food and beverages, souvenirs, clothing, cosmetics and other goods. Put together, **global tourism produces about 8% of global greenhouse gas emissions, much more than previous estimates....**”

## UN News - UN forum to coordinate global efforts to address worsening water shortages

<https://news.un.org/en/story/2018/05/1009062>

*“With extreme weather costing hundreds of billions a year and fears that by 2050, one in four people will be living in a country affected by severe water shortages, a **global conference got underway on Monday convened by the United Nations meteorological agency to manage the precious resource more sustainably.**”*

## The Guardian (Long read) - How the chicken nugget became the true symbol of our era

[https://www.theguardian.com/news/2018/may/08/how-the-chicken-nugget-became-the-true-symbol-of-our-era?CMP=tw\\_t\\_a-global-development\\_b-gdndevelopment](https://www.theguardian.com/news/2018/may/08/how-the-chicken-nugget-became-the-true-symbol-of-our-era?CMP=tw_t_a-global-development_b-gdndevelopment)

Recommended long read. Also to be forwarded to every teenager in the world : )

Excerpts:

*“**The most telling symbol of the modern era isn’t the automobile or the smartphone. It’s the chicken nugget.** Chicken is already the most popular meat in the US, and is projected to be the planet’s favourite flesh by 2020. Future civilisations will find traces of humankind’s 50 billion bird-a-year habit in the fossil record, a marker for what we now call the Anthropocene. And yet **responsibility for the dramatic change in our consumption lies not so much in general human activity, but capitalism.** Although we’re taught to understand it as an economic system, capitalism doesn’t just organise hierarchies of human work. **Capitalism is what happens when power and money combine to turn the natural world into a profit-making machine.** Indeed, the way we understand nature owes a great deal to capitalism....”*

*“...Just as early-modern climate change and the plague brought about the end of feudalism and the beginning of capitalism, so **we face a future in which climate change and a vulnerability to big systemic shocks augur a dramatic end for capitalism’s ecology.** ... .. We’re astute enough students of history to see that **what follows capitalism might not be better.** Around the world, fascism has emerged from liberalism’s soil. Yet precisely as capitalism’s bills come due, communities are both resisting and developing complex and systemic responses at capitalism’s frontiers. **Around each of the seven cheap things that make capitalism possible – nature, work, care, food, energy, money and lives – there are movements that are developing alternatives. ....**”*

Adapted from **A History of the World in Seven Cheap Things** by Raj Patel and Jason W Moore.

Read together with Carl Bildt’s [“Why Marx was wrong”](#) (on Project Syndicate).

## Science (Policy Forum) – A proposed global metric to aid mercury pollution policy

N Selin; <http://science.sciencemag.org/content/360/6389/607>

*“The Minamata Convention on Mercury entered into force in August 2017, committing its currently 92 parties to take action to protect human health and the environment from anthropogenic emissions and releases of mercury. But how can we tell whether the convention is achieving its objective? Although the convention requires periodic effectiveness evaluation (1), scientific uncertainties challenge our ability to trace how mercury policies translate into reduced human and wildlife exposure and impacts. Mercury emissions to air and releases to land and water follow a complex path through the environment before accumulating as methylmercury in fish, mammals, and birds. As these environmental processes are both uncertain and variable, analyzing existing data alone does not currently provide a clear signal of whether policies are effective. A global-scale metric to assess the impact of mercury emissions policies would help parties assess progress toward the convention's goal. Here, I build on the example of the Montreal Protocol on Substances that Deplete the Ozone Layer to identify criteria for a mercury metric. I then summarize why existing mercury data are insufficient and present and discuss a proposed new metric based on mercury emissions to air. Finally, I identify key scientific uncertainties that challenge future effectiveness evaluation.”*

And a quick link:

Devex - [The Green Climate Fund commits billions, but falls short on disbursements](#)

*“This year, the United Nations Green Climate Fund will commit over half of its \$8.3 billion budget for climate change adaptation and mitigation initiatives, including a milestone \$1 billion approved at its last board meeting in February. This development comes as the fund continues to struggle with actually disbursing the money it has committed while preparing for a critical year ahead, with the rule book of the 2015 Paris Agreement on climate change expected to be finalized by December.”*

## Infectious diseases & NTDs

### AP – Study finds little bang for the buck in Zika blood testing

<https://apnews.com/c838516dccfc413aa188e59742e542c1>

*“Screening blood donations for the Zika virus netted only a few infections at a cost of more than \$5 million for each positive test result, according to new research. The study was the first large look at the impact of guidelines set two years ago, when the Zika epidemic was an unfolding menace in the U.S. and health officials were scrambling to prevent new infections. The study, published Wednesday by the **New England Journal of Medicine**, found that the blood donation testing requirements offered little bang for the buck. It also raised questions about whether a cheaper testing method should be used...”*

## Devex - Cholera in Yemen declining since peak last year, but outbreak still a risk, UNICEF says

<https://www.devex.com/news/cholera-in-yemen-declining-since-peak-last-year-but-outbreak-still-a-risk-unicef-says-92642>

*“The rainy season has arrived in Yemen, but has not yet brought an uptick of cholera cases with it, according to a top in-country official with the United Nations Children’s Fund. Still, UNICEF and other aid agencies remain concerned that there could be another serious outbreak in the coming months, as the rainy season progresses and health, water, and sanitation systems continue to deteriorate....”*

## The Hill - HIV's ancient 'cousin' is ravaging Australia and could spread worldwide

<http://thehill.com/opinion/healthcare/386721-hivs-ancient-cousin-is-ravaging-australia-and-could-spread-worldwide>

*“Central Australia is being ravaged by an epidemic of human T-cell leukemia virus type 1, or HTLV-1. A staggering 40 percent of adults in rural Australia are infected. This epidemic is in addition to the estimated 10-20 million people infected with HTLV-1 globally....”*

*“...The prevalence rate in rural Australia is significant cause for concern. The virus has no cure, no vaccine and receives minimal funding or global attention. This epidemic highlights why global health funding to neglected issues continues to be critical....”*

See also a **Letter in today’s Lancet** - [Time to eradicate HTLV-1: an open letter to WHO](#).

*“...Although not as acute or severe as HIV, HTLV-1, like HIV, produces immune suppression, which leads to opportunistic infections and causes high mortality, a new challenge to public health, particularly in central Australia. In the 38 years since the discovery of HTLV-1, the first human retrovirus (transmitted just like the later-found human retrovirus HIV-1), effective intervention strategies have not been actively publicised. Therefore, HTLV-1 remains a strong threat to individual and community health, and even more so to global health because of the accelerated rate of human migration in recent times.”*

*“...We have published an open letter to WHO, proposing a WHO HTLV-1 vision for the prevention of HTLV-1 transmission, signed by more than 50 individuals and organisations. The letter states, “it is time to do more for HTLV-1, including five intervention strategies to reduce the incidence of HTLV-1 infection”, and we encourage you to read it online.”*

## Contagion Live - NNRTI Resistance Model Aids Treatment of HIV in Africa

<http://www.contagionlive.com/news/nnrti-resistance-model-aids-treatment-of-hiv-in-africa>

*“The World Health Organization (WHO) has a new way to identify cost-effective measures to address the increasing prevalence of drug-resistant HIV in sub-Saharan Africa through the use of a computer model of AIDS-afflicted populations. Developed by Andrew Phillips, PhD, and colleagues at the Institute for Global Health, University College London, in the United Kingdom, the **HIV Synthesis Model** is an individual-based simulation model of HIV transmission, progression, and treatment response. It incorporates extensive data from published sources, accounting for demographics and behaviors, as well as specific drug effects and HIV resistance mutations. ...”*

## UNAIDS (Feature story) - Measuring progress against the 10 commitments through Global AIDS Monitoring

<http://www.unaids.org/en/resources/presscentre/featurestories/2018/may/global-aids-monitoring>

*“At the United Nations High-Level Meeting on Ending AIDS in 2016, **countries pledged to achieve a set of 10 Fast-Track commitments by 2020—an acceleration agenda** that aims to end the AIDS epidemic by 2030 as part of the Sustainable Development Goals. To help ensure that the deadlines are met, the **United Nations General Assembly requested an annual report on progress achieved in meeting those 10 commitments.** ...”*

*“... **GAM** is yet another way that UNAIDS is helping countries to monitor and respond to their HIV epidemics and work towards ending AIDS by 2030. ”*

## Plos Med – Access to antiretroviral therapy in HIV-infected children aged 0–19 years in the International Epidemiology Databases to Evaluate AIDS (IeDEA) Global Cohort Consortium, 2004–2015: A prospective cohort study

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002565>

*“In this research, Valérie Leroy and colleagues study access to antiretroviral therapy in a large population of children and adolescents with HIV-1 infection across 6 regions, and identify priorities for improving access to treatment.”*

## WHO – Statement of the Seventeenth IHR Emergency Committee Regarding the International Spread of Poliovirus

<http://www.who.int/news-room/detail/10-05-2018-statement-of-the-seventeenth-ih-er-emergency-committee-regarding-the-international-spread-of-poliovirus>

As of 10 May.

## NCDs

### NYT - A Simple Way to Improve a Billion Lives: Eyeglasses

<https://www.nytimes.com/2018/05/05/health/glasses-developing-world-global-health.html>

Recommended read. “... **In 2015, only \$37 million was spent on delivering eyeglasses to people in the developing world, less than one percent of resources devoted to global health issues, according to EYEliance, a nonprofit group trying to raise money and bring attention to the problem of uncorrected vision. ... So far, the group’s own fund-raising has yielded only a few million dollars, according to its organizers. It has enlisted Ellen Johnson Sirleaf, the former Liberian president, Elaine L. Chao, the transportation secretary for the United States and Paul Polman, the chief executive of Unilever, among others, in an attempt to catapult the issue onto global development wish lists. They contend that an investment in improving sight would pay off. The World Health Organization has estimated the problem costs the global economy more than \$200 billion annually in lost productivity.**

And something I didn’t realize: ... *Then there is the matter of road safety. Surveys show that a worrisome number of drivers on the road in developing countries have uncorrected vision. Traffic fatality rates are far higher in low-income countries; in Africa, for example, the rate is nearly triple that of Europe, according to the W.H.O....”*

### NCD Alliance webinar (8 May): recordings & slides available

[https://ncdalliance.org/resources/ncd-alliance-webinar-8-may-2018?goal=0\\_1750ef6b4b-51766ed14e-64397109](https://ncdalliance.org/resources/ncd-alliance-webinar-8-may-2018?goal=0_1750ef6b4b-51766ed14e-64397109)

With slides, recordings, ...

**The Agenda** focused on: The 71st World Health Assembly - WHA71; Preparations for the 2018 UN HLM on NCDs; ENOUGH, the campaign on the 3rd High-Level Meeting on NCDs.

## Reuters – Peru hikes taxes on sodas, alcohol, cigarettes and dirty cars

[Reuters](#);

Peru is the next country in what will no doubt become a long list. *“The Peruvian government hiked excise taxes on sugary drinks, alcohol, cigarettes and polluting cars on Thursday in a bid to tackle public health problems linked to obesity and cancer while shoring up public resources.”*

## PPT - Changing Corporate Practices to Reduce Non-Communicable Diseases and Injuries: A Promising Strategy for Improving Global Public Health?

<http://www.corporationsandhealth.org/wp-content/uploads/2016/04/Scotland-talk.pdf>

A 2016 presentation from N Freudenberg. With some info on the ‘rise of the **corporate consumption complex**’. (that really should become a household term in global health circles)

## Guardian (Briefing) - What is the true cost of eating meat?

<https://www.theguardian.com/news/2018/may/07/true-cost-of-eating-meat-environment-health-animal-welfare>

*“As concerns over the huge impact on the environment, human health and animal welfare grow, what future is there for the meat industry, asks Bibi van der Zee.”* Interesting briefing with lots of stats & figures on the economics of meat.

## Nature (News) - Cancer-killing viruses show promise — and draw billion-dollar investment

<https://www.nature.com/articles/d41586-018-05104-1>

*“Pharmaceutical giant Johnson & Johnson announced on 2 May that it would pay up to US\$1 billion to acquire a company that makes cancer-killing viruses. It was a striking show of support for a still-unproven treatment, but the bid is just the latest sign that industry and academics are warming to the approach....”*

And some quick links:

Guardian - [Cancer: 'If exercise was a pill it would be prescribed to every patient'](#)

*“Leading Australian researchers back world-first campaign for activity to be part of any treatment.”*

Guardian - [Embrace Mediterranean or Nordic diets to cut disease, WHO says](#)

*“Britain could lower its rates of cancer, diabetes and cardiovascular disease by embracing Mediterranean- or Nordic-style diets, a major study into the benefits of healthy eating suggests. A **review by the World Health Organization** found compelling evidence that both diets reduce the risk of the common diseases, but noted that only 15 out of 53 countries in its European region had measures in place to promote the diets....”*

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

### Reuters - Major review backs cervical cancer shots, especially for teens

[Reuters:](#)

*“Vaccines designed to prevent infection with human papillomavirus (HPV) are effective in protecting against pre-cancerous cervical lesions in women, particularly in those vaccinated between age 15 and 26, according to a **large international evidence review**. The research by scientists at the respected scientific network the **Cochrane Review** also found no increase in the risk of serious side effects, with rates of around 7 percent reported by both HPV-vaccinated and control groups. “This review should reassure people that HPV vaccination is effective,” Jo Morrison, a consultant in gynecological oncology at Britain’s Musgrove Park Hospital, told reporters at a briefing about the review’s findings....”*

### KFF - The U.S. Government and International Family Planning & Reproductive Health: Statutory Requirements and Policies

<https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-international-family-planning-reproductive-health-statutory-requirements-and-policies/>

*“This **fact sheet** summarizes the major statutory requirements and policies pertaining to **U.S. global family planning/reproductive health (FP/RH)** efforts over time and identifies those currently in effect. These laws and policies collectively serve to direct how U.S. funds are spent, to where and which organizations funds are provided, and generally shape the implementation and define the scope of U.S. global FP/RH activities. It includes U.S. laws and annual requirements enacted by Congress through appropriations bills (statutory provisions) as well as executive branch policies and guidance specific to FP/RH (policy provisions)....”*

## KFF/CGD – The USG International Family Planning Landscape: Defining Approaches to Address Uncertainties in Funding and Programming - Discussion Summary

[KFF](#);

“This document represents a summary of discussions from a **family planning leadership retreat co-convened by the Center for Global Development and the Kaiser Family Foundation on January 18-19, 2018, in Washington, DC...**”

*“... The meeting was designed to identify practical strategies and approaches going forward. **Three interconnected focus areas were identified as high priority:** Financing and Policy Changes: Uncertainty of future donor support and financing implications of policy changes; Country Transitions: Acceleration of country transition timelines and realistic assessment of domestic resource mobilization opportunities; and Commodities: Possible decreases in support for commodities and country supply chains.”*

## International Journal of Health services - Political Economy of Infant Mortality Rate: Role of Democracy Versus Good Governance

D Y Rosenberg; <http://journals.sagepub.com/doi/full/10.1177/0020731418774226>

*“Despite numerous studies on whether democracy reduces the infant mortality rate (IMR), the empirical results remain mixed at best. In this article, I perform several theoretical and empirical exercises that help explain why and under what conditions we should expect politics to matter most for a decrease in IMR. First, I capitalize on the epidemiological view that IMR – the most commonly used indicator of health in social sciences – is better suited to reflect public health micromanagement than overall social development. Second, I theorize that autocrats have incentives to invest in health up to a certain point, which could lead to a reduction in IMR. Third, I introduce an omitted variable – **good governance** – that **trumps the importance of a political regime for IMR:** (1) it directly affects public health micromanagement, and (2) many autocrats made inroads in achieving good governance. Finally, for the first time in such research, I use a disaggregated IMR approach to corroborate my hypotheses.”*

## Biosci Trends - Strengthening maternal and child health in China: Lessons from transforming policy proposals into action

Yang X; <https://www.ncbi.nlm.nih.gov/pubmed/29657245>

*“China has made impressive achievements in improving maternal and child health (MCH) over the past few decades. This paper uses a policy lens to examine reasons for these achievements as well as barriers to further success. We found that strong governmental commitment and leadership,*

effective coordination, proactive participation of different stakeholders, and the provision of adequate resources were associated with China's success in improving MCH outcomes. **Other low- and middle-income countries can learn valuable lessons from China's experience.** These lessons include i) prioritizing MCH on the national development agenda, ii) keeping national ownership over health development cooperation, and iii) establishing effective monitoring, evaluation and accountability mechanisms for MCH programs.”

## NYT (editorial) – The new era of abstinence

<https://www.nytimes.com/2018/05/05/opinion/sunday/the-new-era-of-abstinence.html>

Excerpts: “... The **Trump administration has lurched rightward**, not just compared to the Obama administration, which funded some abstinence-only programs, but **even compared to the Bill Clinton and George W. Bush eras**, when federal funding for abstinence was much more robust than under Barack Obama.

... Meanwhile, **officials pushing these changes** — including Valerie Huber, who once ran a national organization dedicated to promoting abstinence and now leads the Title X program at the health agency — have engaged in a **savvy rebranding campaign**. They use innocuous sounding terms like “sexual risk avoidance” and “healthy relationships” because they know “abstinence” can sound harsh and retrograde....”

## The Wire - India Leads in Vaccine Production but Not in Vaccination

<https://thewire.in/health/india-leads-in-vaccine-production-but-not-in-vaccination>

“Immunisation experts agree that simply by vaccinating children on time, India could influence public health and promote optimal child development on a global scale.”

## Devex - Q&A: UN Women's first spokesperson on sexual harassment talks necessary changes at UN

<https://www.devex.com/news/q-a-un-women-s-first-spokesperson-on-sexual-harassment-talks-necessary-changes-at-un-92685>

“There’s a new spokesperson and coordinator on sexual harassment and assault at the United Nations. UN Women’s Executive Director Phumzile Mlambo-Ngcuka announced last month that Purna Sen, the director of the organization’s policy division, would take on a new post: Executive coordinator and spokesperson on addressing sexual harassment and other forms of discrimination. Sen’s work is centered within UN Women, but she will also aim to highlight and contextualize sexual harassment and assault across the U.N., as the system continues to confront the dismissals of several

high-level officials for inappropriate conduct. ... Sen talked with Devex about the role she will serve within UN Women, how she hopes to influence the broader U.N. system, and why there is a need to rethink how sexual harassment is defined, prevented, and addressed both inside and outside of the U.N....”

## Project Syndicate - Empowering Bangladesh’s Female Garment Workers

<https://www.project-syndicate.org/commentary/bangladesh-female-garment-workers-by-ruchira-tabassum-naved-and-sadika-akhter-2018-05>

“While Bangladesh’s textile trade has put money in women’s purses and challenged a patriarchal society to evolve, economic empowerment has not greatly improved gender equality and female wellbeing. On the contrary, women with jobs in the country’s largest industry are now imperiled on two fronts.”

“... **Our organization, icddr,b** (International Centre for Diarrhoeal Disease Research, Bangladesh), is working to change this. **In a series of recent studies, we explored the health and welfare issues – both physical and emotional – faced by women who produce clothing that they will never be able to afford....”**

And a quick link:

Ministry of Foreign Affairs of Denmark - [The Danish Government Donates 60 mill. DKK to Partnerships that Promotes Women’s Access to Contraception in Connection with Distribution of Food Aid](#) “Minister for Development Cooperation, Ulla Tørnæs, has signed a Letter of Intent regarding a **Danish donation of 60 million DKK to the UN World Food Programme’s, WFP’s, work with women’s and girls’ access to contraception in humanitarian crisis.**”

## Access to medicines

### IP-Watch - Collective Efforts By Civil Society Groups Bar The Way To Hepatitis C Patents

<http://www.ip-watch.org/2018/05/10/collective-efforts-civil-society-groups-bar-way-hepatitis-c-patents/>

“Many hold the view that Gilead’s revolutionary treatment against hepatitis C (sofosbuvir) marked the beginning of a shift in position toward the high prices of medicines, as high-income countries were also faced with an untenable burden to their health systems. **In a number of lower and middle-income countries civil society organised itself to increase access to sofosbuvir for millions in need....”**

## Journal of International Political Theory - Generous corporations? A Maussian analysis of international drug donations

Auriane Guilbaud; <http://journals.sagepub.com/doi/abs/10.1177/1755088217752199>

« In this article, I claim that using **Marcel Mauss' The Gift** can prove fruitful in analyzing **pharmaceutical donations, the role of interests in gift-giving, the complex intertwining of the domains of the gift and commerce, and in contributing to a theory of social justice**. Drug donations refer to the practice of giving medicines "for free," outside of the drug market, with the ultimate goal of reaching populations in need. So an object (a drug) otherwise sold on the market (even if sometimes at a subsidized price), and usually subject to a specific commercial process, enters a different circuit and distribution system. Yet, even if drug donations seem to break with the logic of exchange constitutive of the market, they are intimately linked to market dynamics. This is especially true in the case of corporate drug donations, because of the nature of the donor and the presence of ulterior motives. Accordingly, this practice can be explained with the help of a Maussian understanding of the gift, where gift-giving is not disinterested and does not have to result from pure altruism, but can very well be part of a larger process of accumulating wealth and power. »

## Global Public Health – Understanding of for whom, under what conditions and how the compulsory licensing of pharmaceuticals works in Brazil and Thailand: A realist synthesis

K-B Son et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1471613>

“When pharmaceuticals are not fully available mainly due to the high cost of medicines, a government can issue **compulsory licensing (CL)**. It is well documented that Brazil and Thailand have notably attempted CL. **A realist review was undertaken to understand the identical social interventions in comparative settings, and to draw practical implications for attempting CL relevant for middle-income countries in the era of high-cost medicines**. CL is not only a politically well-devised measure to achieve universal health coverage, but also a tentative commitment, which is determined both at the country level and at the global level. At the country level, political will, with catalytic roles of civil activism, is important in order to guarantee the right to health. Through this will, the governments can achieve universal health coverage. In addition, electoral systems, political leaders, and a constitution are necessary to attempt CL. In addition, CL should operate along with other policy instruments, including a comprehensive essential medicines list, CL-friendly phrasing in patent law, and a competent pharmaceutical industry. At the global level, the balance of power between the WTO regime and the global justice movement is critical. This provides global-level context that can either encourage or prevent CL.”

## IP-Watch - Truvada Case Shows Civil Society's Success With Pre-Grant Opposition

<http://www.ip-watch.org/2018/05/08/truvada-case-shows-civil-societys-success-pre-grant-opposition/>

*"The example of Gilead antiretroviral Truvada in Argentina and Brazil shows how civil society efforts to use patent opposition to patents it felt were unjustified were rewarded by patent withdrawal and rejection, even if the situation in Brazil might not be entirely settled...."*

## IP-Watch - Civil Society Key In TRIPS Flexibility Implementation

<http://www.ip-watch.org/2018/05/04/civil-society-key-trips-flexibility-implementation/>

*"When the agreement on intellectual property was adopted by the World Trade Organization, a number of **flexibilities** were included in the text, mainly to give developing countries policy space to implement the agreement with development considerations. However, some countries through lack of awareness or economic pressure have not used those flexibilities fully, and found themselves facing difficulties addressing their public health needs, which some associate with this failure to use the flexibilities. **Civil society has engaged in notable efforts to counter pressure and raise policymakers' awareness for a wider access to medicines...."***

*"...Over the last two decades, civil society has been actively defending access to affordable to medicines, making use of TRIPS flexibilities, and lobbying policymakers...." With a range of examples.*

## Digital health - "Digital Health Technologies to Support Access to Medicines and Pharmaceutical Services in the Achievement of the Sustainable Development Goals"

N Konduri et al; <http://journals.sagepub.com/doi/full/10.1177/2055207618771407>

The paper summarizes intersectional approaches to institutionalize over 35 tailor-made digital health technologies that promote access to medicines and pharmaceutical services. **It includes five selected case studies with specific results:** a dashboard module to help reduce contraceptives stock-outs in Bangladesh; an electronic dispensing tool to track ARV adherence and early warning indicators of drug resistance in Namibia; a digital medicines registration system that reduced registration time from 400 days to 176 days in Mozambique; a data warehousing technology and business intelligence to improve medicines management and pharmaceutical services in Uganda; and an early warning dashboard for priority public health programs in Mali. **The paper then describes how this work will set the stage for advocacy, policy and future research on better use of data for timely decision making as well as the next phase of health information management and analytics.** Based on the gaps found by the Lancet GBD study on SDG 3 baseline indicators related to

medicines, the paper proposes key actions to better track progress towards SDG 3 targets as part of the UN's Voluntary National Reviews.

## IP-Watch - Unitaid Calls For Proposals On TB, Hails New Insecticide

<http://www.ip-watch.org/2018/05/07/unitaid-calls-proposals-tb-hails-new-insecticide/>

*"Unitaid has issued a call for proposals to fund innovative projects that would combat the drug-resistant strains of tuberculosis, and has announced progress in development of a new anti-malaria insecticide against mosquitoes...."*

## Human resources for health

### BMJ Open - Ongoing training of community health workers in low-income and middle-income countries: a systematic scoping review of the literature

James O'Donovan et al; <http://bmjopen.bmj.com/content/8/4/e021467>

Objectives: « *Understanding the current landscape of ongoing training for community health workers (CHWs) in low-income and middle-income countries (LMICs) is important both for organisations responsible for their training, as well as researchers and policy makers. **This scoping review explores this under-researched area by mapping the current delivery implementation and evaluation of ongoing training provision for CHWs in LMICs.*** »

Conclusion: « *This scoping review highlights the diverse range of ongoing training for CHWs in LMICs. Given the expansion of CHW programmes globally, more attention should be given to the design, delivery, monitoring and sustainability of ongoing training from a health systems strengthening perspective.*»

### Global Public Health - A gender analysis of a national community health workers program: A case study of Afghanistan

S A M Najafizada et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1471515>

*"Gender equity can be a neglected issue in health system reforms. This paper explores the multiple layered gender dynamics of the Afghan Community Health Worker (CHW) Program within broader health system reforms in Afghanistan using a qualitative research design...."*

## Miscellaneous

### Guardian – Hundreds of thousands of children close to dying of hunger in Congo, UN warns

<https://www.theguardian.com/global-development/2018/may/11/hundreds-of-thousands-of-children-close-to-dying-of-hunger-in-democratic-republic-of-the-congo-unicef-warns>

*“Hundreds of thousands of children in a province of the Democratic Republic of the Congo face imminent death from hunger, the UN children’s agency, Unicef, warned on Friday. Without urgent humanitarian assistance, said the agency, child fatalities in the Kasai region – which erupted in violence in August 2016, and has forced 1 million people from their homes – could “skyrocket” ....”*

### ODI – ODI’s new five-year strategy: the power of evidence and ideas

[https://www.odi.org/sites/odi.org.uk/files/long-form-downloads/strategy\\_booklet\\_final\\_web\\_0.pdf](https://www.odi.org/sites/odi.org.uk/files/long-form-downloads/strategy_booklet_final_web_0.pdf)

*“Our new vision builds on our strengths and challenges us to go further in providing the evidence, ideas and innovation needed to tackle the world’s most pressing issues.”*

### Guardian - Postwar generations shut out of economic mobility, finds report

<https://www.theguardian.com/society/2018/may/09/postwar-generations-shut-out-of-economic-mobility-finds-report>

*“Children around the world have failed to get a better education than their parents and improve their economic circumstances, so generations of poor people in developing countries are becoming “trapped in a cycle of poverty determined by their circumstance at birth”, says a **World Bank report**. According to the report, **Fair Progress? Economic Mobility across Generations Around the World**, successive generations in the postwar era, far from enjoying a better life than their parents, have been “unable to ascend the economic ladder due to inequality of opportunity”, or they have seen their progress stall in recent years. The report monitored the education of groups born between 1940 and 1980 and found that **46 of 50 countries with the lowest rates of mobility were part of the developing world....”***

## Lancet World Report –Cochrane postpones comprehensive free access to reviews

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31062-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31062-6/fulltext)

*“Cochrane postpones implementation of the target to make all Cochrane Reviews open access immediately upon publication. Talha Burki reports. On April 30, Cochrane announced that it was postponing its plan to offer comprehensive free access to all its reviews by 2020. In its Strategy to 2020, which took effect in 2014, Cochrane had stated that it would “achieve universal open access to Cochrane Systematic Reviews immediately upon publication for both new and updated reviews”. **The Governing Board has now concluded that this measure would jeopardise the organisation’s sustainability.** Royalties generated from sales of the reviews come to more than £6 million per year, over 90% of Cochrane’s income....”*

## Devex - US announces additional \$18.5M for Venezuela response while calling for regime change

<https://www.devex.com/news/us-announces-additional-18-5m-for-venezuela-response-while-calling-for-regime-change-92720>

*“The Trump administration on Tuesday announced an additional \$18.5 million in humanitarian assistance to Colombia for response to the Venezuelan crisis, shortly after it called for the first time for regime change in Caracas....”*

In news also related to Venezuela’s plight, **TT Broner (Human Rights Watch)**, argued that **“[The Global Fund Should Move Boldly to Help Venezuelans](#)”**. Written ahead of the Global Fund Board meeting (see ‘Highlights section’): *“ The Global Fund... ... has made a big difference addressing AIDS, tuberculosis and malaria in many countries, yet it has failed to do so in Venezuela, a nation with a years-long healthcare crisis, because, on paper, the nation has the income to fund health services. There’s a chance for the Global Fund to reconsider that position at its upcoming board meeting, on May 9 and 10. And it should... “*

But there seems to be good news on this front, now.

## Economist – Does growing up poor harm brain development?

[Economist](#);

*“A team of scientists undertakes an ambitious experiment which could change thinking about welfare.”* A team of researchers will run a three-year experiment (in the US) which will, for the first time, search for causal links between parental income level and a child’s early development (i.e. from 0 to 3 years).

Of 1,000 low-income mothers, “...roughly half will be randomly selected to receive an unconditional \$333 a month, while the others will form a control group that will receive \$20. The money, which is completely unconditional, will be loaded onto a pre-paid debit card every month for 40 months, on the date of the child’s birthday. The hypothesis is that this steady stream of payments will make a positive difference in the cognitive and emotional development of the children whose mothers receive it...”

Rocket science.

## Guardian – Lethal flash floods hit east African countries already in dire need

<https://www.theguardian.com/global-development/2018/may/08/deadly-flash-floods-east-africa-dire-need-kenya-rwanda-somalia>

“Heavy rains and severe flash floods have left more than 300 people dead and displaced thousands of others across parts of east Africa, with Kenya and Rwanda being the worst hit...”

## FT - Google focuses on ‘digital wellness’ as it steams ahead in AI

<https://www.ft.com/content/bd606d32-5305-11e8-b3ee-41e0209208ec>

“Google chief executive Sundar Pichai affirmed his company’s “responsibility” to make technology a “positive force” in people’s lives at the internet company’s annual developer conference, which is being held after a backlash against the biggest tech companies this year...”

“...Google’s most noticeable concession to critics was its announcement of an emphasis on **improving “digital wellbeing”**. A number of former tech executives and advocacy groups have raised concerns over smartphone addiction and the impact of digital distraction, prompting companies including Google and Facebook to emphasise the quality of time people spend using their products...”

## Top 100 Leaders from Multilateral Organisations: From Christine Lagarde to António Guterres, These Are the Most Influential People in This Sphere

<https://richtopia.com/inspirational-people/multilateral-organisation-influencers-top-100>

“A list of the **most influential** people in multilateral organisations, particularly at being pro-active. ... Our multilateral organisation insiders list is an automatic algorithm based on social media influence, Klout scores. We take into account various metrics from Twitter, Facebook, Wikipedia,

*Youtube, LinkedIn and Instagram. We also take into account newspaper, TV, radio, and other media coverage. Furthermore, we measure soft-power and have a secret recipe.”*

The list gets updated every year. Christine Lagarde remains n° 1; **Dr Tedros** occupies the 11th position, just like last year.

## **BBC Global Survey: A world Divided?**

<https://www.ipsos.com/en/bbc-global-survey-world-divided>

*“Three-quarters around the world say their country’s society is divided – and **the majority think their country is now more divided than it was 10 years ago, especially in Europe.** Differences in political views are seen as the greatest cause of tension, followed by differences between rich and poor. However, despite these divisions, the majority of people in most countries agree that people across the world have more things in common than things that make them different...”*

## **Corporations and Health Watch – Can public health advocates in Europe and the United States together protect public health regulation?**

<http://www.corporationsandhealth.org/2018/05/02/can-public-health-advocates-in-europe-and-the-united-states-together-protect-public-health-regulation/>

*“... At a recent series of lectures in Brussels, Amsterdam and The Hague, **Nicholas Freudenberg**, Distinguished Professor of Public Health at the City University of New York School of Public Health and author of **Lethal but Legal: Corporations, Consumption and Public Health** examined some of the issues confronting those seeking to reduce corporate practices that harm health. In his lectures, **he suggested five broad goals for a transatlantic agenda to protect public health against corporate efforts to roll back regulations.** These included: Remove corporations from public health and trade policy decisions; Protect science from corporate manipulation and conflicts of interest; Revitalize public sector in food, medicines and transportation to provide an alternative to corporate control; Protect democracy from corporate interference; Challenge the view that no other world is possible. ...”*

## **BMJ (blog ) – Is neoliberalism the main problem for the NHS?**

Richard Smith; [BMJ](#);

I only liked the first part of the blog : )

Excerpt:

*“Neoliberalism is destroying the world and the NHS, and we badly and urgently need to find alternatives. That was the main message from a **meeting organised by Medact, Health Poverty Action, and the People’s Health Movement**. But what is neoliberalism, is it the main threat to the world and the NHS, and what are the alternatives?... .. We are living in a world that is dangerous, said David McCoy, professor of global public health at Queen Mary University London. The planet is being destroyed. There is growing inequality. Democracy is being undermined. These are, he argues, **the result of neoliberalism**, but what he called “**antineoliberalism**”—characterised by populism, xenophobia, and authoritarianism—may be even more dangerous and lead us to another world war....”*

## Emerging Voices

### IJHPM - Retaining Doctors in Rural Bangladesh: A Policy Analysis

Taufique Joarder (EV 2010) et al;

[http://ijhpm.com/article\\_3495\\_5ead7b94cde48b4da2e9f36deb4d2671.pdf](http://ijhpm.com/article_3495_5ead7b94cde48b4da2e9f36deb4d2671.pdf)

*“Retaining doctors in rural areas is a challenge in Bangladesh. In this study, we analyzed three rural retention policies: career development programs, compulsory services, and schools outside major cities – in terms of context, contents, actors, and processes.”*

## Research

### HP&P – Strengthening decentralized primary healthcare planning in Nigeria using a quality improvement model: how contexts and actors affect implementation

E A Eboime et al; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czy042/4993753?redirectedFrom=fulltext>

*“Quality improvement models have been applied across various levels of health systems with varying success leading to scepticisms about effectiveness. Health systems are complex, influenced by contexts and characterized by numerous interests. Thus, a shift in focus from examining whether improvement models work, to understanding why, when and where they work most effectively is essential. Nigeria introduced DIVA (Diagnose-Intervene-Verify-Adjust) as a model to strengthen decentralized PHC planning. However, implementation has been poorly sustained. **This article explores the role of actors and context in implementation and sustainability of DIVA in two local government areas (LGAs) in Nigeria.** ... .. Then using the Model for Understanding Success in Quality (MUSIQ), we measured contextual factors affecting implementation of DIVA in the selected LGAs. The LGAs scored 117.42 and 104.67 out of 168 points on the MUSIQ scale, respectively, indicating contextual barriers exist. Both have strong DIVA team attributes, but these could not independently*

ensure quality implementation. Although external support accounted for the greatest contextual disparities, the **utmost implementation challenges relate to subnational government leadership, management, financial and technical support**. Although higher levels of government may set visionary goals for PHC, interventions are potentially skewed towards donor interests at lower (implementation) levels. Thus, **subnational political will is a key determinant of quality implementation**. Consequently, advocacy for responsible and accountable political governance is essential in comparable decentralized contexts.”

## Social Science & Medicine - Quality of clinical care and bypassing of primary health centers in India

Krishna Rao et al;

<https://www.sciencedirect.com/science/article/pii/S0277953618302077?via%3Dihub>

“...This study examines the role of quality of care, in particular clinician competence and structural quality of the health center, on bypassing behavior. Data for this study comes from a survey of 136 primary health centers (PHCs) and 3517 individuals living in the PHC's immediate vicinity in rural Chhattisgarh, India...”

Some **highlights**: “*Bypassing primary health centers falls as clinician competency increases. Beyond a threshold, there is no effect of improved competency on bypassing. Clinician competence reduces bypassing more than better structural quality. Patients that bypassed had higher out-of-pocket health expenditures. Bypassing highlights a need to make PHCs more relevant to communities.*”

## BMJ Open - Roles played by community cadres to support retention in PMTCT Option B+ in four African countries: a qualitative rapid appraisal.

D Besada et al; <http://bmjopen.bmj.com/content/bmjopen/8/3/e020754.full.pdf>

This study explores the roles of community cadres in improving access to and retention in care for PMTCT (prevent mother-to-child transmission of HIV) services in the context of PMTCT Option B+ treatment scale-up in high burden low-income and lower-middle income countries. Study in **Malawi, Cote d'Ivoire, DRC and Uganda**.

The **conclusion**: “*Community cadres provide an integral link between communities and health facilities, supporting overstretched health workers in HIV client support and follow-up. However, their role in health systems is neither standardised nor systematic and there is an urgent need to invest in the standardisation of and support to community cadres to maximise potential health impacts.*”