

IHP news 470 : Multi-stakeholder revolutionary times ahead

(18 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,

As I can't write every single week about our dystopian world, I'll put my 'glass half full' hat on this week. And dream that a different world is possible, even if Emerging Voices, of all people, were enthusiastically queuing this week for the new Primark outlet in Antwerp, showcasing that the 'late-capitalist' era will probably still be with us for a while :)

Nevertheless, the 200th anniversary of Karl Marx's birthday should inspire all of us (*or at least the 99 %*) to at last start a proper global health revolution, a '**People's Revolution**' so to speak. And we better hurry up, as [Dubai](#) is already waiting around the corner, which doesn't quite feel like the right venue for a revolution. After all, you just don't take on the [Burj Khalifa](#) the way the French stormed the Bastille :)

If you're looking for a good pretext: well, the Global Fund Board just ignored the Heineken commotion altogether, in spite of all the commotion on Twitter & many well-crafted pieces in the Lancet, so that seems like a nice incentive to take to the streets, as well as use more "innovative" revolutionary approaches.

I'm looking first of all in the direction of the **NCD Alliance** for leadership in this regard, together with the **People's Health Movement**, of course. As well as **Women in Global Health**. Now, what would be the 'Theory of Change'? Well, as Lenin already knew in his time, timing is everything if you want to plan a revolution. In my country, for instance, we're all expected to drink "[Belgium](#)" beer now (re-labeled by AB InBev), apparently to support the Belgium football team at the upcoming World Cup in Russia. It seems likely that many of the 'lads' watching the tournament around the world will need plenty of beer to properly enjoy the matches, with probably a 'starring' role for the lads in the UK (as their team is usually rubbish).

Now, if the NCD Alliance (together with some help from the PHM, some of whom probably have great connections in Russia and China), could hire a bunch of **Russian & Chinese hackers**, to make sure the global supply chains of AB InBev, Heineken et al don't function at all anymore, in the run up to the Russia World Cup? Maybe we could even also convince the Donald to get into the fun, arguing that all these 'globalized beers' should be boycotted anyway, and only 'American' beers like Budweiser (*not quite sure whether that hasn't been taken over yet, but hey, let's not fall over details here in the grand scheme of things ...*) should be allowed at global sports events. Such an '**America First' beer policy** would predictably lead to retaliation from other countries brewing beer, so in the end, in most countries 'the lads' would have to watch their games without any beer. Massive riots

around the world could then be expected, for example if the English team loses from Kevin Debruyne et al without any beer to comfort English men in their deep despair. Sensing a revolutionary tipping point, that would be the sign for Women in Global Health, led by Roopa Dhatt, to also get involved. Roopa would call upon her sisters (half the world), to join their angry male brothers in the streets, on the tones of Netta's "[Toy](#)", and ask for real (global) change on #MeToo, women participation in global health governance, and a ton of other female requests. No, Primark outlets all around the world wouldn't be one of them.

(Finally) witnessing such a 'People's Revolution' on such a massive scale at the end of their revolutionary lives, David Sanders & David Legge would feel young all over again. Unlike their allies, however – the NCD Alliance, the Karenski's of this revolution, who would focus on ridding the world of alcohol under the banner 'ENOUGH', and Women in Global Health, who would, among their many requests and actions, also finally "deal" with the global health version of Rasputin (*a hybrid of Larry Summers, Tim Evans & Bill Gates, that might perhaps not look as hairy as Rasputin a century ago, and not have such a 'rich' personality either in other respects, but who together have ruled for far too long over global health governance*), the PHM vanguard would not stop there. No, they would just continue until the entire Corporate Consumption Complex is annihilated. In the end, all revolutionaries would receive well deserved 'Kudos' from Kent Buse on Twitter.

If you agree with this ToC, how about kickstarting the People's Revolution this Sunday already, at the "[Walk the Talk](#)" event in Geneva? Dr. Tedros, what do you say? Will you lead us towards 'Health for All'?

Enjoy your reading.

Kristof Decoster

Featured Article

Adolescent health troubles in South Africa's rural areas should be a key priority

By **Phumudzo Mufamadi** (IHP resident)

Growing up in a rural area is different from growing up in the cities. I was born and raised in a rural village of South Africa (SA), in Nzhelele, where life was a routine, as you saw the same people over and over again. There were two primary schools, one high school and one clinic. Living in a small village wasn't always easy, though. I felt as though my business was the community's business - everybody knew each other. We did not have toilets in primary school; we relied on the nearest bushes whenever we wanted to use a toilet. Due to a lack of classrooms, I attended my entire grade 7 under a tree. You might be sitting there, wondering how a 26-year-old woman has experienced this. Frankly, I did not see it as a struggle back then; we used to enjoy it, it was fun. However, this editorial won't be about me, but about some of the more common struggles young people go through in many rural clinics of my country. Below I will focus on some typical adolescent health troubles in rural areas in SA, including

those related to the social determinants of health (eg. sanitation, toilets, ...); SRHR, access to antiretroviral drugs, but also to health systems “software issues” (like lack of trust in nurses).

When I was in primary school, toilet paper was a luxury. Some people used newspapers as a substitute for toilet paper. But we couldn't always afford to buy a newspaper, so some of us used stones, and sometimes soil. Although things have improved in many villages of my country, toilet paper is still a luxury in quite a few rural areas.

[Teenage pregnancies](#) in SA are a threat to achieving the so called “unfinished business of the” MDGs. Teenage pregnancies are mostly reported in the rural areas. When young people start dating back home, their parents are usually not aware of it. In fact, teenagers are not allowed to discuss these things with their parents. Due to this lack of education about safe sex, plenty of teenagers put their health at risk with unsafe sex. If they actually have heard about contraceptives (in school, by coincidence or sheer luck), it's also not easy for them to go to a clinic to request contraceptives in rural areas because the community is small, and most people fear that some nurses do not know how to be confidential. Also for some people, going to fetch the condoms from the clinics is anything but straightforward as they fear that they might be seen by others who know them and therefore make it public knowledge around the village. In short, most young people engage in unprotected sex.

If they fall pregnant, is the health care they receive in this condition not really up to standard, particularly because some people try to hide their pregnancy before it shows due to fear for the community. This means that they take (too much) time before going for their check-ups in the clinics. As most of them are not educated enough about safe sex and safe abortions, they end up having many children that they cannot maintain.

Similarly, some people fear testing for HIV/AIDS because they worry that should they be found positive, the nurses may not be discreet about the outcome of the results and could go around telling other people about it. This also applies to those who are already on treatment and are meant to go to the clinics for ARVs etc. Some people end up not going for ARVs due to fear of being judged. Some of these people worry that their families will see the pills in the homes which could create a lot of discomfort and “not so cool” moments.

It has also been reported that high school learners are a key population at high risk of [HIV acquisition](#). Even more painful in this situation is that most of these learners are reported to be having sex in the bushes after school hours. There is no entertainment in most rural areas, so when you are dating, you and your partner just meet on the road since parents don't really allow their children to date. But kids still do it anyway, and when they meet, they can't really go for movies or anything. And so they end up going to the bushes to sleep under a tree, or to the mountains. In fact, I remember my grandmother telling me that most of the teenage pregnancies were formed in the mountains and bushes, confirming that the learners had found a home in the bushes ... This I find very painful because the bushes are not safe and these kids put their health at risk. In addition, many girls have sexual partners who are older than them, sometimes much older, as most of them see it as a way of survival. So called “blessers” and sugar daddies exist everywhere, including in the country side.

Against this rather dire backdrop, it is somewhat encouraging that adolescent health is increasingly a global priority. Better late than never, you might say. [WHO](#) and partners launched guidance to help countries improve adolescent health. Other global health stakeholders also focus more and more on adolescent health.

From the above picture, you get a sense why adolescent health in rural areas in LMICs should be a key focus. Adolescents are often neglected in health and social policies, and experience many troubles in accessing health services and information. In addition, many serious diseases in adulthood have their

roots in adolescence. For example, drug use, sexually transmitted infections including HIV, poor eating and exercise habits, all lead to illness causing death later in life.

Adolescents in the countryside should not be overlooked, based on a wrong assumption that rural adolescents are more traditional & conservative than their peers in slums & cities. Teenagers are teenagers, anywhere in the world, and are bound to experiment. Governments and donors should really prioritise improving the health of adolescents by creating more platforms for education and after school activities. And yes, like anywhere else in the world, parents also need to be (more) involved.

Highlights of the week

About to start: 71st World Health Assembly (21-26 May, Geneva) – under the banner of UHC

<http://www.who.int/world-health-assembly/seventy-first>

Get ready for one of the biggest global health events of the year, also the first one with dr. Tedros as WHO's DG. With the current Ebola outbreak, all eyes will be even more on him. So far, his leadership gets kudos from all sides.

You find **background documents** [here](#) (including the [preliminary journal](#).)

Global Health Now – 8 things to watch at this year's WHA

Start your reading with this (absolute) **must-read** from our colleagues from **Global Health Now: [8 Things to Watch at This Year's World Health Assembly—#WHA71](#)** (by Brian Simpson)

If you only read one analysis before the WHA, make sure it's this one.

Before, we already flagged a similar (gated) [piece](#), on **IP-Watch: preview – guide to key issues**. We wish you the best of luck trying to find an ungated one. Let's hope that once the WHA starts, it'll be open access.

Global Health/ PHM Watch analysis

For the **integrated PHM commentary** (as of **14 May**) on the WHA agenda items, see [here](#).

Stay tuned for their briefs & other analyses as well. This year, Andrew Harmer is part of the crew. See also [Global Health Watch](#).

For IHP, we have a few colleagues attending the WHA (and preparatory civil society meetings, ahead of the WHA). So do keep an eye on our blog in the coming days & weeks.

- We also want to flag the **interview** (in UN Special – by G Aslanyan), **with Dr Tedros**, just before the WHA – in which he reflects on one year in charge. [Interview with Dr Tedros](#) (part of a special issue dedicated to WHO)
- Finally, we think **Ilona Kickbush** is on to something, cfr her tweets:

“In the year of @WHO 70 birthday - could it not get the #Nobelprize for peace - or for medicine to give a signal that health is so much more. What do you think?”

*“@NobelPrize - on occasion of @WHO 70th birthday would it not be appropriate to consider it for the peace or even the medicine prize! **Let’s honour key multilateral institutions in a climate of unilateralism.**”*

Fran Baum already helpfully suggested a hashtag: **#WHO4Nobel**

Finally, in further evidence of the transformation of WHO under Tedros, “**@WHO will now provide health insurance for all interns** regardless of whether they serve in a country office, a regional office or in HQ.”

Ebola outbreak in the DRC entered a new phase

Clearly, all (global health) eyes are on the Ebola outbreak in the DRC, for many reasons, only one of them being that WHO’s response (in coordination with other actors), under Tedros’ leadership will be carefully watched at the WHA and beyond as a litmus test of the ‘new & transformed’ WHO. **Did the organization really learn the lessons from the Ebola outbreak in West-Africa** (and is the same true for the many other actors who need to be involved)? **So far, that indeed seems to be the case.** WHO’s response was swift, Tedros even went – in a first – to the DRC himself, and coordination with other UN agencies has been exemplary. But it’s early days, so, fingers crossed, as the situation has just [worsened](#) with the first confirmed urban case.

Some reads:

Stat News - WHO to weigh declaration of international emergency over Ebola outbreak

<https://www.statnews.com/2018/05/17/ebola-who-emergency-committee/>

*“The World Health Organization has convened a special committee of experts to help guide its response to the expanding Ebola outbreak in the Democratic Republic of the Congo. During its first **meeting on Friday**, the group will be asked if the outbreak should be declared an international health emergency. The announcement that an emergency committee has been convened to assess the latest Ebola outbreak comes a day after the national laboratory in the DRC **confirmed a case had been discovered in Mbandaka, a city of 1.2 million people**. The case had previously tested positive with a rapid test, but that finding has been confirmed with a second test. **The specter of the virus once again transmitting in an urban setting is a chilling one**, hearkening to painful memories of the massive West African Ebola outbreak that began at the end of 2013. Then the WHO was slow to*

recognize the threat. This time, it has warned of the risk of urbanized Ebola from the start and is working hard to forestall it...."

The (updated) story also contains some short input from Tedros why he called for such a meeting of the emergency committee.

The first urban case is clearly a **'game changer'** (in the words of **Peter Salama**). See also [WHO - WHO concerned as one Ebola case confirmed in urban area of Democratic Republic of the Congo](#)
This article also **lists the numerous partners** of WHO in this outbreak.

Vox - We finally have an Ebola vaccine. We're about to use it in an outbreak.

<https://www.vox.com/science-and-health/2018/5/16/17356464/ebola-virus-vaccine>

"In a first, the experimental vaccine is being deployed to try to stop an outbreak from spreading."

See also **Reuters** - [Congo receives first doses of Ebola vaccine amid outbreak](#)

*"The **first batch of 4,000 experimental Ebola vaccines** to combat an outbreak suspected of killing 23 people arrived in Congo's capital Kinshasa on Wednesday."*

Meanwhile, *"#EbolaDRC: **The estimated cost of containing this outbreak is rising**. @WHO now says \$26M USD -- up from \$18M USD a few days ago. So far \$8M has been kicked in, from WHO's contingency fund, the UN, Gavi, Wellcome Trust & the UK..."*

Stat News - As Ebola flares once again, a rapid global response invites cautious hope

<https://www.statnews.com/2018/05/15/ebola-who-response/>

Must-read analysis, with the **views of a number of experts** on the response so far. Views from Tom Inglesby, Ron Klain, Ashish Jha, David Fidler, Lawrence Gostin...

Lancet (Editorial) – False economy and global health security

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31076-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31076-6/fulltext)

The Lancet's take on the current global health security situation (with an eye on the outbreak, but more importantly, on **the Trump administration's disappointing commitment to global health security**).

The editorial concludes: *"...The World Health Assembly is scheduled for next week, and Director-General Tedros Adhanom Ghebreyesus was sworn in last year on a platform of strengthening global health security. While we are still early in Tedros's 5 year term, it unfortunately cannot be said that the world is safer from global health security threats than it was a year ago. The need for robust*

responses to global health security dangers will not go away. We cannot afford to turn away from proven and effective responses in the name of false economy and blinkered nationalism.”

CGD (blog) - Ebola Again: Preparedness Is Still Underfinanced, but New Opportunities Are in Play

A Glassman et al; <https://www.cgdev.org/blog/ebola-again-preparedness-still-underfinanced-new-opportunities-are-play>

“... While new tools are in place, it’s past time to recognize the need to adequately finance preparedness at home and abroad, and to act on existing opportunities to deploy funding and link tightly to progress on preparedness metrics...”

And some other links:

Devex - [First pledges announced to combat Ebola in DRC \(from late last week – 11 May\)](#)

And the WB just announced [it is making US\\$3 million immediately available to support the Government of the Democratic Republic of the Congo \(DRC\)’s Ebola Virus Disease Response Plan \(EVDPR\) to fight the current Ebola outbreak in the country.](#)

[Ebola Outbreak – WHO Puts 10 Countries On 'High Alert'](#)

Next global HSR symposium will take place in Dubai

HSG – Eastern Mediterranean region to host the sixth global symposium on HSR in 2020

<http://www.healthsystemsglobal.org/blog/285/Eastern-Mediterranean-Region-to-host-the-Sixth-Global-Symposium-on-Health-Systems-Research-in-2020.html>

The HSR community has to go to Dubai in 2020. Interesting choice.

“The Sixth Global Symposium on Health Systems Research (HSR2020) will take place in the Eastern Mediterranean Region in Dubai and will welcome around 2,000 delegates over five days from 8th to the 12th November 2020. The winning bid was put forward by the Mohammed bin Rashid School of Government, Dubai, in partnership with the United Arab Emirates, and in coordination and close collaboration with the American University of Beirut (AUB), through its Knowledge to Policy (K2P) Center at the Faculty of Health Sciences, Lebanon....”

Global Fund update

France to Host Global Fund Replenishment Conference (in 2019)

<https://www.theglobalfund.org/en/news/2018-05-16-france-to-host-global-fund-replenishment-conference/>

A new occasion for “Jupiter” to shine on the global scene. (As for Peter Sands, I heard they (still) have pretty good (and expensive!) wine in France. Could spark some interesting partnerships)

*“...France is Global Fund’s second-largest donor, committing more than US\$4.2 billion to the Global Fund since 2002. France has played a pioneering role in scientific research, promoting human rights and serving people affected by AIDS, TB and malaria. ... **The Sixth Replenishment Conference of the Global Fund is expected to raise funds for the period 2020 through 2022. It is the first time that France will host a Global Fund replenishment conference. ... France said in its announcement that President Macron’s decision to host the conference signaled France’s strong engagement in international development, repositioning health as a priority of French development policy.**”*

A few tweets perhaps:

“How will the upcoming replenishments relate to one another, to the #SDGs, to @WHO budget - will member states and replenishment hosts take broader #globalhealth coherence into account ? @theGFF @GlobalFund @gavi”

“Replenishments feel like an MDG mechanism, not really fit 4 the SDG era. Certainly not 4 current rogue nationalist/populist era. Global health should reach out much more 2 the global fair taxation community, and link GPGs (incl global health) with tax. Cfr national level (UHC).”

Global Fund Board meeting: more analysis

Check out the latest GFO issue [here](#).

PS: The decision on potentially providing aid to epidemics in Venezuela (and other non-eligible countries in crisis) is encouraging, but there are still hurdles to overcome (where will the money come from, a limit apparently of 20 million dollar (which doesn’t go very far), ...

As already mentioned, there was absolutely nothing on the Heineken partnership (suspension).

Which begs the question: did the Board members “walk the talk” during the break (and thus serve no Heineken)?

You might also want to read **6 [Key Takeaways: The Global Fund’s 39th Board Meeting](#)** (by Friends of the Global Fight).

WHO - First-ever WHO list of essential diagnostic tests to improve diagnosis and treatment outcomes

<http://www.who.int/news-room/detail/15-05-2018-first-ever-who-list-of-essential-diagnostic-tests-to-improve-diagnosis-and-treatment-outcomes>

WHO published its first Essential Diagnostics List, a catalogue of the tests needed to diagnose the most common conditions as well as a number of global priority diseases.

For excellent (& must-read) analysis & background, read **M Pai** on the Conversation - [Health care is an essential human right – and so is a proper diagnosis](#)

*“... In a path-breaking development, **40 years after publishing the first Essential Medicines List, the World Health Organization (WHO) this week published the first Essential Diagnostics List.** This new list will greatly enhance the impact of the Essential Medicines List (EML). After all, essential medicines require essential diagnostics. While everyone accepts the importance of essential medicines and vaccines, there is little acknowledgement of the central importance of diagnosis — the first, critical step in the management of all diseases...”*

*“...The first EDL, compiled by a WHO expert advisory group on in-vitro diagnostics, contains **113 tests.** Of these, **58 are basic tests** (e.g. hemoglobin, blood glucose, complete blood count, urine dipstick) intended for detection and diagnosis of a wide range of common communicable and non-communicable conditions. These basic lab tests form the basis for an essential package of tests at the level of primary care and higher. **The remaining 55 tests are designed for the detection, diagnosis and monitoring of “priority” infections** — namely HIV, TB, malaria, hepatitis B and C, human papillomavirus (HPV) and syphilis...”*

Early analysis of WHO High-Level commission on NCDs draft report

For the draft, see [WHO](#) (15 p).

Plos (blog) - Gender and NCDs: Benign neglect in the face of a gaping window of opportunity

<http://blogs.plos.org/globalhealth/2018/05/gender-and-ncds-benign-neglect-in-the-face-of-a-gaping-window-of-opportunity/>

by **Kent Buse & Sarah Hawkes.**

*“**NCDs are finally having their moment.** Yet against this backdrop of cautious optimism, one issue must give cause for concern – the deafening silence on the issue of gender in the discussion. **Despite its importance, gender is absent or treated superficially in the NCDs community....**”*

They call on the Commission and the negotiators of the Political declaration to bring gender centrally into approaches to address the NCD epidemic.

General analysis of the draft - 11-point thread Kent Buse on Twitter

1/11 @WHO High-level Commission on #NCDs released its draft report. **Kudos to @DrTedros** for this critical initiative in run up to #HLM3 & to commissioners, chairs & Secretariat for working to tight timeframe. **My reflections on draft in this 11-point thread** <https://bit.ly/2jTwqMT>

2/11 **Much to like** in @WHO High-level Commission #NCDs draft report, including: NCDs in human development index; convention on marketing health harming products; socially responsible investing forum; full cost accounting for externalities of health harming products, etc

3/11 **Areas that need more attention / specificity** in @WHO High-level Commission on #NCDs report include the 'how' as well as #gender, #rights, multisector coordination mechanisms, support to civil society, #STAX #NCDHLCReport18 @VeronicaMagar @MartenRobert

4/11 **Gender.** #NCDHLCReport18 Report fails to mention #NCDs affect women & men differently. Also fails to recognize gendered drivers, behaviours, service delivery & outcomes or gendered nature of (unpaid) care. @GlobalHlth5050 can draft operative para @VeronicaMagar @womeninGH

5/11 **Rights** are only mentioned once (as principle) in NCDHLCReport18 – there is a need to spell out various elements of a rights-based approach for #NCDs prevention & control. Take a look at #AIDS political declaration for some inspiration.

6/11 **Health-in-all-policies and multisector coordination.** Both mentioned in #NCDHLCReport18 draft; but given inherent challenges, what concrete recommendations can the Commission make based on good practice to make them more widespread and tractionable? @Unni_Gopinathan

7/11 **Civil society** – draft #NCDHLCReport18 thanks NGOs for inputs, but makes no recommendations to support critical role of civil society as service providers, advocates and watch dogs. Such support, including financing, is arguably critical to progress on SDG 3.4 @NCDFREE

8/11 **Sugar.** Great to see increased taxes proposed for tobacco & alcohol in #NCDHLCReport18, but report doesn't refer to #sugar – needs addressing – particular window of opportunity now with focus on #SSB tax & #STAX. Similarly, good to consider ultraprocessed foods strategies

9/11 **Financing.** Mixed feelings about new catalytic fund proposed in #NCDHLCReport18. Could give impetus to get all stakeholders around country proposals. But could add to complexity of health architecture. And will WB be as good as #GlobalFund at bringing civil society to table?

10/11 **Accountability.** Great to see so much space on accountability and its strengthening & streamlining in NCDHLCReport18. Need more specificity on how it will work & how to engage civil society—lessons from the Global #AIDS reporting system <https://bit.ly/2jX1OtT> @SofiaGruskin <https://twitter.com/kentbuse/status/995922842528165888> ...

11/11 **Further thought on report** of @WHO Commission on #NCDs: front end unnecessarily long— suggest replace first 33 paras 3 paras: 1) ambitious targets agreed at previous HLMs; 2) we know what works (Best Buys); 3) lack of progress; response off track & incommensurate w challenge

REPLACE : a roadmap to make the world trans fat free by 2023

Guardian – Industrial trans fats must be removed from food supply, WHO says

https://www.theguardian.com/science/2018/may/14/industrial-trans-fats-must-be-removed-from-food-supply-who-says?CMP=share_btn_tw

*“**Trans fats** used in snack foods, baked foods and fried foods are responsible for half a million deaths worldwide each year and **must be eliminated from the global food supply**, the World Health Organization says [today]. ... The WHO is saying that **trans fats** should be limited to less than 1% of food energy, which it equates to a maximum of 2.2g of trans fats in a diet of 2,000 calories a day. ... Recent guidance on **saturated fats** from the WHO said they should be limited to 10% of food energy per day.*

You find all the detail on REPLACE in this piece in the **Lancet Comment** - [REPLACE: a roadmap to make the world trans fat free by 2023](#) (by Dr Tedros & Thomas Frieden)

*“...**On May 14, 2018, WHO and Resolve to Save Lives** announced the **REPLACE initiative** to make the world trans fat free by 2023. The REPLACE action package provides countries with tools they can implement now to eliminate industrially produced trans fats from their national food supplies. **REPLACE is the first global initiative to eliminate a risk factor for cardiovascular disease**.... REPLACE aims to accelerate the elimination of industrially produced trans fats by providing governments with **six strategic action areas** that ensure the prompt, complete, and sustained elimination of this toxic chemical from the food supply ...”*

see the Guardian - https://www.theguardian.com/science/2018/may/14/industrial-trans-fats-must-be-removed-from-food-supply-who-says?CMP=share_btn_tw

WHO (report) - Investing in noncommunicable disease control generates major financial and health gains

<http://www.who.int/news-room/detail/16-05-2018-investing-in-noncommunicable-disease-control-generates-major-financial-and-health-gains>

The “investment case” for NCDs. Long awaited (*though not by me*).

“A new WHO report launched today shows that the world’s poorest countries can gain US\$350 billion by 2030 by scaling up investments in preventing and treating chronic diseases, like heart

*disease and cancer, that cost an additional US\$1.27 per person annually. Such actions would save more than 8 million lives over the same period. The report, titled **Saving lives, spending less: a strategic response to NCDs**, reveals, for the first time, the **financing needs and returns on investment of WHO's cost-effective and feasible "best buy" policies to protect people from noncommunicable diseases (NCDs)**, the world's leading causes of ill health and death.*

... It shows that for every US\$1 invested in scaling up actions to address NCDs in low- and lower-middle-income countries (LLMICs), there will be a return to society of at least US\$7 in increased employment, productivity and longer life..."

Tobacco control

UNICEF rebuttal to claims made in The Tobacco Industry and Children's Rights article (in the Journal 'Pediatrics')

<http://pediatrics.aappublications.org/content/early/2018/04/26/peds.2017-4106.comments#unicef-rebuttal-to-claims-made-in-the-tobacco-industry-and-childrens-rights-article->

By **Stefan Peterson**.

*"The article **The Tobacco Industry and Children's Rights**[1], authored by van der Eijk, et al. and published in **Pediatrics** on 26 February, contains serious inaccuracies and misrepresentations of both UNICEF's past engagement with the tobacco industry and UNICEF's current advocacy for tobacco control. We were surprised and disappointed that UNICEF was not given any opportunity to respond to the allegations set out in the article before it was published -- which would have been standard practice. This letter therefore identifies and rebuts the most serious of these inaccuracies..."*

2018 Global Drug Survey

Independent - Alcohol and tobacco by far the worst drugs for human health, global review finds

<https://www.independent.co.uk/news/health/alcohol-drinking-smoking-drugs-addictive-health-worst-bad-cannabis-cocaine-amphetamines-opioids-a8345741.html>

*"**Alcohol and tobacco are by far the biggest threat to human health around the world**, while illegal drug harms "don't even come close", a major report on addictive substances has found. **The Global Statistics on Alcohol, Tobacco, and Illicit Drug Use: 2017 Status Report** found a quarter of a billion hours of healthy human life are lost each year because of smoking and drinking, ten times more than is lost to illicit drug use..."*

*The report, published in the journal **Addiction**, also found that Europe is a world leader in these bad habits.*

Lancet (Editorial) - Changing the conversation to make drug use safer

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31075-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31075-4/fulltext)

*“Last week, the 2018 Global Drug Survey (GDS) published its annual findings on recreational drug use (both legal and illegal) among 130 000 people across 44 countries. The anonymised online survey uses a detailed questionnaire to assess trends in drug use and self-reported harms among regular drug users and early adopters of new trends. **It is time to accept that for many people the use of drugs plays an important and functional part in their lives. For many, the risk related to their use lies within inherent personal and social vulnerabilities and the way they use the drug.** Given current laws, policies to reduce harm from drug use need to be pragmatic and receptive to the evidence. **Governments need to promote honest conversations about drug use and harm and avoid selectively listening to evidence that supports pre-existing ideological or political positions. We can make a good start in reducing harm by engaging in conversations with people who use drugs, and who are also very interested in protecting their health and wellbeing while they do so.**”*

Hypertension Day (May 17) & May Measurement Month

Lancet Global Health - May Measurement Month 2017: an analysis of blood pressure screening results worldwide

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30259-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30259-6/fulltext)

*“Increased blood pressure is the biggest contributor to the global burden of disease and mortality. **Data suggest that less than half of the population with hypertension is aware of it.** May Measurement Month was **initiated to raise awareness of the importance of blood pressure** and as a pragmatic interim solution to the shortfall in screening programmes.*

*“... In 2017, the International Society of Hypertension expanded the annual World Hypertension Day on May 17 to a **May Measurement Month (MMM)**. In this issue of The Lancet Global Health, Thomas Beaney and colleagues present results from this very large global initiative which aimed to increase the awareness and treatment of high blood pressure. 100 countries were approached for this low-cost project, and data from 80 countries were included in the analysis...”*

See also NCD Alliance - [Elevating hypertension on the public health agenda](#)

*“Marking World Hypertension Day on May 17, **the World Heart Federation (WHF) is taking stock of its recent initiatives to accelerate progress in the management and prevention of raised blood pressure and to elevate this significant public health issue on the global health agenda.** Efforts include translating WHF’s global roadmap on hypertension into national contexts through roundtables, and capitalising on the advocacy opportunities at the 71st World Health Assembly.”*

WHO/WB/OECD (report) - Delivering quality health services: a global imperative for universal health coverage

<http://apps.who.int/iris/handle/10665/272465>

“This document – Delivering quality health services: a global imperative for universal health coverage – describes the essential role of quality in the delivery of health care services. As nations commit to achieving universal health coverage by 2030, there is a growing acknowledgement that optimal health care cannot be delivered by simply ensuring coexistence of infrastructure, medical supplies and health care providers. Improvement in health care delivery requires a deliberate focus on quality of health services, which involves providing effective, safe, people-centred care that is timely, equitable, integrated and efficient. Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge...”

*High-quality health services involve the right care, at the right time, responding to the service users’ needs and preferences, while minimizing harm and resource waste. Quality health care increases the likelihood of desired health outcomes and is consistent with **seven measurable characteristics**: effectiveness, safety, peoplecentredness, timeliness, equity, integration of care and efficiency*

The five foundational elements critical to delivering quality health care services are health care workers; health care facilities; medicines, devices and other technologies; information systems; and financing.

*This document, from the perspective of three global institutions concerned with health – OECD, the World Bank and the World Health Organization – proposes a way forward for health policy-makers seeking to achieve the goal of access to high-quality, people-centred health services for all. High-level actions are **called for from each of the key constituencies** that need to work together with a sense of urgency to enable the promise of the Sustainable Development Goals for better and safer health care to be realized...”*

Global Health security

CGD (blog) – Global Health Security in the Trump Era: Time to Worry?

<https://www.cgdev.org/blog/global-health-security-trump-era-time-worry>

J Konyndyk lists the three reasons why he’s worried now, unlike much of the past year, on the US commitment to global health security.

JH Center for health security (report) – The characteristics of pandemic pathogens: Improving Pandemic Preparedness by Identifying the Attributes of Microorganisms Most Likely to Cause a Global Catastrophic Biological Event

http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2018/180510-pandemic-pathogens-report.pdf

Unsurprisingly, respiratory viruses are far more dangerous than the ones that make headlines currently (Ebola, Zika, ...), when it comes to causing a global pandemic.

See [Live Science](#) for quick & good coverage of this report.

AMR

Lancet (Comment) - Global governance of antimicrobial resistance

C Rochford, D Sridhar, Sally Davies et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31117-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31117-6/fulltext)

(must-read) “Ensuring future generations have access to antimicrobials is high on the agenda for many heads of state, and almost all Ministers of Health. Following the UN General Assembly's 2016 High-Level Meeting on antimicrobial resistance (AMR), an **ad-hoc Interagency Coordination Group (IACG)**, co-chaired by the UN Deputy Secretary-General and the Director-General of WHO, was **tasked with providing guidance to political leaders on approaches needed to promote sustainable action on AMR**. With just over **12 months remaining until the IACG is due to report back to the UN Secretary-General**, its recommendations must seek to **improve the global governance of AMR for the long term** while supporting the development of a “21st-century UN”.

“... To inform the recommendations of the IACG to the UN Secretary-General, a small initial meeting of stakeholders was convened at Leeds Castle in the UK under the leadership of Dame Sally Davies, Chief Medical Officer (CMO) for England, member of the IACG, and Chair of the subgroup on SDG alignment, global governance post 2019, and the UN role and responsibilities...”

They come up in this article a **Global Governance for AMR proposal**. Check it out.

PS: [Science](#) also has a **special issue on ‘The rise of resistance’**, this week. Among others, with [Worldwide emergence of resistance to antifungal drugs challenges human health and food security](#).

International Nurses Day – 12 May

Last week (12 May), **International Nurses Day** was celebrated.

I wish all readers of this newsletter (*and especially health economists, Ministers of Finance and overpaid specialists* :)) well-paid and not overworked nursing staff when they'll need them. Sooner or later, that day will come.

Trump & access to medicines

FT Health – Trump blames ‘freeloading’ foreign countries for high drug prices

<https://www.ft.com/content/5ec2c642-54b0-11e8-b3ee-41e0209208ec>

News from late last week: ***“Donald Trump hit out at “freeloading” foreign countries that benefit from US pharmaceutical research as he launched an initiative to lower drug costs, but he stopped short of measures that would crimp American companies’ profits.*** Mr Trump complained that foreign countries were paying “a tiny fraction of what the medicine costs in the USA” as his officials said overseas buyers were not contributing their fair share to research and development costs. “It’s unfair and it’s ridiculous and it’s not going to happen any longer,” Mr Trump said in a speech at the White House on Friday. “It’s time to end the global freeloading once and for all.” ***Healthcare stocks rallied following the speech on relief among investors that the plan did not contain radical measures likely to hurt profits in the US healthcare industry, although Mr Trump did chastise the industry for its prolific lobbying....”***

See also **Stat News** - [Trump promised to bring pharma to justice. His speech sent drug stocks soaring](#)

& **IP-Watch** [Trump Declares Intent To Stop Pharma Companies From ‘Gaming’ Patent System](#) .

Guardian - Warning sounded over China's 'debtbook diplomacy'

<https://www.theguardian.com/world/2018/may/15/warning-sounded-over-chinas-debtbook-diplomacy>

“China’s “debtbook diplomacy” uses strategic debts to gain political leverage with economically vulnerable countries across the Asia-Pacific region, the US state department has been warned in an independent report. The academic report, from graduate students of the Harvard Kennedy school of policy analysis, was independently prepared for the state department to view and assessed the impact of China’s strategy on the influence of the US in the region. The paper identifies 16 “targets” of China’s tactic of extending hundreds of billions of dollars in loans to countries that can’t afford to pay them, and then strategically leveraging the debt....”

“The academics identified the most concerning countries, naming Pakistan and Sri Lanka as states where the process was “advanced”, with deepening debt and where the government had already ceded a key port or military base, as well places including Papua New Guinea and Thailand, where China had not yet used its amassed debt leverage....”

In other news on the Belt & Road, see [Is China's Belt and Road working? A progress report from eight countries](#) (Nikkei Asian Review).

FT - Michael Bloomberg launches China-linked rival to Davos gathering

<https://www.ft.com/content/6f50198e-5793-11e8-bdb7-f6677d2e1ce8>

The “**New Economy Forum**” focuses on the emerging world order, in a challenge to the WEF.

*“Michael Bloomberg is launching a rival to the World Economic Forum’s annual gatherings in Davos, aimed at addressing a changed global order in which China’s rise challenges the primacy of the US. The financial data billionaire has enlisted two long-term China watchers, former US secretary of state Henry Kissinger and ex-US Treasury secretary Hank Paulson, to design the New Economy Forum. They have partnered with the China Center for International Economic Exchange... .. Mr Bloomberg said it would **keep the guest list to 400 people**, in contrast to the World Economic Forum, whose annual meeting in the Swiss mountains attracts about 3,000 people. Mr Paulson said the **organisers were eager to make their forum more than another talking shop**. “You need to have **real dialogue**, not people reading talking points or giving speeches, and then you need to figure out how to advocate for those solutions,” he said, hailing Mr Bloomberg’s focus on data, results and pragmatism....”*

First meeting is scheduled for **November**, in **Beijing**.

Planetary Health

Open Democracy - The pitfalls of generational thinking

J White; <https://www.opendemocracy.net/transformation/jonathan-white/pitfalls-of-generational-thinking>

Recommended. “Taking collective action on climate change requires that we avoid privatising and depoliticising the problems we want to solve.”

*“The **concept of generations** has been central to the way scholars, decision-makers and activists portray the implications of climate change. International agreements enshrine ‘future generations’ as stakeholders in the decision-making of the present. Moral philosophers and economists describe ‘intergenerational’ obligations that are designed to preserve a stable environment. And climate-change science has been brought to a mass public by evoking the threats posed to our children and grandchildren. **This generational framework has emerged as the pre-eminent way in which human-caused climate change is rendered intelligible in contemporary societies. But the same qualities that lend the framework its appeal are also the source of some serious tensions: its use in public debate tends to privatise and depoliticise how the future is conceived....”***

Global Report on Internal Displacement 2018

[Global Report](#):

Some of the **main findings**:

*“In 2017, there were **30.6 million new (internal) displacements associated with conflict and disasters** across 143 countries and territories. “*

*“The **ten worst-affected countries** - China, the Philippines, Syria, the Democratic Republic of the Congo (DRC), Cuba, the United States, India, Iraq, Somalia and Ethiopia - accounted for more than a million new displacements each.”*

*“The **number of new displacements associated with conflict and violence almost doubled**, from 6.9 million in 2016 to 11.8 million in 2017. Syria, DRC and Iraq together accounted for more than half of the global figure.”*

*“The global distribution of internal displacement mirrors the patterns of previous years. **Most conflict displacement took place in Sub-Saharan Africa and the Middle East. Disaster displacement was prevalent in East Asia and the Pacific, South Asia and the Americas**, regions with high disaster risk because of high levels of exposure and vulnerability.”*

For coverage of this report, see [Reliefweb](#).

Irin (Analysis) - Emergency aid funding fell in 2017, even as Syria/Yemen wars drove needs higher

<http://www.irinnews.org/analysis/2018/05/15/emergency-aid-funding-fell-2017-even-syriayemen-wars-drove-needs-higher>

*“2017 was another costly year for humanitarian aid donors, but despite huge needs in Yemen, Syria, South Sudan, and elsewhere, funding levels have stagnated. **In 2017, preliminary UN figures show a drop in relief funding of \$1.56 billion, or seven percent, against 2016, despite rising needs.** Funding levels continue to be heavily reliant on the United States and the European Union, while an inner circle of 13 aid agencies commands two thirds of spending. **Confirmed 2017 funding reported to the UN’s Financial Tracking Service (FTS) was \$21.3 billion, down from \$22.9 billion in 2016.** However, the decline shown in 2017 is in the context of a 19 percent increase in needs, according to the total price tag for the UN-managed response plans – reflecting increasing levels of need that donors didn’t keep pace with.”*

IISD - GPEDC Monitoring Dashboard Visualizes Development Cooperation Data

<http://sdg.iisd.org/news/gpedc-monitoring-dashboard-visualizes-development-cooperation-data/>

*“The **Global Partnership for Effective Development Co-operation's online Monitoring Dashboard** visualizes **data on ten indicators that track progress on internationally agreed development cooperation principles**. The tool enables users to view **country-specific results**, compare data across countries and regions, and examine progress and trends in different areas of development cooperation over time.”*

Quite a tool!

Family planning: a human right since 50 years

UNFPA - Fifty years ago, it became official: Family planning is a human right

<https://www.unfpa.org/news/fifty-years-ago-it-became-official-family-planning-human-right>

*“... at the **1968 International Conference on Human Rights**, family planning became a human rights obligation of every country, government and policymaker. The conference’s outcome document, known as the **Teheran Proclamation**, stated unequivocally: “Parents have a basic human right to determine freely and responsibly the number and spacing of their children.” ...”*

*“...Until family planning is a universally available choice, this human right will not be fully realized. UNFPA and the World Health Organization have recognized **nine standards** that must be met in every community, for every individual....”* Check them out. Non-discrimination, available, ... etc

Read also (Devex – by N Kanem (UNPF)) - [Half a century on, let's make family planning a reality for all](#).

“...The United Nations Population Fund is committed to ending the unmet need for family planning by 2030 and is already the world’s largest public provider of contraceptives for developing countries. ...”

International Day against Homophobia, Transphobia and Biphobia (17 May)

UNAIDS calls for strengthened partnerships to leave no one behind

<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2018/may/ida-hot>

*“On the **International Day against Homophobia, Transphobia and Biphobia (IDAHOT)**, UNAIDS is calling for strengthened partnerships to support lesbian, gay, bisexual, transgender and intersex (LGBTI) people and their families living with or affected by HIV or facing discrimination...”*

UNAIDS & #MeToo

Lancet – Offline: Sexual and reproductive rights—health and hypocrisy

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31089-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31089-4/fulltext)

Coming back on the launch of the Guttmacher–Lancet Commission on Sexual and Reproductive Health and Rights for All, in South-Africa, and a **question raised by Mark Heywood** on Sidibé & the current crisis engulfing UNAIDS, **Horton advocates for this:** *“...the growing schism over his leadership only shows how divided the AIDS community has become through statements and decisions that many view as ambivalent and ambiguous. **There are calls for Sidibé to resign or to be fired. Neither outcome should happen.** The UNAIDS Programme Coordinating Board last week issued its terms of reference for an Independent Expert Panel on sexual harassment, bullying, and abuse at the UNAIDS secretariat. The panel will deliver its report by December. UN Secretary-General António Guterres must then decide Sidibé's fate. In the meantime, the right response should surely be that Sidibé voluntarily suspends himself during the period of this inquiry. **Voluntary suspension** would enable an acting Executive Director (possibly Gunilla Carlsson, who only joined UNAIDS in February) to defuse a disablingly acrimonious dispute and restore confidence in UNAIDS. Defending sexual and reproductive health and rights leaves no room for hypocrisy.”*

Lancet World Report – HIV/AIDS community divided over allegations about UNAIDS

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31074-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31074-2/fulltext)

(must-read) *“Although terms of reference were agreed for an Independent Expert Panel on harassment, the controversy continues to divide the HIV/AIDS community. John Zarocostas reports.”*

Lancet Global Health – June issue

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

In the new Lancet Global Health issue, we want to flag among others:

- **The Editorial - [Closing the door on parachutes and parasites](#)**

“Most would agree that “parasitic” research ... has no future in global health. But what about secondary data analysis?” Based on a survey of the International Advisory Board. Led to quite a range of answers. The editorial concludes: *“...we strongly encourage those embarking on secondary*

analyses to recruit, and involve at all stages of the research and publication process, suitably qualified local researchers....”

- **Study** - [Excess under-5 female mortality across India: a spatial analysis using 2011 census data](#)

For coverage of the latter (shocking) study, see **The Guardian** - [Discrimination kills 230,000 girls under five in India each year, study shows](#)

*“Hundreds of thousands of young girls in India die every year because of “invisible discrimination”, according to research published in the Lancet Global Health. Researchers from the International Institute for Applied Systems Analysis estimate an **average of 239,000 girls under five in India die each year, or 2.4 million in a decade, because of their gender....”***

Key publications of the week

IJHPM - Framing the Health Workforce Agenda Beyond Economic Growth

Remco van de Pas et al;

http://www.ijhpm.com/article_3500_0.html?utm_source=dlvr.it&utm_medium=twitter

New paper from my somewhat dystopian colleague. *“The fourth Global Forum on Human Resources (HRH) for Health was held in Ireland November 2017. Its Dublin declaration mentions that strategic investments in the health workforce could contribute to sustainable and inclusive growth and are an imperative to shared prosperity. What is remarkable about the **investment frame for health workforce development** is that there is little debate about the type of economic development to be pursued. **This article provides three cautionary considerations and argues that, in the longer term, a perspective beyond the dominant economic frame is required to further equitable development of the global health workforce.** The first argument includes the notion that the growth that is triggered may not be as inclusive as proponents say it is. Secondly, there are considerable questions on the possibility of expanding fiscal space in low-income countries for public goods such as health services and the sustainability of the resulting economic growth. Thirdly, there is a growing consideration that economic growth solely expressed as increasing gross domestic product (GDP) might have intrinsic problems in advancing sustainable development outcomes. Economic development goals are a useful approach to guiding health workforce policies and health employment but this depends very much on the context. Alternative development models and policy options, such as a Job Guarantee scheme, need to be assessed, deliberated and tested. This would meet considerable political challenges but a narrow single story and frame of economic development is to be rejected.”*

Globalization & Health (Editorial) – Reprising the *globalization* dimensions of international health

Ronald Labonté; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0368-3>

*“Globalization is a fairly recent addition to the panoply of concepts describing the internationalization of health concerns. What distinguishes it from ‘international health’ or its newer morphing into ‘global health’ is a **specific analytical concern with how globalization processes, past or present, but particularly since the start of our neoliberal era post-1980, is affecting health outcomes.** Globalization processes **influence health through multiple social pathways:** from health systems and financing reforms to migration flows and internal displacement; via trade and investment treaties, labour market ‘flexibilization’, and the spread of unhealthy commodities; or through deploying human rights and environment protection treaties, and strengthening health diplomacy efforts, to create more equitable and sustainable global health outcomes. Globalization and Health was a pioneer in its focus on these critical facets of our health, well-being, and, indeed, planetary survival. **In this editorial, the journal announces a re-focusing on this primary aim,** announcing a number of new topic Sections and an expanded editorial capacity to ensure that submissions are ‘on target’ and processed rapidly, and that the journal continues to be on the leading edge of some of the most contentious and difficult health challenges confronting us.”*

Globalization & Health - What did the Go4Health policy research project contribute to the policy discourse on the sustainable development goals? A reflexive review

V Te, Sameera Hussain, Peter Hill et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0367-4>

*“In 2012, the European Commission funded **Go4Health—Goals and Governance for Global Health**, a consortium of 13 academic research and human rights institutions from both Global North and South—to **track the evolution of the Sustainable Development Goals (SDGs), and provide ongoing policy advice.** This paper reviews the research outputs published between 2012 and 2016, analyzing the thematic content of the publications, and the influence on global health and development discourse through citation metrics....”*

*“Analysis of the 54 published papers showed **6 dominant themes related to the SDGs:** the formulation process for the SDG health goal; the right to health; Universal Health Coverage; voices of marginalized peoples; global health governance; and the integration of health across the other SDGs. The papers combined advocacy--particularly for the right to health and its potential embodiment in Universal Health Coverage—with qualitative research and analysis of policy and stakeholders....”*

“The analysis offers clear evidence for the contribution of funded programmatic research—such as the Go4Health project—to the global health discourse.”

On a more negative note, the “Orban line” has become mainstream in the EU, over the same time period. And in the whole world, this doesn’t really feel like the ‘SDG era’ anymore... We live on a far more brutal planet now than just a few years ago.

Global health events

Devex – Better mortality data can have big payoffs, say public health experts

<https://www.devex.com/news/better-mortality-data-can-have-big-payoffs-say-public-health-experts-92757>

*“Gaps are closing across some low- and middle-income countries in recording mortality, but more work is needed to understand comprehensive demographics — as well as the actual cost of weak recording systems, according to public health experts. **Public health and mortality specialists convened in New York last week to evaluate progress and continued challenges tracking mortality during the midway check-in for Bloomberg Philanthropies’ Data for Health initiative, a four-year, \$100 million project working to improve health data in 20 countries...**”*

“... Global public health experts initially helped identify which countries would be interested in boosting their birth and death recording systems, marking a reversal from other Bloomberg Philanthropies programs, which have tried to convince countries that initiatives — like work on smoking prevention — would be right for them, Ellis said. The initiative’s actual work involves engaging with local experts on boosting data quality, and training health workers to perform verbal autopsies, where health workers interview family members about the symptoms of the deceased and then plug the symptoms into a system that calculates the likely cause of death....”

IP-Watch - Artificial Intelligence For Good: 3 Days To Discuss AI Solutions

<http://www.ip-watch.org/2018/05/15/artificial-intelligence-good-3-days-discuss-ai-solutions/>

(gated)

*“The **second edition of an annual global summit on “artificial intelligence for good”** spearheaded by the UN International Telecommunication Union opened today. **A focus of the summit is how artificial intelligence can help advance the United Nations Sustainable Development Goals.** The **opening statements** by UN heads, including the **World Health Organization**, showed growing interest in new technology to help in all kinds of areas such as health and agriculture.”*

So dr Tedros is on it, it seems.

Upcoming event (21 May, London School): Research symposium by The Maternal healthcare markets Evaluation Team (MET), together with the MARCH Centre - Who should care for women? Reflections on the private sector's role in reproductive & maternal health care

<https://www.lshtm.ac.uk/newsevents/events/who-should-care-women-reflections-private-sectors-role-reproductive-and-maternal>

“The private sector is an important provider of maternal and reproductive healthcare in many low- and middle-income countries. Overall the private sector provides around 37% of family planning, 44% of antenatal care, and 40% of deliveries, although there is substantial variation across countries and income groups. This unique one-day symposium will bring together implementers, researchers, and policymakers working on the private healthcare sector and maternal and reproductive health, to highlight innovations in the implementation of private sector engagement, and consider the implications for policy and practice. Learn about the role of the private sector in maternal and reproductive health, the nature of private providers in low- and middle-income countries, and the impact of private sector interventions such as social franchising and contracting out.”

Among the speakers: **Peter Piot**.

“This event is organised by the **Maternal healthcare markets Evaluation Team (MET)**, a research group at the London School of Hygiene & Tropical Medicine **examining the role of the private sector in delivering maternal and reproductive health care.** “

Global governance of health

Al Jazeera – It's time for the head of UNAIDS to resign

<https://www.aljazeera.com/indepth/opinion/time-head-unaid-resign-180514084855932.html>

Analysis by a former UNAIDS employee, who says it's time for Sidibé to resign (in spite of the deep respect she feels for him).

For another take, see Richard Horton (in this week's Offline).

Devex - Oxfam CEO to step down following scandal

<https://www.devex.com/news/oxfam-ceo-to-step-down-following-scandal-92767>

Collateral damage. *“The **chief executive officer of Oxfam Great Britain, Mark Goldring, will step down at the end of 2018**, the charity has announced, after three months of intense public criticism*

following revelations of sexual misconduct among Oxfam staff in Haiti after the 2010 earthquake. Although Goldring did not work for Oxfam when the incidents took place, he said that from 2019, the charity should “be led by someone bringing fresh vision and energy and making a long-term commitment to see it through.”...

Devex – DFID has 'considerable distance to go' on disability inclusion, says watchdog

<https://www.devex.com/news/dfid-has-considerable-distance-to-go-on-disability-inclusion-says-watchdog-92768>

*“The United Kingdom’s Department for International Development has a “considerable distance to go” if it is to make good on its pledge to center disability in its work, a U.K. aid watchdog has warned. DFID has made **disability and inclusion a key focus for U.K. aid**, with Secretary of State Penny Mordaunt — a former disabilities minister — saying in her maiden speech in November that, “as a department, we will put disability at the heart of everything that we do.” The U.K. is also set to **host the first Global Disability Summit in London in July**, co-hosted with the government of Kenya and the International Disability Alliance, to raise awareness and funds for disability-inclusive development. However, the **Independent Commission for Aid Impact**, the body that scrutinizes DFID spending, said the department is not doing enough to ensure its own programming is disability inclusive, and that its approach to mainstreaming disability is “too modest” to deliver “transformational results,” in **a review released Wednesday....”***

Globalization & Health - Securitizing HIV/AIDS: a game changer in state-societal relations in China?

C Yuk-Ping Lo; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0364-7>

*“China has experienced unprecedented economic growth since the 1980s. Despite this impressive economic development, this growth exists side by side with HIV/AIDS and severe acute respiratory syndrome (SARS) crises and the persisting deficiencies in public health provision in China. Acknowledging the prevailing health problems, the Chinese government has encouraged the development of health non-governmental organizations (NGOs) to respond to the health challenges and address the gaps in public health provision of the government. HIV/AIDS-focused NGOs have been perceived as the most outstanding civil society group developed in China. **Considering the low priority of health policies since the economic reform, the limitation of the “third sector” activity permitted in authoritarian China, together with the political sensitivity of the HIV/AIDS problem in the country, this article aims to explain the proliferation of HIV/AIDS-focused NGOs in China with the usage of the securitization framework in the field of international relations (IR).”***

Oxfam (blog) - How to decode a UN Report on Global Finance (and find an important disagreement with the World Bank on private v public)

Duncan Green; <http://oxfamblogs.org/fp2p/how-to-decode-a-un-report-on-global-finance-and-find-an-important-disagreement-on-private-v-public/>

*“A giant coalition of UN-affiliated aid organizations recently published **Financing for Development: Progress and Prospects 2018**. But on this occasion I got the assistance of a helpful elf from deep inside the UN system **to decode a significant disagreement within the ‘Inter-Agency Task Force’**. You may not be surprised to hear that **it’s basically the World Bank/IMF v the rest of the UN**. Oh, go on then....”*

As somebody pointed out on Twitter: very interesting stuff via a WB-“insider”.

IP-Watch - EU-Mercosur FTA Seen As Best Chance To Advance Access To Health In Trade Deals

<http://www.ip-watch.org/2018/05/16/eu-mercosur-fta-seen-best-chance-advance-access-health-trade-deals/>

“AIDS activists, health activists and civil society organizations in Brazil and Argentina are pushing back against the negative effects of the planned free trade agreement between the Mercosur countries and the European Union. The EU-Mercosur negotiations might be the best chance as of now to advance an intellectual property agenda that is more favourable to access to health, says Pedro Villardi, coordinator on IP policy issues at the Associacao Brasileira Interdisciplinar de Aids Observatorio Nacional de Politicas de Aids...”

Treaty on Transnational corporations and their supply chains with regards to human rights (treaty text proposal)

https://www.stopcorporateimpunity.org/wp-content/uploads/2017/10/Treaty_draft-EN1.pdf

As of October 2017.

“In 2018 the Global Campaign will continue to develop strategies and efforts in order to build a UN Binding Treaty on Human Rights and Transnational Corporations that contributes to stop impunity. From 15th to 19th October we will convene to a Week of Peoples Mobilisation in Geneva. ...”

NYT - Aid Agency Chief Reports ‘Tremendous Sense of Optimism’ in North Korea

<https://www.nytimes.com/2018/05/15/world/asia/north-korea-world-food-program.html>

David Beasley (UN World Food Programme) visited North-Korea recently. Malnutrition remains a problem in the country, but there’s no sign of extreme food shortages (as in the 90s).

UNU-Wider (Project) – The political economy of social protection systems

<https://www.wider.unu.edu/project/political-economy-social-protection-systems>

*“Financing social protection remains a key constraint in developing countries. **This project focuses on two alternative public finance approaches, and the related political economy factors, that can facilitate the financing of social protection systems:** taxation of consumption and natural resources; income and payroll taxation. This is a **component of a larger research project** ‘The economics and politics of taxation and social protection’ that sheds light on the system-wide impacts of social protection and tax systems in developing countries.”*

Check out this **new database** [SAPI - Social Assistance, Politics, and Institutions database](#).

“...UNU-WIDER has initiated the development of a new database, ‘Social Assistance, Politics and Institutions’ (SAPI), which will provide a synthesis of longitudinal and harmonised comparable information on: i) social assistance programmes in developing countries, ii) country-level information on economic and social performance, and iii) political institutions.”

Devex - Opinion: Time to let a woman lead the WHO Eastern Mediterranean Regional Office

M Manzoor, R Dhatt et al; <https://www.devex.com/news/opinion-time-to-let-a-woman-lead-the-who-eastern-mediterranean-regional-office-92758>

Op-Ed by **Women in Global Health**. *“... Four out of six WHO regional directors are women — yet all five of the Eastern Mediterranean Regional Office’s regional directors since its establishment in 1949 have been men. **After nearly 70 years of male leadership in EMRO, it is time to ask: Why elect another man as regional director of EMRO, when appointing a female regional director would show that this region of WHO is shifting its mindset?...**”*

ODI (Briefing paper) - The taxation of foreign aid: don't ask, don't tell, don't know

I Steel et al; <https://www.odi.org/publications/11122-taxation-foreign-aid-don-t-ask-don-t-tell-don-t-know>

*“Foreign aid is often exempt from taxation in recipient countries. Research on the topic is sparse, debate infrequent, and the system has become entrenched over 70 years. A renewed focus on taxation for development has re-opened the debate on Official Development Assistance (ODA) tax exemptions. The Addis Tax Initiative (ATI) goals on capacity building and policy coherence are potentially inconsistent with ODA tax exemptions. Two ATI members – the Netherlands and Norway – have unilaterally decided to refrain from requesting some ODA tax exemptions. The Platform for Collaboration on Tax (PCT) – a joint effort of the IMF, OECD, UN and World Bank – has committed to review current practice and issue guidance and recommendations (see PCT, 2018). This follows a similar effort around 10 years ago by the UN Committee on Experts on International Tax Cooperation in Tax Matters to review and issue guidelines (see Thuronyi (2005); Thuronyi (2006); and International Tax Dialogue (2007). **This briefing note is intended to contribute to the discussion on the rationale for ODA tax exemptions by setting out the arguments for and against them.**”*

African parliamentarians consider historic resolution on advancing the right to health

<http://www.unaids.org/en/resources/presscentre/featurestories/2018/may/african-parliamentarians>

“Parliamentarians from across Africa are considering a historic resolution to promote the right to health and achieve targets on HIV, tuberculosis, malaria and other health emergencies, such as cervical cancer and hepatitis...”

*“...“A Pan African Parliament resolution will help to achieve health targets in Africa. Parliamentarians, as champions in their communities, can help achieve these targets,” said Mr Sidibé. **The final decision of the parliament will be confirmed after the sixth ordinary session of the fourth parliament concludes on 18 May.** The resolution will be the first of its kind for the Pan African Parliament since it commenced in 2004...”*

IISD - SDG Knowledge Weekly: Update on the EU Budget and Multi-Annual Financial Framework

<http://sdg.iisd.org/commentary/policy-briefs/sdg-knowledge-weekly-update-on-the-eu-budget-and-multi-annual-financial-framework/>

“The Institute for Sustainable Development and International Relations released a [Brief](#) proposing that the SDGs be used as a template for the EU's next Multi-Annual Financial Framework.”

Should be fun with the likes of Orban & all other lovers of “Fortress Europe” (i.e. pretty much all our leaders).

Book - Human Capital in Gender and Development

S Calkin; <https://www.routledge.com/Human-Capital-in-Gender-and-Development/Calkin/p/book/9781138697348>

Looks like a vastly interesting book. *“Human Capital in Gender and Development addresses timely feminist debates about the relationship between feminism, neoliberalism, and international development. The book engages with human capital theory, a labour economics theory associated with the Chicago School that now animates a wide range of political and economic governance. The book argues that human capital theory has been instrumental in constructing an economic vision of gender equality as a tool for economic growth, and girls and women of the global South as the quintessential entrepreneurs of the post-global financial crisis era.”*

BMJ Opinion - global health’s dirty little secret

Kent Buse & Sarah Hawkes; [BMJ](#);

No, this is not about UNAIDS & #MeToo :)

Kent Buse & Sarah Hawkes argue here that *“all global health organisations need to understand how gender dynamics impact on the health outcomes of both women and men—as well as on their staffing”*.

Speaking of Kent Buse, he also tweeted this, in reply to a tweet from dr Tedros, on the use of Twitter:

“I agree @DrTedros - @Twitter great for 3Ps - people; products; pulse - that is connect to more people, discover new content, get a sense of how communities are reacting to and demanding action on issues.”

O’Neill institute – Mainstreaming human rights across the WHO

<http://www.oneillinstituteblog.org/mainstreaming-human-rights-across-the-world-health-organization/>

*“This article was written by **Rebekah Thomas**, Technical Officer for Human Rights in the Gender, Equity and Human Rights Team at the World Health Organization, and **Veronica Magar**, Team Leader for Gender, Equity and Human Rights at the World Health Organization.”*

Recommended.

*“Over the course of two chapters in the groundbreaking new edited volume, **Human Rights in Global Health: Rights-Based Governance for a Globalizing World**, we argue that **the World Health Organization (WHO)** has in recent years begun to operationalize human rights in health through the translation of fundamental human rights principles — participation, equality, non-discrimination, and accountability — and key components of the international standard on the right to health. Looking ahead, we lay out three shifts that will be needed to make these changes sustainable and identify some early positive trends that could pave the way for a new era for health and human rights at WHO....”*

IHP - Towards enlarged global health thinking

Linda Mans (Wemos) <http://www.internationalhealthpolicies.org/towards-enlarged-global-health-thinking/>

Linda Mans comes back on the launch of the Global Health Watch 5, a while ago in Brussels, which featured a keynote by David McCoy.

*“... In my view, **the present moment asks for a movement for health and social justice that goes beyond health**. The People’s Health Movement is certainly a good start, but, as McCoy suggests, broader coalitions & alliances need to be sought. ... For us as civil society organizations working for global health this means that we will need to join forces with organizations concerned with migration, environment, and economic justice, among others. **Naomi Klein et al.’s ‘The Leap Manifesto’ can serve as inspiration....”***

WHO Bulletin - Update on the Global Charter for the Public’s Health

B Borish et al; http://www.who.int/bulletin/online_first/BLT.17.198820.pdf?ua=1

*“... The **Global Charter for the Public’s Health** is a joint effort of the World Federation of Public Health Associations, the World Health Organization (WHO) and multiple stakeholders to provide a comprehensive, clear and flexible framework to adapt public health to its global context....”*

“... The implementation of the charter’s functions with a flexible approach could contribute to achieving the SDGs, with a potential impact in reducing inequities. However, the health sector will need leadership, commitment and ownership at all levels to successfully implement the charter....”

Scientific American – A new push for a universal flu vaccine

<https://www.scientificamerican.com/article/a-new-push-for-a-universal-flu-vaccine/>

“...So far, there is not one clear front-runner vaccine but there are multiple candidates. Earlier this month the National Institutes of Health announced one experimental vaccine, M-001, is headed into phase II clinical trials...”

New KFF fact sheets on US government & WHO/GF

[The US Government and WHO](#)

[The US and the Global Fund](#)

Impatient Optimists - Grand Challenges: Fueling Innovation in Global Health and Development

S Buchsbaum; https://www.impatientoptimists.org/Posts/2018/01/Grand-Challenges-Fueling-Innovation-in-Global-Health-and-Development#.Wvr_AqSFMdW

Assessment of the journey of ‘Grand Challenges’ so far, nearly fifteen years after their launch.

Huffington Post – Why the world needs pop-up vaccine factories

H Makatsoris; [Huffington Post](#);

Article related to the global threat from pandemics. “... *the core problem remains: how to manufacture vaccines quickly enough, and on a large enough scale, to save more people’s lives. A new £10 million UK-funded project, the Future Vaccine Manufacturing Hub, is finding a new model. This will include a faster process for finding and testing vaccines alongside localised ‘pop-up’ factories that can get large supplies of vaccines to people within weeks of the threat having been identified. In particular, this will help countries in the developing world most exposed to viral threats and larger death tolls. The Hub is being led by Imperial College London, working with four other UK universities (Bristol, Cambridge, Cranfield and Nottingham), three research (the NHS Clinical Biotechnology Centre, the Centre for Process Innovation and the National Institute for Biological Standards and Control) and local partners close to the issues in India, Uganda, China, Bangladesh and Vietnam....*”

“...Ultimately, the work of the Hub is about independence - enabling more countries, and particularly those in the developing world, to access a cost-effective way of meeting their needs for vaccines as they arise rather than being dependent on systems of global business...”

A tweet related to the G20:

*“Happening now: at the **2nd meeting of the G20 Health Working Group**, #G20 nations are sharing best practices and lessons learnt. @WHO is working with @OECD and @WorldBank to support #Argentina and the #G20 to bring #SharedProsperity to all. #G20Argentina”*

A link: [Seattle approves tax on businesses like Amazon and Starbucks to fight homelessness](#)

Controversial in its technicalities, but clearly they're on to something. Linking the winners of globalization & the 'disruptive economy' to the (many) losers. Let's scale up at all levels (IMF, WB, ... whaddoyousay?)

And a tweet related to 'Nursing Now':

.”@JimC_HRH outlines @DrTedros's 5 commitments to nursing: 1. Give his personal support ✓ 2. Appoint CNO ✓ (@elizabeth_iro) 3. Speak at #NursingNow launch ✓ <http://www.nursingnow.org/launch>) 4. Write to all ministries of health ✓ 5. WHO to celebrate Florence Nightingale in 2020”

And:

“Independent #global #monitoring board for #global #healthsecurity being launched by @WHO and @WorldBank tells Peter Graaf #outbreakpreparedness #globalhealth”

UHC

BMJ (Analysis) – Changing how we think about healthcare improvement

<https://www.bmj.com/content/361/bmj.k2014>

“Complexity science offers ways to change our collective mindset about healthcare systems, enabling us to improve performance that is otherwise stagnant, argues Jeffrey Braithwaite.”

Part of a new [quality improvement series](#) in the BMJ (together with the Health Foundation). (with focus on the NHS)

iDSi - The evolution of Health Technology Assessment in China

http://www.idsihealth.org/wp-content/uploads/2018/05/ICL_case_study_China_PRINT2-003.pdf

2-pager.

And a **tweet from Rob Yates**, who clearly likes this **NEJM perspective** from Dhillon et al (see a previous IHP newsletter) very much - [The Blind Men and the Elephant — Aligning Efforts in Global Health](#).

"#UHC the best way to align the 3 global health strands of health security, development and health rights @DrTedros"

If it wasn't physically impossible, I could already sense a future '3 sides of the same coin' mantra :)

Planetary health

Guardian - Mysterious rise in banned ozone-destroying chemical shocks scientists

<https://www.theguardian.com/environment/2018/may/16/mysterious-rise-in-banned-ozone-destroying-chemical-shocks-scientists>

"A sharp and mysterious rise in emissions of a key ozone-destroying chemical has been detected by scientists, despite its production being banned around the world. Unless the culprit is found and stopped, the recovery of the ozone layer, which protects life on Earth from damaging UV radiation, could be delayed by a decade. The source of the new emissions has been tracked to east Asia, but finding a more precise location requires further investigation."

Guardian - The UK government wants to put a price on nature – but that will destroy it

G Monbiot. <https://www.theguardian.com/commentisfree/2018/may/15/price-natural-world-destruction-natural-capital>

"Defining Earth's resources as 'natural capital' is morally wrong, intellectually vacuous, and most of all counter-productive." You know you should always read Monbiot's columns.

IISD - Bonn Climate Change Conference Advances Work on Paris Agreement Work Programme, Negotiations to Resume in September

<http://sdg.iisd.org/news/bonn-climate-change-conference-advances-work-on-pawp-negotiations-to-resume-in-september/>

*“While the Bonn Climate Change Conference saw some progress on the Paris Agreement Work Programme, another negotiating session will convene from 3-8 September in Bangkok, Thailand, to advance work before COP 24. ... The Bonn Climate Change Conference adopted a Koronivia Joint Work on Agriculture roadmap that addresses the socioeconomic and food security dimensions of climate change, assessments of adaptation in agriculture, co-benefits and resilience, and livestock management, among others. During the **Talanoa Dialogue process**, which aims to review progress and find solutions regarding increased ambition by countries now and in the next round of NDCs, countries and non-Party stakeholders engaged in interactive story telling.”*

Do check out also (IISD) - [A New Narrative in Climate Talks: Cutting Emissions with Both Arms of the Scissors](#)

“Fossil fuel supply needs to be phased out as well as demand, and should be accomplished in a predictable manner, to ensure a just transition. When the Lofoten Declaration was launched in September 2017, an indefinite moratorium on oil and gas production already existed in Costa Rica, and oil and gas moratoriums applied to several biodiversity hotspots; more policies to restrict fossil fuel supply have been recorded since the Declaration’s launch. Such a transition can not happen overnight and requires a just transition for workers, communities and entire countries.”

Wired - China is going green, but dirty trade is moving elsewhere

<http://www.wired.co.uk/article/climate-change-news-china-globalisation-global-warming-economics-trade>

*“China's export economy is getting greener, but a new phase of globalisation means other developing nations are burning more fossil fuels.” China is following the Western ‘lead’ from a while ago, it appears. “Right now, this means that China is less and less the world’s workbench. Instead, **fossil fuel-powered manufacturing is moving from China and India to countries like Indonesia, Vietnam and Thailand** – with potentially devastating consequences for global efforts to tackle climate change, according to a **study published today in Nature Communications.**”*

Read also (Chatham House Expert comment) - [How China Could Become a Global Leader in Sustainable Infrastructure](#)

“Through the Belt and Road Initiative, China could help make a vital contribution toward addressing climate change.”

Mainly wishful thinking so far (by **A Hoare**). See for example: [Leaked report warns Cambodia's biggest dam could 'literally kill' Mekong river](#) (Guardian).

Tim Jackson: 'Secular stagnation' meets the 'GDP fetish'

https://www.cusp.ac.uk/themes/s2/tj-blog_post-growth-challenge/

"Tim Jackson [whom you probably still remember from 'Prosperity without Growth'] discusses the complex conditions facing advanced economies ten years after the crisis and introduces the arguments in the latest CUSP [Working paper](#) on 'The Post-Growth Challenge'."

Very much recommended.

Plos One - Forest resources of nations in relation to human well-being

P Kaupi et al; <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0196248>

*"A universal turnaround has been detected in many countries of the World from shrinking to expanding forests. The forest area of western Europe expanded already in the 19th century. Such early trends of forest resources cannot be associated with the rapid rise of atmospheric carbon dioxide nor with the anthropogenic climate change, which have taken place since the mid 20th century. Modern, most recent spatial patterns of forest expansions and contractions do not correlate with the geography of climate trends nor with dry versus moist areas. Instead, **the forest resources trends of nations correlate positively with UNDP Human Development Index. This indicates that forest resources of nations have improved along with progress in human well-being.** Highly developed countries apply modern agricultural methods on good farmlands and abandon marginal lands, which become available for forest expansion. Developed countries invest in sustainable programs of forest management and nature protection. ... **However, despite the positive trends in domestic forests, developed nations increasingly outsource their biomass needs abroad through international trade, and all nations rely on unsustainable energy use and wasteful patterns of material consumption.**"*

Infectious diseases & NTDs

UN News – Nigeria: 'Largest-ever' outbreak of Lassa fever contained but monitoring still needed, says UN health agency

<https://news.un.org/en/story/2018/05/1009482>

“With the largest-ever outbreak of the deadly Lassa fever in Nigeria having been contained, continued vigilance is vital to deal with any flare-ups, the United Nations health agency warned last week on Friday.”

UN Dispatch – How Colonialism Explains Female HIV Rates in Africa

M L Goldberg ; [UN Dispatch](#) ;

*“Around the world the HIV rates for men and women are more or less equal — except, that is, in sub-Saharan Africa. This is the only region in the world where the HIV rates for women are substantially higher than that of men. Scholars call this the “feminization” of HIV and AIDS in Africa and have devoted a great deal of effort into studying why. Some 80% of all women who live with HIV live in sub-Saharan Africa. So getting to the bottom of this question is vitally important to combating HIV and AIDS globally. Economist **Siwan Anderson** is the author of a **fascinating new study** that that offers an explanation for why HIV rates for women are high in some African countries. In a forthcoming paper in the academic journal **The American Economic Review**, she finds that **the legacy of the legal system of the former colonial power contributes to very high female HIV rates in former British colonies compared to that of the former colonies of continental Europe that used the civil law tradition**. And this difference, as she explains, is in how common law and civil law countries approached **property rights for married women**. She finds that female HIV rates for countries under common law — which is the legal tradition of former British colonies — are twice that as female HIV rates in civil law countries, which is the legal tradition of continental Europe. The reason? **Married women are more easily able to access property rights in civil law countries and therefore are more able to refuse sex....”***

PEPFAR Now Reaches Over 14 Million People Globally with Lifesaving HIV Treatment

<https://www.pepfar.gov/press/releases/282136.htm>

It’s the 15th anniversary of PEPFAR, this month (May). *“**Fifteen years ago**, when the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) was created, only 50,000 people in Africa were on lifesaving HIV treatment. **New results released today show that the program now supports over 14 million men, women, and children on HIV treatment – more than twice as many as only four and a half years ago.**”*

And a link:

(Plos One) [new study on a new, faster & more accurate rabies test](#)

AMR

Lancet Infectious Diseases (Comment) - Resistant gonorrhoea: east meets west

Peter Rice et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30276-7/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30276-7/fulltext)

Ah, the wonders of globalization!

Comment on a new study in the Lancet Infectious Diseases. “... in *The Lancet Infectious Diseases*, Simon Harris and colleagues used whole genome sequencing (WGS) for comprehensive genetic analyses of more than 1000 *Neisseria gonorrhoeae* strains that were isolated in 2013 in 20 European countries that participated in the European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP)...”

“... Much of the antimicrobial resistance originates in Asia and is transmitted to Europe (such as in the two patients with treatment failure). Between 2013 and 2016, China reported a significant increase (from 1·9% to 3·3%) in gonococcal strains that showed both resistance to azithromycin and decreased susceptibility to ceftriaxone. The proportion of isolates with decreased susceptibility to ceftriaxone fluctuated between 9·7% and 12·2%, and the prevalence of azithromycin-resistant isolates was 18·6% during this period. Further, in eastern Chinese cities, resistance to azithromycin rose more than four-fold (from 7% to 32%) from 2008 to 2014. **A key step in management of antimicrobial resistance of gonococci in Europe will be global collaboration in identifying gonococcal WGSs from Asian strains, some of which are likely to spread to Europe.** The 2017 International Forum on Gonococcal Infections and Resistance, held in Shenzhen in Guangdong, China, and led by Xiang-Sheng Chen was a crucial step forward in establishing these ties.”

NCDs

International Journal of Health Services - Multi-Sectoral Approach to Noncommunicable Disease Prevention Policy in Sub-Saharan Africa: A Conceptual Framework for Analysis

S Sanni et al; <http://journals.sagepub.com/doi/full/10.1177/0020731418774203>

“Conceptual frameworks for health policy analysis guide investigations into interactions between institutions, interests, and ideas to identify how to improve policy decisions and outcomes. This review assessed constructs from current frameworks and theories of health policy analysis to (1) develop a preliminary synthesis of findings from selected frameworks and theories; (2) analyze relationships between elements of those frameworks and theories to construct an overarching framework for health policy analysis; and then, (3) apply that overarching framework to analyze tobacco control policies in Togo and in South Africa. This Comprehensive Framework for Multi-

*Sectoral Approach to Health Policy Analysis has 4 main constructs: context, content, stakeholders, and strategies. When **applied to analyze tobacco control policy processes in Togo and in South Africa**, it identified a shared goal in both countries to have a policy content that is compliant with the provisions of international tobacco treaties and differences in strategic interactions between institutions (e.g., tobacco industry, government structures) and in the political context of tobacco control policy process. These findings highlight the need for context-specific political mapping identifying the interests of all stakeholders and strategies for interaction between health and other sectors when planning policy formulation or implementation.”*

WHO Bulletin - Early assessment of China’s 2015 tobacco tax increase

Mark Goodchild et al; http://www.who.int/bulletin/online_first/BLT.17.205989.pdf?ua=1

*“In 2015, the Chinese government raised tobacco excise tax for the first time since 2009. Changing from previous practice, the State Tobacco Monopoly Administration raised its cigarette prices at the same time. **We assessed the early impact of the 2015 tax increase on cigarette prices, sales volumes, tax revenue generation and the potential effect on prevalence of smoking in China.** Between 2014 and 2016, the retail price of cigarettes increased on average by 11%, with the cheapest category of cigarette brands increasing by 20%. The average proportion of tax in the price of cigarettes rose from 51.7% to 55.7%. Annual cigarette sales decreased by 7.8%, from 127 to 117 billion packs. The increase in cigarette prices could be associated with a 0.2% to 0.6% decrease in the proportion of adults smoking, representing between 2.2 and 6.5 million fewer smokers. Tax revenues from cigarettes increased by 14%, from 740 to 842 billion Chinese yuan between 2014 and 2016, which is equivalent to an extra 15 billion United States dollars in tax revenues for the government. **China’s 2015 tobacco tax increase provides a demonstration that tobacco taxation could provide measurable benefits to both public health and finance. The experience also highlights the potential for tobacco taxation to contribute to China’s broader development targets, including the sustainable development goals and Healthy China 2030.** Looking forward, this link to development can be facilitated through multisectoral research and dialogue to develop consistent cross-sectoral objectives for tobacco tax policy design and implementation.”*

UN News - Obese people more likely to smoke, says new gene research: WHO

<https://news.un.org/en/story/2018/05/1009962>

“New research indicates that people who are genetically prone to being overweight have a higher risk of taking up smoking - and they are likely to smoke more than average — UN scientists said on Wednesday.” Based on new research in BMJ.

McDonald's new menu: less transparency, more tax havens

<https://www.epsu.org/article/mcdonald-s-new-menu-less-transparency-more-tax-havens>

Tax avoidance is still on the menu at McDonald's. "...a new report on McDonald's tax practices, focusing on the company's use of tax avoidance mechanisms in Europe and low-tax and secrecy jurisdictions around the world. It shows how in the midst of a tax probe and the day after the Brexit, McDonald's changed its tax structure." Check out the new report, [Unhappier Meal](#)"

Lancet Psychiatry – Association of disrupted circadian rhythmicity with mood disorders, subjective wellbeing, and cognitive function: a cross-sectional study of 91 105 participants from the UK Biobank

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(18\)30139-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30139-1/fulltext)

Disruption of the body's internal clock is linked with mood disorders and adverse wellbeing.

So if you are occasionally wondering where these sometimes gloomy, sometimes *'The time is now for the revolution!'* IHP intros come from, just blame my body's internal clock!

Quartz – Africa's desperate youth are getting high on opioids and anything they can get their hands on

[Quartz](#);

"...With expensive illicit drugs like cocaine and heroin out of reach for many unemployed young people, they're turning to a range of cheap options—and concoctions—to get high. The spreading addiction among Africa youth to cheap synthetic opioids brought in from China and India has had much press recently.... Combining opioids with alcohol is a popular choice...."

*"... More than availability and the creativity of youthful addicts, much of the drug abuse culture is fueled by the inability of most African economies to grow quickly and get big enough to cater to a bulging youth population. **The drug combinations may differ from country to country, but the symptoms are the same: a lack of opportunities for the so-called youth bulge. African governments are struggling to find a cure to both the the cause and the epidemic. Few have adequately staffed and equipped public rehabilitation centers or a coordinated public health response, never mind how to create jobs for Africa's youth.**"*

Sexual & Reproductive / maternal, neonatal & child health

PEPFAR - Renewed Partnership to Help End AIDS and Cervical Cancer in Africa

<https://www.pepfar.gov/press/releases/281984.htm>

News from last week, announced just ahead of Mother's Day. *"In advance of Mother's Day, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the George W. Bush Institute, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) today announced **The Partnership to End AIDS and Cervical Cancer among HIV-positive women in Africa**. Pending congressional approval, the United States will invest over \$30 million through the renewed partnership. It will build on the earlier successes of Pink Ribbon Red Ribbon by refocusing resources and advocacy efforts for greater impact in eight sub-Saharan African countries to prevent cervical cancer progression and mortality among HIV-positive women...."*

Advance Family Planning Receives \$34.7 million to Boost Global Advocacy Efforts

[AFP](#);

*"The Advance Family Planning (AFP) initiative has received \$34.7 million from the Bill & Melinda Gates Foundation to boost and extend its family planning advocacy efforts. The grant will support efforts to make quality, voluntary family planning easier to access for women and girls around the world. It brings total donor support for the initiative to \$96.6 million since 2009 and extends it through 2022. The Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health is the lead coordinating partner for AFP, which **comprises nearly 20 local and international non-governmental organizations in sub-Saharan Africa and Asia...."***

KFF - The Mexico City Policy: An Explainer

<https://www.kff.org/global-health-policy/fact-sheet/mexico-city-policy-explainer/>

Updated explainer. *"On January 23, 2017, President Donald Trump reinstated and expanded the Mexico City Policy via presidential memorandum. Under the Trump administration, the policy has been renamed **"Protecting Life in Global Health Assistance."** This explainer provides an overview of the policy, including its history, changes over time, and current application...."*

STAT - Getting contraceptives for men to the market will take pharma's help

R Sitruk-Ware; [Stat News](#);

*"... At a time when more governments are restricting access to female contraception, expanding male contraceptive options could help to make family planning more of a shared responsibility between women and men. And that's becoming closer to reality. ... I joined a group of researchers this week at the **Second International Congress on Male Contraception in Paris** to share updates on a range of new contraceptive products for men. These include implants, gels, pills, and injections...."*

"Whether this and other promising products ever come to market, however, will depend on whether we can overcome several key misconceptions about male contraception — and whether the pharmaceutical industry will overcome its longstanding reluctance to invest in contraception for men...."

She concludes: *"It's past time for industry and regulators to catch up to the science. **The potential for male contraception is huge.** But as researchers gathered this week to compare data and promising new approaches to male contraception, the question on everyone's lips was, **"When will these products ever come to market?"**"*

Plos Med – Distributional change of women's adult height in low- and middle-income countries over the past half century: An observational study using cross-sectional survey data

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002568>

"Using data from Demographic Health Surveys in 59 low- and middle-income countries, Fahad Razak and colleagues examine changes at the population-level in the distribution of height over time."

Book – Sexual Violence Against Men in Global Politics

Edited by M Zalewski et al; <https://www.routledge.com/Sexual-Violence-Against-Men-in-Global-Politics/Zalewski-Drumond-Prugl-Stern/p/book/9781138209909>

"Sexual violence against men is an under-theorised and under-noticed topic, though it is becoming increasingly apparent that this form of violence is widespread. Yet despite emerging evidence documenting its incidence, especially in conflict and post-conflict zones, efforts to understand its causes and develop strategies to reduce it are hampered by a dearth of theoretical engagement..."

And a tweet:

“For the first time ever, UNICEF includes in its new Strategic Plan (2018-2021) the prevention of overweight and obesity in children, increasingly co-existing with undernutrition in low- and middle-income countries and among the poor. For every child, nutrition.”

Access to medicines

Scidev.Net - World unprepared for a new HIV epidemic

E M Salvana; <https://www.scidev.net/asia-pacific/hiv-aids/opinion/world-unprepared-for-a-new-hiv-epidemic.html>

“The world is faced with a drug-resistant strain of HIV that is rapidly evolving. HIV 2.0 likely to start in poorest countries with little capacity to handle it. Already US guidelines say WHO’s first line anti-retrovirals are inadequate.”

Salvana (who is from the Philippines) concludes: **“We need to nip this in the bud. It is not acceptable that the WHO with its Western-centric consultants continues to insist that all HIV subtypes respond equally well to treatment in the face of the increasing evidence of ADR and TDR. It is not acceptable that they insist that the world continue to use WHO-recommended regimens when those have been abandoned in their own countries. It is not acceptable that cost and for-profit considerations remain a barrier for providing more effective ARVs in resource-limited settings, when developing countries are the ones who can least afford them and are most vulnerable to another HIV pandemic. We need to rekindle the old flame of the early HIV activists who would not take no for an answer, and demand that we do what needs to be done to save lives.”**

BMJ – Healing an ailing pharmaceutical system: prescription for reform for United States and Canada

A Gaffney et al; <https://www.bmj.com/content/361/bmj.k1039>

“Our pharmaceutical systems are broken, and only fundamental reform can ensure universal access to safer, more innovative, and more affordable drugs.”

IP-Watch - Study Finds Rise In Use Of India’s Section 3(d) Against Pharma Primary Patents

<http://www.ip-watch.org/2018/05/11/study-finds-rise-use-indias-section-3d-pharma-patent-evergreening/>

“Access to affordable medicines is one of the most pressing policy issues globally. India has played a prominent role as “pharmacy of the developing world” with its generic medicine industry; however,

the interpretation and implementation of a particular section of the law can significantly affect this role, according to a recent study. Authors Bhaven Sampat (Associate Professor in the Department of Health Policy and Management at Columbia University) and Kenneth Shadlen (Professor of Development Studies at the London School of Economics and Political Science) conducted an **empirical study on the use and functioning of Section 3(d) of the Indian Patent Act 1970.** Controversial since 2005, when India had to give effect to its obligations under the World Trade Organization Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement, **this section was intended to prevent evergreening of patents.** The section does not allow patents to be granted for inventions involving new forms of known substances unless they differ significantly in their properties or efficacy. **The authors noted a sharp growth in the use of Section 3(d) and found evidence that the Indian Patent Office is using it to try and reject almost everything,** in the first examination report at least. ... Originally intended to prevent only secondary patents, Section 3(d) is being used against primary patents as well, the authors found....”

Human resources for health

SS&M - How do gender relations affect the working lives of close to community health service providers? Empirical research, a review and conceptual framework

<https://www.sciencedirect.com/science/article/pii/S0277953618302375>

“Close-to-community (CTC) providers have been identified as a key cadre to progress universal health coverage and address inequities in health service provision due to their embedded position within communities. CTC providers both work within, and are subject to, the gender norms at community level but may also have the potential to alter them. **This paper synthesises current evidence on gender and CTC providers and the services they deliver.** This study uses a two-stage exploratory approach drawing upon qualitative research from the six countries (Bangladesh, Indonesia, Ethiopia, Kenya, Malawi, Mozambique) that were part of the REACHOUT consortium. This research took place from 2013 to 2014. The resulting findings from both stages informed the development of a conceptual framework. **We present the holistic conceptual framework to show how gender roles and relations shape CTC provider experience at the individual, community, and health system levels. The evidence presented highlights the importance of safety and mobility at the community level.** At the individual level, influence of family and intra-household dynamics are of importance. Important at the health systems level, are career progression and remuneration. We present suggestions for how the role of a CTC provider can, with the right support, be an empowering experience. **Key priorities for policymakers to promote gender equity in this cadre include:** safety and well-being, remuneration, and career progression opportunities. Gender roles and relations shape CTC provider experiences across multiple levels of the health system. To strengthen the equity and efficiency of CTC programmes gender dynamics should be considered by policymakers and implementers during both the conceptualisation and implementation of CTC programmes.”

Reuters - Kenyan doctors angered by move to hire Cuban doctors

[Reuters](#);

“Kenya’s government is pushing ahead with a plan to hire 100 Cuban doctors despite opposition from a doctors’ union that says the money could be used to employ local physicians instead.”

“... Ouma Oluga, secretary general of Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU), told Reuters the decision is unethical because there are enough doctors locally. “There are 2,000 Kenyan doctors that require employment and 170 specialists ... have not been deployed by the Ministry of health,” he said. “We do not understand why a government would be creating employment for another country and not their own.”...”

Miscellaneous

Sweden stands up for open access – cancels agreement with Elsevier

<http://openaccess.blogg.kb.se/2018/05/16/sweden-stands-up-for-open-access-cancels-agreement-with-elsevier/>

“Large science publisher Elsevier does not meet the requirements of Swedish universities and research institutes.” “In order to take steps towards the goal of immediate open access by 2026 set by the Swedish Government, the Bibsam Consortium has after 20 years decided not to renew the agreement with the scientific publisher Elsevier...” Starts as of 30 June.

For the bigger picture, see **Nature** - [Europe’s open-access drive escalates as university stand-offs spread](#).

New Economics Foundation – Measuring Wellbeing Inequality

<http://neweconomics.org/2018/05/measuring-wellbeing-inequality/?header=Latest>

From the UK: “This working paper presents research commissioned by the Office for National Statistics (ONS) and carried out by the New Economics Foundation (NEF) in collaboration with the What Works Centre for Well-being. NEF was tasked with exploring the strengths and weaknesses of different measures of wellbeing inequality and to make a recommendation of a measure which could be reported by the ONS alongside mean wellbeing.”

Guardian - Two-thirds of world population will live in cities by 2050, says UN

<https://www.theguardian.com/world/2018/may/17/two-thirds-of-world-population-will-live-in-cities-by-2050-says-un>

“Two-thirds of people in the world will be living in cities by 2050 and the boom will be concentrated in India, China and Nigeria, according to United Nations estimates released on Wednesday. The world’s rural population will peak in a few years then decline by 2050, according to the report by the UN’s population division. Delhi will overtake Tokyo in top spot by around 2028, the report said.”

See also [UN News](#).

Oxfam (blog) - Which is better: a guaranteed job or a guaranteed income?

<http://oxfamblogs.org/fp2p/which-is-better-a-guaranteed-job-or-a-guaranteed-income/>

E Chowns comments on a new working paper by **Martin Ravallion** (now at CGD) - [Guaranteed Employment or Guaranteed Income?](#) *“The paper critically reviews the arguments for and against both employment guarantees and income guarantees when viewed as rights-based policy instruments for poverty reduction in a developing economy, with special reference to India...”*

Guardian (Long read) - How #MeToo revealed the central rift within feminism today feminism today

<https://www.theguardian.com/news/2018/may/11/how-metoo-revealed-the-central-rift-within-feminism-social-individualist>

Recommended. *“It’s not a generational divide, but rather a split between two competing visions of feminism – social and individualist.”*

*“... closer look at the arguments being made by these two camps reveals a deeper, more serious intellectual rift. **What’s really at play is that feminism has come to contain two distinct understandings of sexism, and two wildly different, often incompatible ideas of how that problem should be solved.** One approach is individualist, hard-headed, grounded in ideals of pragmatism, realism and self-sufficiency. The other is expansive, communal, idealistic and premised on the ideals of mutual interest and solidarity. The **clash between these two kinds of feminism** has been starkly exposed by #MeToo, but the crisis is the **result of shifts in feminist thought that have been decades in the making...**”*

BBC news - Gordon Brown launches global funding plan for schools

<http://www.bbc.com/news/education-44067718>

“Gordon Brown is launching a \$10bn (£7.4bn) scheme to widen access to education in some of the world's poorest countries.”

*“...The UN global education envoy and ex-UK prime minister wants donor countries to act as guarantors on low-cost lending for projects. The fund aims to tackle the problem of 260 million children without schools. ... Mr Brown warned the UN in New York that such gaps would have "catastrophic consequences". ... The **International Finance Facility for Education**, backed by the UN and World Bank, aims to provide \$10bn worth of loans and grants to allow poorer countries to build schools and hire teachers.”*

For more, see **Devex** - [Plans for the International Finance Facility for Education take shape](#) (including on some of the **controversy** around it).

Devex - Development finance bill moves forward in legislative process

[Devex](#);

News from last week already. *“The **BUILD Act**, the bill that would create a new United States development finance corporation, moved closer to passage this week, with the House Foreign Affairs Committee approving the bill with some changes, and the Senate Committee on Foreign Relations holding a hearing to discuss the legislation....”*

Guardian - IMF to launch global public and private borrowing database

<https://www.theguardian.com/business/2018/may/13/imf-to-launch-global-public-and-private-borrowing-database>

*“With global debt currently at a record high, the International Monetary Fund is launching a database of public and private borrowing across 190 countries – virtually the entire world – dating back to the 1950s. In April the fund said the global economy was more indebted than before the financial crisis and immediate action needed to be taken before the next downturn. It said **worldwide debt now stood at \$164tn, equal to 225% of global GDP** and up from a previous record of 213% in 2009....”*

Economist – Many countries suffer from shrinking working-age populations

<https://www.economist.com/international/2018/05/05/many-countries-suffer-from-shrinking-working-age-populations>

“...Forty countries now have shrinking working-age populations, defined as 15- to 64-year-olds, up from nine in the late 1980s. China, Russia and Spain joined recently; Thailand and Sri Lanka soon will...”

Nature (News) - Journals invite too few women to referee

<https://www.nature.com/news/journals-invite-too-few-women-to-referee-1.21337>

“Jory Lerback and Brooks Hanson present an analysis that reveals evidence of gender bias in peer review for scholarly publications.”

IISD - UN Member States Start Fourth Round of Negotiations on Migration Compact

<http://sdg.iisd.org/news/un-member-states-start-fourth-round-of-negotiations-on-migration-compact/>

*“The global compact on migration is being discussed through six rounds of negotiations between February and July 2018. During the **fourth round of negotiations, from 14-18 May 2018**, delegates should finalize discussions on the first revised draft of the global compact, as well as: international cooperation and capacity-building; pathways for regular migration and regularization; natural disasters, climate change and migration; fundamental human rights and services; the concept of firewalls; integration and contributions of irregular migrants; and effective and efficient cooperation on return. **The compact is being prepared for adoption at an intergovernmental conference from 10-11 December 2018, in Morocco.**”*

FT – Harvard and MIT launch gene editing company

<https://www.ft.com/content/8d34d214-5513-11e8-b3ee-41e0209208ec>

fyi.

Devex – *“Ghana and Kenya became the first two countries to officially sign on to the African Continental Free Trade Area, an agreement that, if ratified, would create the world’s largest duty-free trade market. Ghana and Kenya delivered their ratification documents to the African Union last*

week, the first of 44 signatory countries to do so. Advocates hope that all 55 countries African Union members countries will sign on eventually; notably the continent's largest economy, Nigeria, has yet to do so."

Emerging Voices

Next week is "D-Day" (or "D-week") – the final review & selection round of EVs for the Liverpool Symposium. And "All you need is (a bit of) luck, ta-ta-ta-ta-da... " Stay tuned for some white smoke around or just after 25 May.

Research

Global Health Action - Does expanding fiscal space lead to improved funding of the health sector in developing countries?: lessons from Kenya, Lagos State (Nigeria) and South Africa

J Doherty, D McIntyre et al;

<https://www.tandfonline.com/doi/full/10.1080/16549716.2018.1461338>

*"The global focus on promoting UHC has drawn attention to the need to increase public domestic funding for health care in low- and middle-income countries. **This article examines whether increased tax revenue in the three territories of Kenya, Lagos State (Nigeria) and South Africa was accompanied by improved resource allocation to their public health sectors, and explores the reasons underlying the observed trends.**"*

Findings: *"...Increased tax revenue led to absolute increases in public health spending in all three territories, but not necessarily in real per capita terms. However, in each of the territories, the percentage of the government budget allocated to health declined for much of the period under review. Factors contributing to this trend include: inter-sectoral competition in priority setting; the extent of fiscal federalism; the Ministry of Finance's perception of the health sector's absorptive capacity; weak investment cases made by the Ministry of Health; and weak parliamentary and civil society involvement."*

Global Health Action - Influence of organisational culture on the implementation of health sector reforms in low- and middle-income countries: a qualitative interpretive review

R Mbau & Lucy Gilson; <https://www.tandfonline.com/doi/full/10.1080/16549716.2018.1462579>

This article aims to identify, interpret and synthesise existing literature for evidence on organisational culture and how it influences implementation of health sector reforms in low- and middle-income countries.

BMJ Global Health – What is the impact of water sanitation and hygiene in healthcare facilities on care seeking behaviour and patient satisfaction? A systematic review of the evidence from low-income and middle-income countries

M Bouzid et al; <http://gh.bmj.com/content/3/3/e000648>

*“Patient satisfaction with healthcare has clear implications on service use and health outcomes. Barriers to care seeking are complex and multiple and delays in seeking care are associated with significant morbidity and mortality. **We sought to assess the relationship between water, sanitation and hygiene (WASH) provision in healthcare facilities (HCF) and patient satisfaction/care seeking behaviour in low-income and middle-income countries.** ... WASH was not identified as a driver of patient satisfaction but poor WASH provision was associated with significant patient dissatisfaction with infrastructure and quality of care. However, this dissatisfaction was not sufficient to stop patients from seeking care in these poorly served facilities. **With specific regard to maternal health services,** poor WASH provision was the reason for women choosing home delivery, although providers’ attitudes and interpersonal behaviours were the main drivers of patient dissatisfaction with maternal health services. Patient satisfaction was mainly assessed via questionnaires and studies reported a high risk of courtesy bias, potentially leading to an overestimation of patient satisfaction. **Patient satisfaction was also found to be significantly affected by expectation,** which was strongly influenced by patients’ socioeconomic status and education. This systematic review also highlighted a paucity of research to describe and evaluate interventions to improve WASH conditions in HCF in low-income setting with a high burden of healthcare-associated infections. **Our review suggests that improving WASH conditions will decrease patient dissatisfaction, which may increase care seeking behaviour and improve health outcomes** but that more rigorous research is needed.”*

Global Public Health - Questioning the current public health approach to countering violent extremism

N K Aggarwal; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1474936>

*“**Since the start of the global War on Terror, governments have used the mental health system for counterintelligence purposes.** A recent manifestation of this trend is the call from policymakers and mental health researchers to screen individuals at risk for violent extremism through the public health system. Civil rights organisations have raised alarms that Muslims are being disproportionately referred to law enforcement agencies and that Muslim communities are being selected for surveillance despite government assurances that violent extremism is not exclusive to any ideology. **This commentary critically analyzes American policies and calls from mental health professionals to use the public health system for implementing initiatives that counter violent extremism.** A close reading of such texts demonstrates a persistent concern with treating communities as vulnerable to extremism, prioritising law enforcement over scientific evidence in*

crafting policies, and breaking medical confidentiality of patients while not assuring immunity for mental health professionals involved in screening. A genuine engagement with public health provides alternatives that question the assumptions of such policies.”

World Development – What is equitable resilience?

N Matin et al; <https://www.sciencedirect.com/science/article/pii/S0305750X18301396>

Highlights :

*“Resilience has attracted criticism for its failure to address social vulnerability and to engage with issues of equity and power. Here, we ask: **what is equitable resilience?** Our focus is on what resilience does on the ground in relation to development, adaptation and disaster management, and on identifying critical issues for engaging with equity in resilience practice. Using techniques from systematic reviews, with variants of equitable resilience as our key search terms, we carried out an analytical literature review which reveals four interconnected themes: subjectivities, inclusion, cross-scale interactions, and transformation. Drawing on this analysis, **we find that ‘equitable resilience’ is increasingly likely when resilience practice takes into account issues of social vulnerability and differential access to power, knowledge, and resources; it requires starting from people’s own perception of their position within their human-environmental system, and it accounts for their realities and for their need for a change of circumstance to avoid imbalances of power into the future.** Our approach moves beyond debates that focus on the ontological disconnect between resilience and social theory, to provide a definition that can be used in practice alongside resilience indicators to drive ground level interventions towards equitable outcomes. Defined in this way, equitable resilience is able to support the development of social-ecological systems that are contextually rooted, responsive to change and socially just, and thus relevant to global sustainability challenges.”*

World Development – The SDGs in middle-income countries: Setting or serving domestic development agendas? Evidence from Ecuador

P Horn et al; <https://www.sciencedirect.com/science/article/pii/S0305750X18301244>

Highlights: “Domestic SDG engagement changes with the rise of autonomous middle-income countries. Depart from approaches that treat SDGs as coherent agenda to be translated by states. **Ecuador engages selectively with specific SDGs to legitimise domestic policies.** In Ecuador **decentralisation** adds a complex layer to SDG engagement.”

International Journal of Health Services - Embodied Neoliberalism: Epidemiology and the Lived Experience of Consumer Debt

E Sweet et al ; <http://journals.sagepub.com/doi/full/10.1177/0020731418776580>

“A growing set of epidemiological data links personal financial debt to negative mental and physical health outcomes. These findings point to debt as a potentially significant socioeconomic determinant of population health, especially given rising rates of household and consumer debt in industrialized nations. However, the political and economic contexts in which rising consumer debt is embedded and the ways in which it is experienced in everyday life are underexplored in this epidemiological literature. This gap leaves open questions about how best to situate and understand debt as a health determinant with both psychosocial and neo-material attributes. **In this article, we discuss findings from a qualitative study of personal debt experience in Boston, Massachusetts.** Participants’ debt narratives highlight the powerful feelings of shame, guilt, and personal responsibility that debt engenders. **The findings point to the influence of neoliberal ideology in shaping emotional responses to debt and suggest that these responses may be important pathways through which debt affects health.** We discuss our findings within the broader landscape of American neoliberal economic policy and its role in shaping trends of consumer debt burden.”

SS&M - HIV as social and ecological experience

B King et al; <https://www.sciencedirect.com/science/article/pii/S0277953618301825>

“The spread and varied impacts of the HIV/AIDS epidemic demonstrate the complex and reciprocal relationships between the socio-political and biophysical dimensions of human health. Yet even with increasing research and policy attention there remain critical gaps in the literature on how HIV-positive households manage health through their engagement with social and ecological systems. This is particularly urgent given improvements in the global response to the epidemic, whereby expanded access to antiretroviral therapy has extended the possibility for survival for years or decades. Because many HIV-positive families and communities in the Global South remain dependent upon a diverse set of resources to generate income and meet subsistence needs, the impacts of disease must be understood within a mix of social processes, including the maintenance of land and collection of natural resources. Similarly, biophysical systems disrupted by HIV/AIDS vary depending upon resource use and locally-specific dynamics that influence opportunities for agrarian production. **This paper reports on the findings from a structured survey completed in three communities in northeast South Africa in 2013 that is integrated with focus group discussions and qualitative interviews conducted from 2012–2016. We concentrate upon the diverse ways that individuals and families experience HIV through livelihood systems that are reliant on economic and natural resources.** Because the access and use of these resources are mediated by existing social, cultural, and institutional systems, as well as historical spatial economies, we analyze how this produces differential lived experiences for HIV-positive individuals and households in the age of expanded access to antiretroviral therapy.”

BMJ Global Health – Impact of the US Food and Drug Administration registration of antiretroviral drugs on global access to HIV treatment

<http://gh.bmj.com/content/3/3/e000651>

*“Since 2004, the US Food and Drug Administration’s (USFDA) dedicated drug review process in support of President’s Emergency Plan for AIDS Relief (PEPFAR) has made safe, effective and quality antiretrovirals (ARVs) available for millions of patients. Furthermore, the WHO and Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) can add the USFDA-reviewed products to their respective formularies, through a novel process of ‘one-way reliance’. **We assessed the number of ARVs made available through WHO and Global Fund based on the USFDA review. We conducted a cross-sectional study of all the USFDA-reviewed PEPFAR drugs between 1 December 2014 and 20 March 2017** to determine 1) the percentage that are included on the WHO and Global Fund formularies; 2) the number of the USFDA ARVs supporting the WHO HIV treatment guidelines, and their uptake by WHO and Global Fund and 3) time between the USFDA review and WHO review of the same ARVs....”*