

IHP news 473 : Gender equality at the European Development Days & the G7 summit in Canada

(8 June 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,

In this week's issue, **gender equality** gets most of the limelight, with the **2018 European Development Days** (EDD) (5-6 June), themed 'Women and Girls at the Forefront of Sustainable Development: protect, empower, invest'; and the **G7 summit in Canada** (8-9 June), which is about to start. Justin Trudeau has also made gender equality a [core focus](#) of the Charlevoix meeting, in spite of his rather gender-insensitive Southern neighbour. The EDD took place in Brussels, so I'll focus on that event here, even if I only managed to attend some sessions, unfortunately.

I had gone to Brussels with a double game plan: I was already convinced that SDG 5 will be absolutely key in the whole SDG agenda, and this year's EDD focus thus sounded more than promising to get to know more about it. Second, the overall trends in development & aid to involve the private sector more, and the ever increasing security/development/migration nexus, certainly in EU policy circles, were also going to get some attention, presumably.

Below I just offer some random thoughts and snippets on these two focal points, mostly based on the sessions I attended.

When walking to the venue 'Tour & Taxis', a Belgian guy asked me whether "*all these posh people were going to 'this European SDG conference of sorts'*". I had to confirm; even I had "not left behind" my fancy jacket, for once. As you know, the EDD are sometimes called '**The Davos of Development**'. But to be honest, entry is far more democratic than for its Swiss counterpart, with over 8000 participants this year, most of whom had to queue for a long time (like me). No helis were spotted either.

Although the **#SheisWe** campaign, '**Protect, empower, invest**' (*can anybody tell me why these slogans always seem to contain exactly three ingredients?*) sometimes feels a tad too much like the greenwashing billboards you see in airports from the likes of Exxon and ENGIE, the whole conference made it crystal clear that gender equality is an absolute must, sooner rather than later I hope, to make this world a fairer place. And that there are so many brave women and girls fighting this fight around the globe, sometimes running horrible risks. One can only admire their courage and, in many cases, unbelievable resilience. Women are the more courageous gender.

As far as the **opening plenary** was concerned, a few keynote speakers stood out for me. Besides the outspoken Norwegian prime minister, Erna Solberg, and Amina Mohamed (deputy SG of the UN), also mincing now words, Mr. Kagame of course. Kagame gets invited pretty much everywhere these days (including at our Belgian king's home), as the current chairperson of the African Union. The guy

is a [mass murderer](#), by all means, but at the same time, he seems to mean it when he says he's a feminist. Still, in another session, we heard an African woman say *'be careful with African leaders pointing to the amount of women in their parliament, as many are token representatives (sisters, wives, ... of male politicians), and in parliament with a view on scoring good points in the global development community'*. As for Kagame's murky background (as well as current shady HR track record), with the rise of fascism in Europe, I'm afraid more and more EU leaders would also turn into mass murderers, given 'the right circumstances'. Still, I find it baffling nobody asks tough questions to Kagame at a venue like the EDD. Says a lot about the current 'European values'. Speaking of our European leaders, then, it was rather telling that the only time that **Antonio Tajani** (the current president of the European parliament) got really excited (even angry, I'd say) during his speech was when he talked about the importance of the migration/development nexus, linking it also to the rise of populism. Being an EPP (and Italian) establishment politician, you can understand where this anger, worry and body language came from. In any case, his 'performance' made it clear to me that for many EU top politicians nowadays, this "migration management" (*a euphemism of sorts*) focus in the EU backyard (North-Africa & Sahel) is far more important than human rights, gender equality, and the entire SDG agenda. Sadly, this trend will only get worse, given the new crop of radical-right EU politicians. Chances are *"dealing with the root causes"* of the migration crisis, at our borders and in our neighbourhood, will turn into some equivalent of the equally euphemistic *'structural reform'* agenda, within the EU.

When it comes to the **private sector & development**, I guess my view is hard to change, no matter how much I try to "harness, leverage and catalyze" my brain to think otherwise. In short: let them pay fair wages and fair taxes first, around the globe, and then I'll be more than happy to see the private sector "work its magic" in Africa and elsewhere. As long as that's not the case, I would be very reluctant to count on them to let 'SDG billions become trillions' (a [lie](#) anyway). By way of example: I heard during a morning event on SRHR that "money remains very important, against the backdrop of the global gag rule reinstatement". Which begs the obvious question, **why then not link #SheDecides more explicitly with the fight for global tax justice?** The answer is equally obvious: guess #SheDecides would lose quite a few of its current corporate 'champions' and 'disruptive innovators', then... (*as they prefer 'impact bonds' and other innovative financial toys so that they can make a profit when 'doing good'*). But trust me, #SheDecides would be even more popular among ordinary tax payers if it teamed with the tax justice movement.

The fight for gender equality is obviously very complex, and context & culture-sensitive. I find it a pity, however, that virtually **none of these gender equality focused High-Level events** (the same goes for the G7 summit) **try to imagine a new economic system, certainly not in the more powerful circles** that do most of the framing. See for example how the G7 is being touted: "Investing in girls and women is a **smart investment**"; "Trillions can be added to the global economy, if women play identical roles to men in labor markets", etc. This lack of imagination is a mistake that will cost us (and certainly also women) dearly in the long term. Indeed, it seems likely that the more our leaders continue to argue along these "inclusive" growth lines, instead of trying to propose real alternatives (with a view on real shared prosperity & wellbeing, for example via structural division of labour, properly valuing of care, learning to really live within planetary boundaries, sufficiency economies, etc.), the more our ruthless system will lead to an ever increasing number of (relative) losers (many of them men), also given current technological trends. We can't all be "entrepreneurs"... The 'male loser' was again sadly missing, at the EDD. If there are too many of these disaffected losers (*whose (economic) alienation I share, in many ways*), the multilateral system will just implode, via the further rise of right-wing populism, nativism & nationalism, and an increasing number of 'political accidents'. And without a functional multilateral system, I'm afraid, the long term situation for women will only deteriorate. To avoid such a dire scenario, **I'd like to see the 'empower women' & 'gender equality' movements align a lot more with the movements that try to conceive a new**

economic system, based on different (non-capitalist) values. (*by the way, the similarity with the UHC movement is obvious...*) They might not get the ear of powerful G7 & EU leaders, in the short term, but in the longer term it seems the wiser option. Even if I agree with Branko Milanovic that the [trends of global capitalism](#) are currently going in the opposite direction. The shrinking space for civil society in many countries, including in the North, makes this battle for a fairer economic system even more difficult. But there really is no alternative. [Winnie Byanyima \(Oxfam\)](#), for one, seems to get that. Hope many of her sisters will follow suit.

Enjoy your reading.

Kristof Decoster

Featured Article

What should countries in the Global South do about Global Kidney Exchange (GKE) programs?

Alejandro Cerón (*Centro de Estudios para la Equidad y la Gobernanza en los Sistemas de Salud (CEGSS), Guatemala*) and **Luis Méndez** (*Centro de Estudios para la Equidad y la Gobernanza en los Sistemas de Salud (CEGSS)*)

In April 2018, the Council of Europe Committee on Organ Transplantation (CD-P-TO) adopted a [statement](#) rejecting the concept of Global Kidney Exchange (GKE) and advising its State members, hospitals and medical professionals not to engage with GKE [programs](#). The committee argued that GKE raises important ethical concerns and perverse financial incentives, and echoed criticisms emphasized by the World Health Organization (WHO), [The Transplantation Society \(TTS\)](#), [the Red Consejo Iberoamericano de Donación y Trasplante](#), and [the Declaration of Istanbul Custodian Group](#). With these precedents, how should countries in the Global South deal with GKE programs?

GKE is both a concept and its implementation. As a concept, GKE is the application to kidney transplantation of Alvin Roth's economic model based on Lloyd Shapley's algorithm, and for which they received the 2012 [Nobel Prize in Economic Sciences](#). Their model addresses the difficulties inherent to "matching markets", or markets where one has to choose and also be chosen, like loan allocation to entrepreneurs and school placement of students in the U.S. [GKE's implementation is being promoted by groups in the United States and Europe](#), with the aim of facilitating trans-national kidney donation. The GKE program currently being implemented between the U.S., [Mexico and the Philippines](#) aims at reducing the unmet demand of kidneys in the U.S. through the transnationalization of kidney exchange programs. Such kidney exchange programs facilitate donation when a donor is incompatible with a loved recipient, through a chain of donations that ultimately help each recipient get a transplant. In the U.S., this organ exchange is ultimately funded by the individuals' health insurance, be it private, public or mixed. GKE would also be funded through US-based individuals' health insurance, which would cover the immediate costs for the foreign, uninsured donor and recipient, and the financial incentive for insurance companies is that over the years, the costs of such transplants are cheaper than replacement therapy through dialysis.

Critics of GKE programs argue that it would offer financial and symbolic incentives that have the potential of promoting organ trafficking, that it wrongly assumes that low- or middle-income countries (LMICs) do not offer organ transplantation to those who need it, and would add barriers to the efforts that LMICs countries are already doing to improve their responses to end-stage renal failure and organ trafficking. For GKE to be implemented, it would need to be allowed to operate in at least some LMICs. So, the capacity of GKE [“to ensure that targeted donors in “underdeveloped” countries will be emotionally related, free of coercion, and fully informed of risk is not feasible when the culture is so experienced with organ sales”](#).

What should Global South countries do about GKE programs?

First of all, countries need to acknowledge that GKE programs have the potential of both increasing health inequities and promoting human trafficking with the purpose of organ donation. In consequence, countries should decide between prohibiting such programs to operate and allowing their operation under strict regulation. In other words, just letting GKE programs operate freely should not be an option.

Secondly, countries should understand that some issues of concern are beyond the level of influence of local authorities. For instance, there is an unmet demand of kidneys in high-income countries that incentivizes organ trade and transplant tourism, an important problem that needs solutions. Similarly, transnational organ trafficking as well as human trafficking with the purpose of organ donation are problems that need more visibility if solutions are ever going to be found. Global health governance currently lacks effective mechanisms for supranational institutions to harmonize national legislation and regulating the imbalances in countries' wealth and regulatory power.

Finally, countries should assess the local realities affecting chronic kidney disease and human trafficking. It is necessary to analyze the countries' needs and response to kidney transplant, organ trafficking, transplant tourism and black markets for organs, as well as the local legal, ethical and sociocultural dimensions of organ donation. In other words, the response needs to be rooted in the local situation, even if a transnational response is clearly also required.

In sum, countries in the Global South should not let GKE programs operate freely, but an effective response should be both local and transnational. The GKE programs and the global epidemic of [chronic kidney disease highlight the need for global solutions](#) that should be based on a system of global health governance that promotes health equity. The latter can only be achieved through participatory and democratic processes that involve civil society organizations, health professionals and authorities.

Highlights of the week

2018 European Development Days (EDD18)

See also this week's intro. See [IISD](#) - *“The 12th edition of the European Development Days aimed to bring together the EU's commitment to gender equality and women's empowerment with the 2030 Agenda. This year's EDD, held from 5-6 June on the theme, 'Women and Girls at the Forefront*

*of Sustainable Development: Protect, Empower, Invest,' highlighted the importance of the full and equal participation and leadership of women in achieving the SDGs through **three sub-themes: ensuring the physical and psychological integrity of girls and women; promoting economic and social rights and empowerment of girls and women; and strengthening girls' and women's voice and participation.*** And [Devex](#) – "...Against the backdrop of sexual abuse and exploitation scandals that have rocked some of Europe's largest development organizations and donors — as well as broader attention to gender inequality and abuse raised by the #MeToo movement — **this year's summit saw institutions and leaders grapple with issues related to power inequality and discrimination. ...**"

Some reads:

Devex (Analysis) - Do the European Development Days matter?

<https://www.devex.com/news/do-the-european-development-days-matter-92869>

Some nice analysis by **Vince Chadwick**, ahead of the EDD, on the key theme of the meeting, the current (political & budget) backdrop in the EU, ...

'Spotlight Initiative' can make violence against women 'a thing of the past', says UN deputy chief

<https://news.un.org/en/story/2018/06/1011411>

*"The launch of a new **partnership between the United Nations and European Union**, is an essential tool to make violence against women and girls "a thing of the past", said **UN Deputy Secretary-General Amina Mohammed** on Tuesday. Addressing a leading forum on development in Brussels, known as European Development Days, Ms. Mohammed said that the **joint Spotlight Initiative was a key element for making Global Goal 5 on women's empowerment, of the 2030 Sustainable Development Agenda, a reality.**"*

As a reminder, the **EU/UN Spotlight Initiative** is "a global, multi-year initiative focused on **eliminating all forms of violence against women and girls (VAWG).** " With initial investment of 500 million Euro by the EU.

See also **IISD** - [EU, UN Advance 'Spotlight Initiative' on Violence against Women and Girls](#).

Devex - [Opinion: EU can stop the global rollback of girls' rights](#)

Op-Ed by **A-B Albrechtsen** (Plan International).

*"Girls' rights are being challenged in so many countries in the world — even in Europe. It's part of a general roll-back on human rights and a shrinking space for civil society. Only 4 percent of people worldwide now live in societies rated as "open," according to the CIVICUS Monitor of civic space. The anatomy of a **global crackdown** is clear to see.... ... That is why the European Development Days are so important. **EU and global development leaders are gathered in Brussels for EDD to put "Women and Girls at the Forefront of Sustainable Development," where they have a unique opportunity to***

take a stand. To unite against this global rollback of girls' rights and then commit to rolling forward to a future where the gender equality envisaged in the Sustainable Development Goals could be realized.

*"To seize this chance, **there are three things** the EU needs to do."*

Don't know whether the EU leaders will listen much, but as mentioned in the intro, gender equity is more than worth fighting for. On a daily basis. And in pretty much every setting.

I have to say that that fact that **#MeToo is going global**, slowly but gradually, is indeed one of the more encouraging trends of recent years (in spite of the backlash against women's rights we also see, currently). Cultures do change, as Hans Rosling says in his latest book, and so it was for instance fascinating to hear from an outspoken Afghan woman that many of the men of the younger generation also would like the patriarchal norms (and peer pressure they feel) to be adjusted, and have a more 'modern' relation with women.

Global Gag rule impact

Devex – An atmosphere of fear under 'global gag rule' shows comprehensive new report

<https://www.devex.com/news/an-atmosphere-of-fear-under-global-gag-rule-shows-comprehensive-new-report-92886>

*"A lack of communication and conflicting information about the implementation of the Mexico City policy, also known as the "global gag rule," persists even as the funding restrictions have led to shrinking programs, shuttered clinics, and disrupted advocacy efforts, according to a **new report from the Center for Health and Gender Equity, or CHANGE.**" Must-read.*

Planetary Health

Lancet Planetary Health – June issue

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

The new Lancet Planetary Health issue comprises, among others, a **systematic analysis on [The growth and strategic functioning of One Health networks.](#)**

"Despite high political attention & investments there are concerns about lack of coordination & operationalisation of One Health principles."

Make sure you also read the related **Comment - [Environment: the neglected component of the One Health triad.](#)** "...One Health consists of the triad of human health, animal health, and the

environment, but the latter is often neglected, as evident from its absence or cursory mention in most of the initiatives mentioned. This neglect of the environment was also a key finding of the systematic analysis of One Health Networks (OHNs) reported by Mishal Khan and colleagues in The Lancet Planetary Health...

Economist – Extracting carbon dioxide from the air is possible. But at what cost?

<https://www.economist.com/science-and-technology/2018/06/09/extracting-carbon-dioxide-from-the-air-is-possible.-but-at-what-cost>

Some encouraging ‘planetary health’ news then. **David Keith**, “a climate expert at Harvard university, but also co-founder of Carbon Engineering, a nine-year-old firm that counts Bill Gates among its backers, argues in a paper they have just published in Joule that the CO2 removal technique they have been perfecting is no pipe dream... “

“...the study concludes that Carbon Engineering’s system could capture a tonne of the greenhouse gas for between \$94 and \$232....”

See also **Nature News** - [Sucking carbon dioxide from air is cheaper than scientists thought](#)

“Siphoning carbon dioxide (CO2) from the atmosphere could be more than an expensive last-ditch strategy for averting climate catastrophe. A detailed economic analysis published on 7 June suggests that the **geoengineering technology is inching closer to commercial viability....”**

Lancet Offline – Planetary health—worth everything

Richard Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31304-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31304-7/abstract)

We agree :) (PS: this article was behind a paywall, when we tried to access it early this morning - that doesn’t look good for planetary health)

UHC 2030 steering group meeting (Geneva, 4-5 June)

<https://www.uhc2030.org/news-events/meetings-events/article/steering-committee-meeting-june-2018-475693/>

You find the **agenda, objectives** of the meeting & **background docs** all here.

Some other news related to UHC 2030 governance, and tweets:

“We’re delighted to announce that **@IlonaKickbusch will be our new #UHC2030 Steering Committee co-chair!** A very warm welcome to Ilona who is a great ambassador for #UHC. And of course, as Dr. Toda steps down, a big thank you to him for his tremendous work with us.”

"Welcome @IlonaKickbusch as incoming co-chair of @UHC2030. @CSOs4UHC need her and @daktari1 to make sure #UHC2030 is a political movement primarily driving national change so that governments ensure the right to health for their whole population. #LeaveNoOneBehind"

*"We need to use this historic opportunity. **The key thing about #UHC is people, participation and a democratic health system. Clarifying what UHC is, how to make political choices and how to implement it on the ground are some of the challenges we face**" says @IlonaKickbusch #HSS*

*Ilona then tweeted: "**Biggest challenge / contribute to making this a movement of #citizens #patients #people - especially of those left behind!** Needs: Clear vision - clear language - clear goals #UHC2030 #SDG3 #AA40 <https://twitter.com/globalhlth5050/status/1003918166387552256> ..."*

MMI Network (Thomas Schwarz) replied:

"...agree. A particular challenge as the @UHC2030 "movement" started top-down, launched by @WHO and the @WBG_Health together with governments, big donors and other high-level "stakeholders"- see <https://www.uhc2030.org/news-events/uhc2030-news/article/assess-interests-allow-dissent-promote-debate-medicus-mundi-joins-uhc2030-432103/> ..."

GAVI Board Meeting (Geneva)

Gavi Board approves funding for inactivated poliovirus vaccine until 2020

<https://www.gavi.org/library/news/press-releases/2018/gavi-board-approves-funding-for-inactivated-poliovirus-vaccine-until-2020/>

Short report of the GAVI Board meeting. *"The Gavi Board today approved Gavi core funding for inactivated poliovirus vaccine (IPV) for 2019 and 2020 to contribute to achieving and safeguarding the eradication of polio."*

"...In addition, today the Gavi Board also approved a short-list of vaccines that will be considered for investment at the next Board meeting. These include multivalent conjugate meningococcal vaccine, hepatitis B birth dose, cholera, diphtheria, tetanus and pertussis-containing (DTP) boosters, respiratory syncytial virus (RSV) and rabies...."

"...The Gavi Board approved an exceptional extension of support for Nigeria up to 2028, which could lead to more than one million lives saved from vaccine-preventable disease in the country.... Lastly, the Gavi Board also approved support of up to US\$ 30 million for Angola, the Congo Republic and Timor-Leste. These countries transitioned out of Gavi support at the end of 2017 but face programmatic challenges that risk leaving thousands of children unprotected against vaccine-preventable diseases. The Gavi Board approved a first set of actions to address these critical risks that could jeopardise the sustainability of their immunisation programmes...."

WHO launches Global Action Plan on Physical Activity

<http://www.who.int/news-room/detail/04-06-2018-who-launches-global-action-plan-on-physical-activity>

WHO Director-General Dr Tedros Adhanom Ghebreyesus [joined] Prime Minister António Costa of Portugal to launch the new "WHO Global action plan on physical activity and health 2018-2030: More active people for a healthier world."

*"... The action plan **shows how countries can reduce physical inactivity in adults and adolescents by 15% by 2030**. It recommends a **set of 20 policy areas**, which combined, aim to create more active societies through improving the environments and opportunities for people of all ages and abilities to do more walking, cycling, sport, active recreation, dance and play. It also calls for support to, for example, training of health care workers and other professionals, stronger data systems, as well as use of digital technologies..."*

For the **speech of Tedros in Lisbon**, at the launch, see [here](#).

Don't think Cristiano was present :)

WHO Emro – UN agencies deeply concerned over killing of health volunteer in Gaza

[EMRO](#);

Yet another war crime was committed against a courageous health worker, sadly. *"United Nations officials and agencies have expressed their outrage in the face of yesterday's killing of **Razan An Najjar**, a 21-year-old female volunteering as a first responder, while carrying out her humanitarian duties with the **Palestinian Medical Relief Society (PMRS)**. Razan was **hit by live ammunition fired by Israeli forces** while trying, with other first responders, to reach those injured during the 'Great March of Return' demonstrations close to Israel's perimeter fence around 18:30..."*

HSG – Selecting a host for the Global Symposium on HSR: what does it involve?

Lucy Gilson & Kabir Sheikh; <http://www.healthsystemsglobal.org/blog/288/Selecting-a-host-for-the-Global-Symposium-on-HSR-what-does-it-involve-.html>

Very transparent (and timely) blog on the criteria that play a role when selecting a host for the Global Symposium, by the current HSG Board leadership. A key question was not tackled however in this blog. Indeed, it seems rather unlikely that nobody in the Board raised any question on the location of **Dubai**, as the city seems not exactly ideal for the 'Leave no one behind' era we are all

striving towards. Nothing on that (rather pertinent) discussion, however, in this blog. Maybe something for a follow-up blog?

A tweet:

"Bit surprised the choice of Dubai sparked so little discussion so far. Hypothesis: broadly shared deep respect for commitment of HSG board members has sth to do with it. Still, the discussion is needed..."

#AidToo

At what cost? A second reflection on the crisis at Save the Children UK

Jonathan Glennie; <https://www.opendemocracy.net/transformation/jonathan-glennie/at-what-cost-second-reflection-on-crisis-at-save-children-uk>

Jonathan Glennie's follow up blog, 'what next?'. The first part concerned 'what went wrong'.

*"... That's why what happened at SCF-UK should stand as a cautionary tale; no longer a model to emulate, it is a case study to be reflected on at length. It is hard to distil such a complicated story into simple lessons for the sector, but **let me suggest five maxims for a new generation of international NGO leaders:...**"* Put values first, growth is not a strategy, trust your staff, ...

Health Policy Watch - UNAIDS Launches New 5-Year Gender Action Plan

<https://www.healthpolicy-watch.org/unaid-launches-new-5-year-gender-action-plan/>

*"UNAIDS announced [today] the **launch of a "Gender Action Plan" for the next five years aimed at elevating women's status in the organisation worldwide.** The plan is a continuation of a similar plan carried out over the past five years that the UN agency said made a significant impact. The announcement follows tension at UNAIDS in recent months over the handling of a separate matter of a harassment case involving a high-level official..."*

You might also want to read (BMJ) - [Global medical aid charities and allegations of sexual misconduct and crime](#). *"Will recipients of medical aid in global humanitarian crises have a #MeToo moment, asks Sophie Arie"*.

G7 summit (8-9 June, Charlevoix)

Today and tomorrow, the "big boys & girls" (well, bar one) are getting together in Quebec, Canada. Stay tuned for more analysis (*and who knows, a consensus declaration?*) on this summit in the days to come.

Globe and Mail - Trudeau says gender equality will be top priority at G7 summit despite concern about Trump's distractions

<https://www.theglobeandmail.com/politics/article-trudeau-says-gender-equality-will-be-top-priority-at-g7-summit-despite/>

Ahead of the summit, ***“The Trudeau government [says] gender equality will be a top priority as a reachable goal at the G7 leaders’ summit in Quebec this week, despite concerns Canada’s agenda could be overshadowed by tensions between U.S. President Donald Trump and other leaders over trade and tariffs. Senior Canadian government officials, speaking on condition of anonymity, said Group of Seven leaders will specifically discuss a new commitment to girls’ education when they meet in Charlevoix, Que., on Friday and Saturday. Women’s rights advocates are urging G7 countries to invest US\$1.3-billion to close the education gap between boys and girls around the world...”***

Co-chairs’ summary: G7 joint development and finance ministers

<https://g7.gc.ca/en/g7-presidency/themes/investing-growth-works-everyone/g7-ministerial-meeting/co-chairs-summary-g7-joint-development-finance-ministers-meeting/>

See Devex - [No mention of reproductive rights in declarations out of G7 development ministerial](#)

“Official declarations released by the G-7 at the conclusion of a three-day development ministerial focused on women and girls — but with no mention of reproductive rights. Instead, the Declaration on Unlocking the Power of Adolescent Girls for Sustainable Development said the G-7 countries committed to “promoting and protecting adolescent health and well-being, through evidence-based health care and health information.”

“...Delegates and observers of the meetings speaking on the condition of anonymity in order to discuss confidential briefings told Devex that the **U.S. delegation at the meeting of the seven most advanced economies was responsible for the softer official language in the declarations.**

“...The four development declarations released out of the Whistler meetings centered on sustainable development themes: “advancing adolescent girls’ empowerment for sustainable development; combating sexual exploitation and abuse in international assistance; gender equality and the empowerment of women and girls in humanitarian action; and accelerating innovation for development impact.”

For more on the work done during the Charlevoix summit to eliminate inequality see <https://g7.gc.ca/en/g7-presidency/themes/advancing-gender-equality-women-empowerment/>

And some links related to climate change & the G7:

[Investors with More than USD 26 Trillion Call for Climate Action ahead of G7 Summit](#)

“288 institutional investors with USD 26 trillion in assets under management have issued a new call to climate action to governments, supported by the UN...”

Reuters – (based on an **ODI study**) [Rich nations spend \\$100 billion a year on fossil fuels despite climate pledges.](#)

For an overview, see IISD - [Non-State Actors Urge G7 to Send Strong Signals on Climate.](#)

TB meeting in New York

Science Speaks - Tuberculosis advocates demand accelerated global response at United Nations

<https://sciencespeaksblog.org/2018/06/06/tuberculosis-advocates-demand-accelerated-global-response-at-united-nations/>

*“Global tuberculosis advocates who converged on the United Nations and UN missions this week for the civil society hearing of the UN High Level Meeting on Ending TB – scheduled to take place on September 26th – discussed a wide variety of challenges to ending TB as a global public health threat, from a lack of effective tools like point-of-care diagnostics and vaccines to challenges in reaching the four million people infected with TB every year who go undetected. Advocates agreed, however, that the **biggest challenge isn’t a scientific or medical one – it’s a lack of political will to tackle the world’s biggest infectious disease killer...**”*

See also Devex - [More political attention, research solutions needed for TB, experts say.](#)

An important tweet by **Madhukar Pai**:

“For research to have impact we have need to engage researchers in low & middle income countries who are dealing with #tuberculosis on a daily basis & they are currently not at the front of the #tuberculosis research agenda! #UNHLMTB #EndTB@paimadhu @McGill_TB”

UN News - Social drivers’ must be confronted in fight against tuberculosis says UN chief

<https://news.un.org/en/story/2018/06/1011311>

On Monday: **“Winning the fight against Tuberculosis requires that “social drivers” of the disease – especially poverty and inequality – are tackled head on, the United Nations Secretary-General said today, urging greater efforts to provide universal health coverage and combat the growing threat of anti-microbial resistance.”**

Some reactions on Independent HL report NCDs & early analysis

Just like for the TB community, these are important months for the NCD community in the lead-up to the back-to-back UN High-Level meetings in September.

As mentioned last week, a lot of the reactions at the launch of the report focused on the **absence of a 'sugar tax'** in the report by the WHO **Independent** HL Commission on NCDs. In various mainstream media, framing even turned this into '**WHO pulling back from its previous stance on soda taxes**', but of course this was bullocks, as Tedros himself soon made clear, in a meeting with the press afterwards.

Devex – NCD commission split over sugar tax

Vince Chadwick; <https://www.devex.com/news/ncd-commission-split-over-sugar-tax-92864>

This report (a must-read) gets it right. *“More involvement from heads of state, a “fresh relationship” with certain industries, and a possible “multi-donor trust fund” to catalyze financing, are among the recommendations in an expert report on combating noncommunicable diseases such as cancer and diabetes. **The group stopped short of backing a tax on sugary drinks, a reflection of the rifts between members....”***

Excerpt: *“... **Ilona Kickbusch**, director of the Global Health Centre at the Graduate Institute of International and Development Studies in Geneva, and a member of the commission, told Devex that she wanted a much tougher stance on taxation as well as the dangers of alcohol. **On taxing sugar-sweetened beverages, Kickbusch said, “some member states like Uruguay are very supportive, [and] member states like Mexico, who’ve introduced the sugar tax, already have significant experiences with it. Other member states like the United States felt there was not enough evidence on the impact of such taxes and therefore the commission should not recommend them.”** The report argues governments should “implement fiscal measures, including raising taxes on tobacco and alcohol, and consider evidence-based fiscal measures for other unhealthy products.” **“It is very frustrating because the reference to evidence is of course a political game,”** Kickbusch added. **“You can always say ‘there is not enough evidence, it needs more research.’** The other side of things is that given the extent of the obesity epidemic, public health needs to be courageous.”...”*

See also the **Washington Post** on this issue: [US blocks UN health panel from backing taxes on sugar drinks](#)

*“... The Trump administration has torpedoed a plan to recommend higher taxes on sugary drinks, forcing a World Health Organization panel to back off the U.N. agency’s previous call for such taxes as a way to fight obesity, diabetes and other life-threatening conditions. **The move disappointed many public health experts but was enthusiastically welcomed by the International Food and Beverage Alliance — a group that represents companies including Coca-Cola, PepsiCo. and Unilever.***

*... **Eric Hargan, the U.S. deputy secretary for Health and Human Services, reported he was that member, arguing it was not clear that imposing taxes on sugary drinks like sodas and fruit juices would improve public health — even though WHO has argued exactly that over the last two years.”***

... **Martin McKee**, a professor of European public health at the London School of Hygiene and Tropical Medicine, **said the failure of WHO's commission to reach an agreement on sugar taxes was "difficult to fathom."** He noted that since this was the only the first report from that panel, it might still revise its advice in later reports. "It would be very disappointing if this issue remained unresolved in its next report," McKee said. ..."

See also the **Guardian** - [WHO says it still supports tax but activists had hoped panel would give strong endorsement.](#)

PS: important remark: **Tax on sugar-sweetened beverages is listed by the WHO among its "good buys"** in combating NCDs but are **not part of its "best buys"** such as taxing tobacco products and alcoholic beverages are.

See also last week's **FT Health newsletter**, with a few questions being asked to **Ilona Kickbusch** (member of the HL Commission):

"Why was there no official call for sugar taxes?"

*"That was a major clash in the commission, and we couldn't reach agreement. Some members felt there was not enough evidence. That reflected realpolitik. **The World Health Organization's "best buys" on NCDs were formulated quite a while ago, when sugar was not on the public health community's mind. There have been recommendations to include sugar taxes and it will be an aim at the UN General Assembly [in September] that sugar gets on the agenda.**" "*

Some reads & other analysis:

Moghi Kamal-Yanni (Oxfam) – Critical issues in the prevention and control of NCDs

<http://www.globalhealthcheck.org/?p=2035>

Like many commentators, **Kamal-Yanni makes the link between this HL commission report and the upcoming UN HL meeting in September, on NCDs.**

*"The WHO set up a special Commission to make actionable recommendations for governments to act on in order to respond to the crisis of NCDs. The commission outlined six recommendations, including the critical importance of strong political will to ensure that NCDs prevention and treatment are top national and international priorities. These recommendations will contribute to the third UN High Level Meeting on NCDs to be held in September. If NCDs are to be prevented and controlled, **governments and international institutions need to address the following issues** to curb the resulting health and economic impact:..."*

She lists six **key issues: women, access to medicines, health in trade, UHC, private sector's engagement and promoting mental health.**

NCD Alliance - 200 CSOs declare: HLM on NCDs must deliver bold commitments, action

https://ncdalliance.org/news-events/news/190-csos-declare-hlm-on-ncds-must-deliver-bold-commitments-action?goal=0_1750ef6b4b-b9e41453ea-64397109

“The NCD Alliance and over 210 civil society organisations (CSOs) welcome the Report of the WHO Independent High-Level Commission on Noncommunicable Diseases (NCDs), launched on Friday 1 June in Geneva, Switzerland, ahead of crucial negotiations for the United Nations High-Level Meeting on NCDs (UN HLM) taking place in New York on 27 September. ...”

But, “...the **UN HL-meeting on NCDs should result in bold commitment action.**” In this **two-pager**, signed by 200 CSOs, they list the **strengths** of the HL Commission report, and also **5 gaps**. Among others, the need to adopt a comprehensive approach to sugar, tobacco and alcohol taxes (STAX); the need to call out the commercial determinants of health as a major obstacle to health.

Some tweets on the launch:

Kent Buse – “1/2 Introducing report of @WHO Independent High-Level Commission on #NCDs, @SaniaNishtar refers to divergence of views of Commissioners on: 1) tax on #sugar tax #SSB and 2) accountability of private sector for health harming substances”

“2/2 Launching report of @WHO Independent High-Level Commission on #NCDs, @SaniaNishtar stresses agreement on need for heads of state to assume leadership, sectors to actually work together, new independent accountability mechanism, & full cost accounting on externalities of NCDs”

A few other tweets, among others related to Tedros’ unequivocal stance on soda taxes:

“At launch of of @WHO Independent High-Level Commission on #NCDs, @DrTedros stresses that **at current pace we will miss #Agenda2030 NCDs target and hence appreciates title of report ‘Time to Deliver’**; reiterates the point that **leadership & ownership must come from Heads of State**”

.@DrTedros “**WHO’s position on sugar tax still holds**. Consumption of sugar is associated with obesity. Taxing sugar can consumption, as has been shown in many countries as Ireland, Philippines, Mexico, etc.SSB tax is among the «good buys» to #beatNCDs
[http://www.who.int/ncds/management/best-buys/en/ ...](http://www.who.int/ncds/management/best-buys/en/)”

“In press conference with media after launch, @DrTedros says firmly, “**The @WHO position on taxing sugar does not change. WHO will continue w/its position on #Sugartax**. Taxing sugar is used to reduce consumption and the money can be used to finance the health system.” #STAX”

“**The irony of the @beatNCDs #sugar tax debarkle** is that it's become the most talked about policy following the report launch, with the **global health community uniting in their support of #SSB taxes to improve health** #ObesePlanet #BeatNCDs #EnoughNCDs

“Agreed. **Feels like the battle lines are clear for September #NCD HLM**, and it is fantastic to see @WHO standing firm on #sugartax. #STAX”

Kent Buse's feedback in 10 tweets

1/10 Report of @WHO High-Level Commission on #NCDs **has much to like & provides set of recommendations for NCDs #HLM3 that go beyond language agreed by UN General Assembly in 2011 & 2014** – Kudos to Chairs, Commissioners & WHO team for summary in Annex 4

2/10 **Some great innovative & bold recommendations** in report of @WHO Independent High-Level Commission on #NCDs to guide negotiators of upcoming General Assembly negotiations on NCDs #HLM3 – **my favourite eight are in the thread below** @NordstrmAnders

3/10 'Governments must take the lead in creating health-protecting environments through robust laws' – legal obligations & other regulatory upstream interventions are central to the #pivot2prevention that is crucial to curb #NCDs and must feature prominently in #HLM3 @dpattersonroma

4/10 'Governments should give priority to restricting the marketing of unhealthy products (those containing excessive amounts of sugars, sodium, saturated fats and trans fats) to children' -- change the verb to 'must' for a great recommendation for #NCDs #HLM

5/10 'WHO should explore the possibility of establishing an international code of conduct on this issue (marketing unhealthy products), along with an accountability mechanism' – change the verb to 'must' for a great recommendation for #NCDs #HLM#

6/10 'National governments should, with the support of tools developed by WHO, conduct health-impact assessment and, where possible, full-cost accounting, which factors in the true cost to societies of policies that have a bearing on NCDs' - dealing with externalities @DanceDok

7/10 'International community should explore ... mechanisms to increase financing for NCD action, which could include: establishment of Global Solidarity Tobacco & Alcohol Contribution as a voluntary financing mechanism to be used ... for prevention and control of NCDs

8/10 'Governments should ensure the meaningful engagement and participation of civil society and people living with NCDs and mental disorders, including, where appropriate, by strengthening civil society and alliances' – commitments should also be made to support civil society

9/10 'Governments should be encouraged to engage constructively with the private sector...with due attention to management of commercial...vested interests, while protecting against any undue influence, to seek ways to strengthen commitments...to achieving public health goals'

10/10 'Governments should create or strengthen national accountability mechanisms, taking into account the global NCD accountability mechanism and health impact assessments' - these will need to engage civil society and independent expert monitors

Forbes - Bill And Melinda Gates Start A Nonprofit Biotech In Boston

<https://www.forbes.com/sites/matthewherper/2018/06/07/bill-and-melinda-gates-start-a-nonprofit-biotech-in-boston/#5b64afb41a45>

“Over the past year or so, the **Bill and Melinda Gates Foundation** has built what is essentially a **nonprofit biotechnology company in Boston**, with a \$100 million budget and a staff targeted to grow to as many as 100 people.”

*“The **Bill & Melinda Gates Medical Research Institute**, which is holding an event today to show off its plans, will aim to develop new medicines and vaccines for malaria, tuberculosis and diarrhea, which together account for 2.6 million deaths a year globally, many of them in children. The Gates Foundation had considered starting a medical research institute in its early days, but had decided against it. But as more experts who come from the drug business have come to the foundation—Hellman herself had a legendary run as an executive at Genentech—the idea has gained more purchase. **Trevor Mundel**, who runs the Gates Foundation’s global health operations, says that the final decision was made on a late-night call when he was in London and Bill and Melinda were in Seattle. A major victory: They chose to put their names on the new effort, making it not just something the foundation is doing but central to its efforts. **To run this biotech-within-a-charity**, Mundel picked **Penny Heaton**, a vaccine developer he had personally recruited from Novartis, where he had headed up drug development...”*

Global health security

Huffington Post - Trump Walks Back A Disastrous Ebola Funding Cut And Experts Sigh In Relief

https://www.huffingtonpost.com/entry/trump-walks-back-ebola-funding-cut_us_5b183d68e4b0599bc6dff4d

“The Trump administration has walked back its proposal to reclaim \$252 million in unspent Ebola funds on Tuesday, which experts lauded as a welcome shift in the administration’s approach to global health leadership — especially amid the new Ebola outbreak...”

*“... the contribution of \$8 million [i.e. to the Ebola outbreak in the DRC] and the withdrawal of the rescission proposal are **quelling some fears that the U.S. is ceding health security leadership on the global stage...**”*

WB ‘Investing in Health’ blog – Moving Away from Panic and Neglect: A Big Step Forward on Pandemic Preparedness and Response

Tim Evans; <http://blogs.worldbank.org/health/moving-away-panic-and-neglect-big-step-forward-pandemic-preparedness-and-response>

“While it might be hasty to suggest we have collectively moved beyond the legacy of panic and neglect behavior, I am hopeful that the multiple global and country level efforts to strengthen pandemic readiness emerging since the deadly West Africa Ebola outbreak of 2014 might be starting to bear fruit....” An overview by the one and only **Tim Evans** of all the progress made (as compared to the last outbreak in West-Africa).

Ebola outbreak in the DRC

CIDRAP – DRC probes 5 new possible Ebola cases; WHO details experimental drugs

<http://www.cidrap.umn.edu/news-perspective/2018/06/drc-probes-5-new-possible-ebola-cases-who-details-experimental-drugs>

Update on the outbreak (as of June 6): *“Outbreak responders in the Democratic Republic of Congo (DRC) are investigating **five more suspected Ebola cases**, as two more patients died from their infections and the World Health Organization (WHO) shared more details about how experimental treatments will be used and studied among those sickened by the virus. **The new suspected cases come as tests ruled out an earlier suspected case, and all are from known contacts, Peter Salama, MD, the WHO’s deputy director-general of emergency response, said on Twitter. The developments raise the outbreak total to 58, which includes 37 confirmed, 14 probable, and 7 suspected cases. The two new fatalities lift the number of deaths to 27....”***

*“Earlier this week the WHO had signaled that **a DRC health ministry ethics committee had approved the use of five experimental treatments for compassionate use, also known as Monitored Emergency Use of Unregistered Interventions (MEURI), and was finalizing details of a study protocol....”***

As our colleagues from STAT news noted, though, *“given the decline in cases, “it is very likely that very few patients are eligible” to get any of the drugs, the ministry of health acknowledged.”*

See also **the Hill** - [Ebola outbreak appears to be slowing in Congo as vaccines spread.](#)

And **CIDRAP** - [Ebola case count hits 60 as DRC neighbors take precautions](#)

*“The **WHO released its strategic plan for Ebola virus preparedness in nine countries neighboring the DRC...”***

Lancet World Report – DR Congo: investigational research against Ebola virus

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31312-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31312-6/fulltext)

“WHO considers allowing investigational therapeutics to be deployed to fight the Ebola virus, taking into consideration lessons from previous outbreaks. Andrew Green reports.”

Nature (Comment) - Pandemics: spend on surveillance, not prediction

https://www.nature.com/articles/d41586-018-05373-w?utm_source=twit&utm_medium=social&utm_campaign=naturenews&sf191268582=1

“Trust is undermined when scientists make overblown promises about disease prevention, warn **Edward C. Holmes, Andrew Rambaut and Kristian G. Andersen.**” *“The Global Virome Project, which aims to find and sequence viruses in animals that could potentially spill over into humans, could cost \$1.2 billion. But no amount of DNA sequencing can tell us when or where the next virus outbreak will appear, argue these three virologists.”*

*“... **Broad genomic surveys of animal viruses** will almost certainly advance our understanding of virus diversity and evolution. In our view, they will be of little practical value when it comes to understanding and mitigating the emergence of disease. **We urge those working on infectious disease to focus funds and efforts on a much simpler and more cost-effective way to mitigate outbreaks — proactive, real-time surveillance of human populations....**”*

In other Ebola related news, you might also want to read this brand new **Letter in the Lancet - Deploying RDTs in the DRC Ebola outbreak** (with RDTs being Point-of-care rapid diagnostic tests). By R Dhillon et al.

Nipah

Lancet (Editorial) - Nipah virus control needs more than R&D

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31264-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31264-9/fulltext)

*“...Nipah virus infection has so far been limited to countries in south and east Asia, where 600 cases have been reported between 1998 and 2015, according to WHO. **Yet concerns are growing about the pandemic potential of Nipah virus....**”*

*“...While WHO reports the risk of geographical spread of Nipah outbreaks to be low, there is extensive migration of fruit bats and wide distribution of these species. Evidence from Bangladesh shows that viral spillovers from bats to humans happen regularly, providing an opportunity for a more highly transmissible strain to infect and adapt in humans. Fuelled by population density and mobility, such evolution increases the risk of a pandemic. Worse, **the relatively weak capacity of health and surveillance systems in the under-resourced settings in which Nipah virus circulates limits outbreak response and control....**”*

*“...**for true countermeasures and preparedness, a broader and more comprehensive approach and investment are urgently needed.** In addition to diagnostics, therapeutics, and vaccines, surveillance infrastructure must be improved to rapidly identify and verify cases, conduct detailed contact tracing, investigate spillovers, and better understand the ecology of bats and Nipah virus infection, especially outside of outbreak scenarios. As important is the need for behavioural change.... We must heed that **Nipah virus demands a broad, long-term strategy and pandemic plan.**”*

Lancet (Comment) – Learning from listeria: safer food for all

Peter Salama et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31206-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31206-6/fulltext)

Recently, South Africa has been experiencing the largest ever documented listeriosis outbreak. Listeriosis is a foodborne disease. *“... The size and duration of the outbreak highlight the **need for countries to invest in robust public health regulatory apparatus to prevent and quickly respond to foodborne outbreaks.** ... The outbreak in South Africa shows the cost of underinvestment in food safety systems. WHO, the Food and Agriculture Organization of the United Nations (FAO), United Nations Industrial Development Organisation (UNIDO), and partners are **working globally and regionally with national governments to review food safety regulations and standards and ensure their robust implementation...**”*

Lancet (World Report)– Health ministers adopt African Medicines Agency treaty

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31313-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31313-8/fulltext)

*“The decision to establish an African Medicines Agency is hailed as a turning point in efforts to advance regulatory oversight but also draws calls for caution. John Zarocostas reports. The unanimous decision by African health ministers on May 19 to adopt a treaty to establish an African Medicines Agency (AMA)—after years of deliberations—was **lauded as a major turning point** to enhance regulatory oversight across the continent and facilitate access to safer and more affordable medicines. However, **top health experts also cautioned the AMA to ensure that commercial interests do not prevail over health requirements...**”*

Lancet (Letter) – Examining humanitarian principles in changing warfare

A Musani, Peter Salama et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30860-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30860-2/fulltext)

*“The study by Paul Spiegel and colleagues, highlighted by a Lancet editorial (Feb 17, p 631), assesses the **trauma response that WHO operated together with partners in Mosul, Iraq.** As the report outlines, our innovative referral pathways met a major unmet need for trauma care in a setting of modern urban warfare. When warring parties failed to provide trauma care to civilians from Mosul—their obligation under international humanitarian law—WHO undertook a sequential process to appeal to appropriately qualified organisations to fill that urgent gap. When none committed, WHO chose to fulfil our humanitarian obligation as provider of a last resort and contracted partners to operate near the front line....”*

Mental Health

WHO - Mental health: massive scale-up of resources needed if global targets are to be met

[WHO](#) ;

*“WHO's [Mental Health Atlas 2017](#) reveals that although some countries have made progress in mental health policy-making and planning, there is a global shortage of health workers trained in mental health and a lack of investment in community-based mental health facilities. “This latest edition of the Mental Health Atlas provides us with yet more evidence that **scale-up of resources for mental health is not happening quickly enough....”***

“... In low-income countries, the rate of mental health workers can be as low as 2 per 100 000 population, compared with more than 70 in high-income countries. This is in stark contrast with needs, given that 1 in every 10 person is estimated to need mental health care at any one time. Less than half of the 139 countries that have instituted mental health policies and plans, have these aligned with human rights conventions which stress the importance of transition from psychiatric institution to community-based services and the participation of people with mental disorders in decisions concerning them. And all too often, when mental health plans are made, they are not supported by adequate human and financial resources.... .. there remain far too few facilities for community-based mental health care throughout the world....”

World Environment Day: focus on plastic pollution

World Environment Day Reports Focus on Single Use Plastic as EC Proposes Ban

<http://sdg.iisd.org/news/world-environment-day-reports-focus-on-single-use-plastic-as-ec-proposes-ban/>

“To coincide with World Environment Day 2018, the **UN Environment Programme** (UNEP, or UN Environment) has **released two reports on plastics and the environment**. Also, in parallel to the Day, which is focusing on the theme ‘Beat Plastic Pollution,’ the European Commission has proposed a single-use plastics ban in Europe....”

See also [New report offers global outlook on efforts to beat plastic pollution](#)

*“Released today, a new report from UN Environment finds a **surging momentum in global efforts to address plastic pollution**. The first-of-its-kind accounting finds **governments are increasing the pace of implementation and the scope of action to curb the use of single-use plastics....”***

But as you know, it's more than overdue and the road ahead will be long.

See this piece from **Eric Solheim** (UNEP) in the Guardian - [The planet is on edge of a global plastic calamity](#). *“We urgently need consumers, business and governments to cut consumption of single-use, throwaway plastics, writes the UN Environment chief.”*

*“...Current projections show that global plastic production will skyrocket in the next 10-15 years...
... Avoiding the worst of these outcomes requires more than awareness, it demands a movement. A wholesale rethinking of the way we produce, use and manage plastic. That’s why **United Nations Environment is now focusing on a simple yet ambitious goal: beat plastic pollution...**”*

Key publications of the week

BMJ Editorial - Reflections on family medicine and primary healthcare in sub-Saharan Africa

R Mash et al; http://gh.bmj.com/content/3/Suppl_3/e000662

*“... Despite the enormous challenges, **several countries in the region, as outlined in this editorial, are moving towards ways in which PHC can be strengthened, with political commitment to comprehensive PHC and universal health coverage; national health insurance; improving the quality of primary care through a multidisciplinary team that includes a family physician and COPC (Community oriented primary care).**”*

Health Affairs - The Economic Consequences Of Mortality Amenable To High-Quality Health Care In Low- And Middle-Income Countries

Blake C Alkire et al; <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.1233>

*“We estimated deaths amenable to high-quality health care globally and then modeled the macroeconomic impact in low- and middle-income countries using two macroeconomic perspectives: a value-of-lost-output approach to project gross domestic product (GDP) losses annually for the period 2015–30, and a value-of-lost-welfare approach to estimate the present value of total economic welfare losses in 2015. **We estimated that eight million amenable deaths occurred in 2015, 96 percent of them in low- and middle-income countries.** The value of lost output resulted in a projected cumulative loss of \$11.2 trillion in these countries during 2015–30, with a potential economic output loss of up to 2.6 percent of GDP in low-income countries by 2030, compared to 0.9 percent in upper-middle-income countries. The value-of-lost-welfare approach estimated welfare losses of **\$6.0 trillion in 2015. Inadequate access to high-quality health care results in significant mortality and imposes a macroeconomic burden that is inequitably distributed, with the largest relative burden falling on low-income countries.** Given that these deaths are unnecessary and the projected GDP losses are avoidable, there is a strong ethical and economic case for promoting high-quality health care as an essential component of universal health coverage.”*

For a **press release** from Harvard Medical School, see [The High Cost of Preventable Deaths](#)

*“Deaths from lack of high-quality medical care **cost the world over \$6 trillion in 2015 alone.**”*

Globalization & Health – UNICEF’s contribution to the adoption and implementation of option B+ for preventing mother-to-child transmission of HIV: a policy analysis

M Chersich et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0369-2>

*“Between 2011 and 2013, global and national guidelines for preventing mother-to-child transmission (PMTCT) of HIV shifted to recommend Option B+, the provision of lifelong antiretroviral treatment for all HIV-infected pregnant women. **We aimed to analyse how Option B+ reached the policy agenda, and unpack the processes, actors and politics that explain its adoption, with a focus on examining UNICEF’s contribution to these events...**”*

Results & conclusions: *“A national policy initiative in Malawi in 2011, in which the country adopted Option B+, rather than existing WHO recommended regimens, irrevocably placed the policy on the global agenda. UNICEF and other organisations recognised the policy’s potential impact and strategically crafted arguments to support it, framing these around operational considerations, cost-effectiveness and values. As ‘policy entrepreneurs’, these organisations vigorously promoted the policy through a variety of channels and means, overcoming concerted opposition. WHO, on the basis of scanty evidence, released a series of documents towards the policy’s endorsement, paving the way for its widespread adoption. National-level policy transformation was rapid and definitive, distinct from previous incremental policy processes. Many organisations, including UNICEF, facilitated these changes in country, acting individually, or in concert. The adoption of the Option B+ policy marked a departure from established processes for PMTCT policy formulation which had been led by WHO with the support of technical experts, and in which recommendations were developed following shifts in evidence. Rather, **changes were spurred by a country-level initiative, and a set of strategically framed arguments that resonated with funders and country-level actors. This bottom-up approach, supported by normative agencies, was transformative.** For UNICEF, alignment between the organisation’s country focus and the policy’s underpinning values, enabled it to work with partners and accelerate widespread policy change.”*

Key blogs & articles of the week

Owen Barder (CGD) - Aid in the National Interest: When is Development Cooperation Win-Win?

<https://www.cgdev.org/blog/aid-national-interest-when-development-cooperation-win-win>

Owen Barder is phenomenal, and proves this again with this insightful article. *“...This post identifies which types of development cooperation can be win-win, and which types of aid are seriously undermined by efforts to pursue the national interest—costing lives by reducing aid effectiveness. The more we tackle the underlying causes of poverty, the more opportunities there are for directly win-win policies. Good development policy should keep the distinction in mind...”*

Branko Milanovic - Kate Raworth’s economics of miracles

<http://glineq.blogspot.com/2018/06/kate-raworths-economics-of-miracles.html>

Milanovic reviews Kate Raworth's book 'Doughnut economics'. He reckons the book fails to convince for three reasons.

The third (and most convincing argument) of Milanovic: *“Third, the **interpretation of the current phase of globalized capitalism** is, in my opinion, wrong. Rather than seeing it, as Raworth does, as becoming more cooperative and “gentler”, **it is more correct to see the inroads of commodification into our personal lives** (which we not only willingly accept but promote) **as moving us further toward a self-centered, money- and success-oriented society—that is, going exactly in the opposite direction from that which Raworth favors.** ...”*

Quartz - How the UN's Sustainable Development Goals undermine democracy

J Smith (Vanguard Africa) & A Gladstein (Human Rights Foundation); <https://qz.com/1299149/how-the-uns-sustainable-development-goals-undermine-democracy/>

Well worth a read, even if a bit harsh. *“...SDGs are pushing an agenda carefully calibrated to avoid upsetting the world's dictators, kleptocrats, and human rights offenders. ... The SDG influence is equally pronounced in the corporate and institutional sectors...”*

There's a lot of truth to this. Still, the US, Hungary, Turkey, India, ... have not been waiting for the SDGs to become more authoritarian.

D+C Development Cooperation - Why the nexus is dangerous

S J Peruvemba; <https://www.dandc.eu/en/article/expert-warns-against-coupling-humanitarian-aid-other-development-goals?platform=hootsuite>

Recommended. *“Humanitarian discourse is moving further and further away from reality. **Integrating humanitarian aid, development and peace does not work. Humanitarian aid must focus on the principle mission of saving lives.**”*

In related news, for some **IDS lectures on the humanitarian-development nexus**, which you can watch again, see [The Humanitarian–Development Nexus](#): *“Achieving meaningful impacts in a global context of fragile states, conflict, environmental disasters and other acute and interconnected vulnerabilities, increasingly demands coordinated efforts by humanitarian and development actors. This is especially apparent regarding the Sustainable Development Goals, where hard-won progress can be slowed or even reversed as a result of crises and disasters. **In fragile states and protracted conflicts - where the majority of the world's poor live - the lines between development and humanitarian work are also increasingly blurred.**”* (with Melissa Leach, Kevin Watkins, ...)

Kevin Watkins (blog) - Turning 'Leave No One Behind' from promise to reality: Kevin Watkins on the Power of Convergence

<https://oxfamblogs.org/fp2p/turning-leave-no-one-behind-from-promise-to-reality-kevin-watkins-on-the-power-of-convergence/>

*“How do you take your Sustainable Development Goals? With a generous sprinkle of motherhood, apple pie and good intentions? If so, the chances are you’re an enthusiast for the commitment to ‘leave no one behind’ in the pursuit of the 2030 development targets. Me too. It’s tough to think of a more elevated test of fairness. **Yet we are in danger of allowing a hard-won commitment to equity that could – and should – guide policy design to become an empty slogan....”***

To avoid this, “...Governments around the world should be putting in place **national convergence plans** consistent with their SDG commitments. These plans could include simple but credible targets like halving the wealth disparity in child survival or school attendance over a five-year period, linked to strategies for translating the targets into outcomes....” “... **Monitoring the pace of social convergence** won’t change the world. But it’s an essential part of the tool-kit and not a bad place to start.”

Global health events

Some more analysis of the 71st WHA (and a few news snippets)

UN Foundation – The 71st WHA: a new vibe in global health

<http://unfoundationblog.org/the-71st-world-health-assembly-a-new-vibe-in-global-health/>

By **John Lange**. Worth a read. “There was a new vibe in Geneva last week”...

A few excerpts perhaps:

“...He also referred to a **letter that Chancellor Merkel of Germany, President Akufo-Addo of Ghana, and Prime Minister Solberg of Norway sent to him in April**. They proposed that WHO develop with other global actors a “**Global Action Plan for Healthy Lives and Well-Being for All**” ahead of the **World Health Summit in Berlin in October**. Dr. Tedros told the audience that the request “sends a strong signal from the international community that they expect stronger cooperation among partners, and that they are looking to us to lead that process.” It appeared Tedros was eager to oblige.

... But Dr. Tedros is not resting on his laurels. **He is about to embark on an ambitious effort to fully finance GPW 13**, which will require funding beyond WHO’s current assessed and voluntary contributions. ... He is streamlining and strengthening WHO’s engagement with donors and other partners and is developing an investment case to be launched in the near future. A financing campaign will endeavor to change the nature of WHO financing by advocating for flexible, sustainable, and predictable funding.”

As for his chances in this regard, that’s another story, as you know...

UN Foundation – A new era of partnership at WHO

<http://unfoundationblog.org/a-new-era-of-partnership-at-who/>

Tweeted around by Tedros himself for obvious reasons. On the again blossoming WHO partnership with civil society.

“...This **positive energy surrounding WHO’s newfound commitment to collaborating with civil society** to shape health policy and delivery comes at a pivotal moment for global health. ...”

PS: wonder how Tedros will combine this newfound (WHO) interest in collaborating with civil society, with the shrinking space for civil society in many countries around the world. Hope he speaks out forcefully about this, every time he gets on a global stage.

WHO - Nurturing Care Framework for Early Childhood Development launched at the World Health Assembly

<http://www.who.int/pmnch/media/news/2018/wha71-nurturing-care-framework-early-childhood-development/en/>

In case you had missed this: *“The World Health Organization, UNICEF, and the World Bank Group, in collaboration with the Partnership for Maternal, Newborn & Child Health and the Early Childhood Development Action Network, **launched the Nurturing Care Framework for Early Childhood Development during the 71st World Health Assembly, on 23 May 2018.** The Framework presents a roadmap for action. It builds on state-of-the-art evidence about how early childhood development unfolds and how it can be supported and improved. It focuses on the critical period from pregnancy to age three when children are most sensitive to environmental influences. And because of this it draws special attention to the role that the health sector can play, in collaboration with other sectors....”*

BMJ (blog) - The fight against NCDs: multi sectoral convergence as a ‘best buy’

<http://blogs.bmj.com/bmjgh/2018/06/01/the-fight-against-ncds-multi-sectoral-convergence-as-a-best-buy/>

*“The recently concluded 71st World Health Assembly brought a spotlight on NCDs. Dr Lisa Murphy and Dr. Lujain Al-Qodmani discuss the **NCD dialogues at the 71st WHA** and what this means for global health.”*

A few excerpts:

*“...States and NCD activists at numerous WHA discussions raised proposals for marketing regulations, taxation on unhealthy substances and legislation surrounding food labelling. However, **some states, notably Italy and the USA, emphasised their disquiet around potential economical and societal harm of imposing fiscal measures on the food industry.** This consistent US focus on protection of private industry was a frustrating theme at the WHA. As young public health professionals, we do not believe that governments should advocate on behalf of industry extended*

into negotiations on nutrition, climate change and access to medicines. **The persistent push from such a powerful player to mandate the World Health Organization (WHO) into limiting itself to action on communicable diseases was concerning, and poses a potential threat to achieving both targets on NCDs and the sustainable development goals.**"

"... The world is looking forward to the upcoming high level meeting to witness strong political will transform into not just action, but **innovation – to will develop de novo 'best buys' and retrofit the existing ones. ...**"

A few upcoming webinars

Webinar - 'Data abundance', community mobilisation, and primary health care (13 June)

By J B Falisse; <https://www.eventbrite.co.uk/e/webinar-data-abundance-community-mobilisation-and-primary-health-care-tickets-46807292873>

*"As the amount of data produced at all levels of society keeps growing, **how can community-level actors use 'data abundance' –the many datasets generated by private and public organisations– to improve primary health care in low-, middle-, and high-income settings?** This webinar will explore the concrete ways in which communities, citizens, and local community actors have been interacting with (the wealth of) new data that is being produced every day through information systems, social media, businesses, academic and non-academic researchers, etc. Our focus will be on (primary) health-care, and we will go through a series of questions including Which data is useful? Which data is actionable, and how? How is data reshaping power relationship between the users and providers of health services, if at all? Who owns data and how do citizens relate to it?..."*

Resyst webinar – 22 June: Integrating gender into health system strengthening in conflict and crisis-affected settings; what's in our toolkit?

<http://resyst.lshtm.ac.uk/news-and-blogs/integrating-gender-health-system-strengthening-conflict-and-crisis-affected-settings>

*"In 2016 we held our first webinar on gender, asking the question, **"What part should gender play in reconstructing post-conflict health systems?"** Two-years on and much has changed. There is a growing interest in applying gender frameworks and analysis in health systems research. The #metoo movement and other popular feminist actions have driven greater attention to gender equity. New conflicts and health crises have arisen in various settings prompting humanitarian emergency responses. Our upcoming webinar does not seek to make the argument that we should focus on gender in post-conflict health systems. We feel that argument has been settled. **Rather we will describe how the process of focusing on gender has unfolded in different settings and share a range of tools that interested researchers, policy makers and practitioners could use and adapt to stimulate progress towards gender equity...**"*

Global governance of health

Devex - New tools and approaches promise a big change to the aid industry

Raj Kumar; <https://www.devex.com/news/new-tools-and-approaches-promise-a-big-change-to-the-aid-industry-92879>

Analysis ahead of **Devex World**. “... Event after event — once all these meetings and our analysis and reporting is done — one question still remains unanswered: **Where is the aid industry headed?** This is the question we set out to answer on June 12, at our **flagship conference in Washington, D.C.**, dubbed **Devex World**. It’s where we take the threads of information gathered in our reporting around the globe and weave them into a tapestry of practical insight. **A place to explore the new tools and perspectives leading to a new approach to global development.** An approach that promises to **change the way the aid industry works** — and even, **who does that work...**”

The innovators among you definitely have to read this piece.

Alice Evans (paper) - Politicising Inequality: The Power of Ideas

https://www.researchgate.net/publication/321807746_Politicising_Inequality_The_Power_of_Ideas

This one is more for the firebrands among you.

“A contemporary challenge is inequality. This paper illustrates why ideas matter, and how they can change over time. Inequalities are reinforced when they are taken for granted. But this can be disrupted when marginalised people gain self-esteem; challenge hitherto unquestioned inequalities; and gain confidence in the possibility of social change. Slowly and incrementally, social mobilisation can catalyse greater government commitment to socially inclusive economic growth. This is **illustrated with ethnographic research from Latin America**, where income inequality has recently declined. Clearly, however, no single paper can provide a comprehensive account of political change in an incredibly diverse region. **By highlighting some ways in which ideas matter (and the limitations of alternative hypotheses about increased fiscal space and democratisation), this paper merely seeks to persuade political economists to go beyond ‘incentives’.** Future efforts to tackle inequality might **harness the power of ideas:** tackling ‘norm perceptions’ (beliefs about what others think and do); publicising positive deviance; and strengthening social movements .“

Call for nominations for a list of Francophone Women in Global Health

<http://www.womeningh.org/wghfrancophone>

Spread the word! In French, presumably.

CGD (blog) - The Case Against Branding Development Aid in Fragile States

W G Moore (former minister of Public Works in Liberia); <https://www.cgdev.org/blog/case-against-branding-development-aid-fragile-states>

To brand or not to brand? Only in few cases it seems sensible to brand for donors, it appears. In fragile states, it's certainly not recommended. Nice one!

WHO Bulletin - Monitoring the sustainable development goals through human right accountability reviews

J B De Mesquita et al; http://www.who.int/bulletin/online_first/BLT.17.204412.pdf?ua=1

*“The **Universal Periodic Review** is a comprehensive, state-to-state peer-review **mechanism of the United Nations (UN) Human Rights Council**. Created in 2006, the mechanism scrutinizes the human rights record of all UN Member States, including their efforts to realize the right to health. However, **the mechanism is relatively underused in global health governance** compared to treaty-based procedures, such as those overseen by the Committee on the Rights of Persons with Disabilities or the Committee on the Elimination of Discrimination against Women. **We suggest that the Universal Periodic Review could be used to support the monitoring and review processes of the sustainable development goals (SDGs)**. The review could offer a unique perspective for other actors on how to ensure accountability for the complex and intertwined SDGs, including their commitments for health. This article provides an overview of how health-related rights have been addressed in the Universal Periodic Review process and how the review can contribute to advancing global commitments to health, including those embodied in the SDGs. We present some of the current limitations in the way health is addressed in the Universal Periodic Review. We also consider what role specialized UN agencies, such as the World Health Organization, might play during the Universal Periodic Review process and how this involvement can contribute towards the comprehensive realization of health and wellbeing for all.”*

WHO Bulletin - The sustainable development goals as a framework to combat health-sector corruption

Tim MacKey et al; http://www.who.int/bulletin/online_first/BLT.18.209502.pdf?ua=1

*“Corruption is diverse in its forms and embedded in health systems worldwide. Health sector corruption directly impedes progress towards universal health coverage by inhibiting people’s access to quality health services and to safe and effective medicines, and undermining systems for financial risk protection. Corruption is also a cross-cutting theme in the United Nations’ sustainable development goals (SDGs) which aim to improve population health, promote justice and strong institutions and advance sustainable human development. To address health-sector corruption, we need to identify how it happens, collect evidence on its impact and develop frameworks to assess the potential risks and put in place protective measures. **We propose that the SDGs can be leveraged to develop a new approach to anti-corruption governance in the health sector.** The aim will be to address coordination across the jurisdictions of different countries and foster partnerships among stakeholders to adopt coherent policies and anti-corruption best practices at all levels. Combating corruption requires a focused and invigorated political will, better advocacy and stronger institutions. There is no single solution to the problem. Nevertheless, a commitment to controlling corruption via the SDGs will better ensure the integrity of global health and human development now and beyond 2030.”*

WB - World Bank launches Sustainable Development Bond to Focus Attention on Women and Children

<http://www.worldbank.org/en/news/press-release/2018/06/01/world-bank-launches-sustainable-development-bond-to-focus-attention-on-improving-the-health-and-nutrition-of-women-children-and-adolescents>

“The World Bank (International Bank for Reconstruction and Development, IBRD, Aaa/AAA) has issued a CAD 60 million 10-year Eurobond that raises funds for its sustainable development activities around the world. Japan Post Insurance was the sole investor in this transaction. ...”

*“...The World Bank issues around USDeq. 40 billion in Sustainable Development Bonds in the global capital markets every year, and proceeds of all its bond support development programs that are aligned with its mission to end extreme poverty and boost shared prosperity and the Sustainable Development Goals. **This includes, for example, projects that are improving the health and nutrition of pregnant women and children under the age of two in Indonesia, and improving the chronic malnutrition of indigenous people with an emphasis on infants and small children in Guatemala....”***

Health Policy Watch – Gaëlle Krikorian Named Head Of Policy At MSF Access Campaign

<https://www.healthpolicy-watch.org/gaëlle-krikorian-named-head-of-policy-at-msf-access-campaign/>

*“The Médecins Sans Frontières’ (MSF, Doctors Without Borders) Access Campaign [today] announced that **Gaëlle Krikorian** has been named its **new Head of Policy**. Krikorian is a researcher and activist who has worked on related public health issues for many years. According to the MSF release, until recently, Krikorian was “an advisor on Access to Knowledge and Intellectual Property issues for the Greens–European Free Alliance at the European Parliament....”*

Forbes – Fourteen more philanthropists join the Giving pledge

<https://www.forbes.com/sites/denizcam/2018/05/30/fourteen-more-philanthropists-join-the-gates-buffett-giving-pledge/#3f2249054873>

In the words of Bill Gates himself, “The **Giving Pledge**” is “going global”.

Last week, “on Wednesday, the Giving Pledge announced that 14 more philanthropists joined its ranks in the last year, committing to donate more than half of their wealth to charitable causes. The newest signatories hail from Canada, India, the United Arab Emirates and the United States. To date, 183 individuals from 22 countries have signed the pledge. Among those who signed the pledge in the last year are Uber co-founder Garrett Camp, Tanium CEO Orion Hindawi and LinkedIn co-founder Reid Hoffman....”

PS: now that I’m reading ‘Factfulness’ (a book that Gates himself enjoys very much), I’d like to ask him the following. Given that Rosling says “rates” tell you more than “numbers”, what is the current rate of billionaires, globally, who have already joined the ‘Giving Pledge’? If it’s over 50 %, I will never ever ask again for global tax justice in this newsletter :)

Finally, a tweet related to the WHA (and the role of social media in it):

*“Some really interesting social media analysis of #WHA71 —question is does social media contribute to agenda setting? Or is it more a reflection of agenda setting efforts? **Does social media exert or reflect #power in #globalhealth?**”*

UHC

This week yet another **Bellagio meeting** took place, related to the work of the **Lancet Global Health Commission on High Quality Health Systems in the SDG Era** (with **Margaret Kruk et al**).

“What is the definition of a high-quality health system? How many lives could be saved by improving health care quality? What interventions work to improve quality? - Answers coming soon in the Lancet Global Health Commission” <https://www.hqsscommission.org/>

Their report will be launched in Liverpool (October 2018), as you know.

Stay tuned also for **“the Bellagio Declaration on High Quality Health Systems”**.

Planetary health

The Conversation – Tracking the battles for environmental justice: here are the world’s top 10

<https://theconversation.com/tracking-the-battles-for-environmental-justice-here-are-the-worlds-top-10-97616>

*“Environmental justice activism is to this age what the workers’ movement was for the industrial age - one of the most influential social movements of its time. Yet, despite its consistent progress since the 1970s, environmental justice protests seem to get lost in the morass of information on broader environmental issues. The **Environmental Justice Atlas (EJAtlas)**, an **inventory of social conflicts around environmental issues**, fills that gap. **In honour of World Environment Day, on June 5th**, some of the highlights of the most pertinent findings, stemming from the **ten most critical categories of environmental distribution conflicts facing the world today are shown**. These are listed in order of most-catalogued cases in the EJAtlas. But due to the nature of the project, this is not indicative of its global significance....”* Recommended. Land grabbing, renewable energy conflict, mega-mining, ...

Guardian - 'Carbon bubble' could spark global financial crisis, study warns

<https://www.theguardian.com/environment/2018/jun/04/carbon-bubble-could-spark-global-financial-crisis-study-warns>

*“Plunging prices for renewable energy and rapidly increasing investment in low-carbon technologies could leave fossil fuel companies with trillions in stranded assets and spark a global financial crisis, a new study has found. A sudden drop in demand for fossil fuels before 2035 is likely, according to the study, given the current global investments and economic advantages in a low-carbon transition. The existence of a “carbon bubble” – assets in fossil fuels that are currently overvalued because, in the medium and long-term, the world will have to drastically reduce greenhouse gas emissions – has long been proposed by academics, activists and investors. The new study, published on Monday in the journal **Nature Climate Change**, shows that a sharp slump in the value of fossil fuels would cause this bubble to burst, and posits that such a slump is likely before 2035 based on current patterns of energy use....”*

On the bright side, “...*The paper supports the view of some policy and investment experts that economics and technology are now driving action on climate change, where before impetus was all from policymakers...*”

Infectious diseases & NTDs

Lancet HIV - Community-level changes in condom use and uptake of HIV pre-exposure prophylaxis by gay and bisexual men in Melbourne and Sydney, Australia: results of repeated behavioural surveillance in 2013–17

[https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30072-9/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30072-9/fulltext)

“A study assesses the **behavioural changes** in the use of condoms by gay and bisexual men with the introduction of pre-exposure prophylaxis (PrEP) for HIV prevention in Australia.”

They aren’t very good...

For coverage of this new study, see **The Guardian** - [Rapid rise in anti-HIV PrEP pills linked to drop in condom use](#).

Lancet (Editorial) – Dolutegravir for HIV: a lesson in pregnancy safety research

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31265-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31265-0/fulltext)

Editorial related to a **study published on 4 June in the Lancet Global Health**, which concluded: [“Adverse birth outcomes were similar among pregnant women who initiated dolutegravir-based and efavirenz-based ART. Dolutegravir-based ART can be safely initiated in pregnancy.”](#)

“...*The Botswana study highlights the importance of pregnancy safety research. Systematic birth surveillance—both of livebirths and stillbirths, with sufficient power and appropriate comparator groups—needs to be put in place before a new drug is rolled out. The global medical community also needs a better approach to test drug safety profiles in pregnant women, for treatment of HIV and beyond.*”

Lancet Global Health – In-utero ART exposure and the need for pharmacovigilance

L Mofenson; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30272-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30272-9/fulltext)

*“ In 2016, the PROMISE trial demonstrated the remarkable efficacy of antiretroviral treatment (ART) during pregnancy and breastfeeding to reduce perinatal and postnatal transmission in Africa—from 37% in the absence of treatment to 1·1% at age 18 months—and to provide clinical benefit to the mother. ART use by pregnant women living with HIV has resulted in a paradigm shift in the paediatric HIV epidemic in the past 20 years, with a striking 80% decrease in new infant infections, down from 590 000 in 1998 to 120 000 in 2016. ... However, although the benefits of treatment are clear, the **crucial need for pharmacovigilance to assess for potential adverse effects of new agents, particularly on pregnancy outcome, birth defects, and exposed infants, has been relatively neglected...**”*

*“...In **The Lancet Global Health**, Rebecca Zash and colleagues report preliminary results from a carefully conceived and well conducted **birth surveillance programme in Botswana** that was designed to fill a major gap in the evaluation of safety of antiretroviral drugs in pregnancy...”* This is the **related Comment**.

“...This recent finding illustrates the importance of having a pharmacovigilance system in place as new drugs are introduced into the adult population to enable evaluation of potential effects of drug exposure prior to recognition of pregnancy in women of childbearing age. The Tsepamo study provides a model of a such a programme; in Uganda and Malawi, similar programmes have been put into place through funding from the US President's Emergency Plan for AIDS Relief. The study by Zash and colleagues reminds us that although ART has great benefits, including prevention of perinatal transmission and saving mothers' lives, surveillance systems to enable early detection of signals of potential adverse effects are needed to assess safety of new drugs in pregnancy and women of childbearing age.”

Lancet World Report –Resolution on snakebite envenoming adopted at the WHA

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31314-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31314-X/fulltext)

*“Experts say that **this will bring snakebite envenoming**, which affects an estimated hundreds of thousands every year, **to the international agenda**. Talha Burki reports.”*

NYT - Nipah Virus, Rare and Dangerous, Spreads in India

[NYT](#);

“The infection, an emerging threat, has killed virtually all of its victims so far in India.” The picture so far (as of 4 June).

And a few quick links:

The Conversation - [Kenya must wake up to the threat of an outbreak of Rift Valley fever](#)

The Guardian - [The US has an HIV epidemic – and its victims are gay black men](#)

“If white men were being infected at the horrifying rate that African-Americans are, it would be front-page news.” “There is an epidemic of HIV/Aids in the United States, and the reason you may not have heard about it is because of who it harms: black men who have sex with other men.”

AMR

Guardian - Antibiotic apocalypse: EU scraps plans to tackle drug pollution, despite fears of rising resistance

https://www.theguardian.com/environment/2018/jun/01/antibiotic-apocalypse-eu-scraps-plans-to-tackle-drug-pollution-despite-fears-of-rising-resistance?CMP=share_btn_tw

“The EU has scrapped plans for a clampdown on pharmaceutical pollution that contributes to the spread of deadly superbugs. Plans to monitor farm and pharmaceutical companies, to add environmental standards to EU medical product rules and to oblige environmental risk assessments for drugs used by humans have all been discarded, leaked documents seen by the Guardian reveal...”

Cidrap – WHO aims to build health worker knowledge of antimicrobial stewardship

<http://www.cidrap.umn.edu/news-perspective/2018/06/who-aims-build-health-worker-knowledge-antimicrobial-stewardship>

*“The World Health Organization, following up on its 3-year-old action plan to fight antimicrobial resistance (AMR), yesterday released guidance to help ensure that health workers have the knowledge and skills they need for that effort. The guidance is a 28-page document titled **WHO Competence Framework for Health Workers' Education and Training on Antimicrobial Resistance**. It is intended mainly for education and training institutions, accreditation and licensing bodies, and authorities that make health policy...”*

Reuters - Scientists map genetic codes of 3,000 dangerous bacteria

<https://uk.reuters.com/article/us-health-superbugs-genes/scientists-map-genetic-codes-of-3000-dangerous-bacteria-idUKKCN1J20SL>

“Scientists seeking new ways to fight drug-resistant superbugs have mapped the genomes of more than 3,000 bacteria, including samples of a bug taken from Alexander Fleming’s nose and a dysentery-causing strain from a World War One soldier...”

CIDRAP - Report: US pigs consume nearly as many antibiotics as people do

[CIDRAP](#):

“A **report** today from the Natural Resources Defense Council (NRDC) is taking the US pork industry to task for irresponsible use of medically important antibiotics, saying the amount of antibiotics used in pigs is nearly the same as that used to treat humans. **The report estimates that 27.1% of all medically important antibiotics sold in the United States are for pig production, while a roughly equivalent amount—27.6%—is sold for use in human medicine.** The report suggests that the heavy use of antibiotics in pigs is primarily for disease prevention, a practice the NRDC says is unnecessary. ... **The report also points out that US pork producers use more antibiotics than do pork producers in other developed nations.** Using a methodology that enables comparison between countries with pork industries of different sizes, NRDC calculated that US producers use twice the antibiotics per kilogram of pig as are used in the United Kingdom, and **more than seven times the amount used in Denmark and the Netherlands....”**

PS: No idea how much antibiotics the US “Pig-in-chief” uses on a daily basis, but I guess that botoxed orange skin also needs a fair bit of maintaining.

NCDs

The Conversation - Coke has promised ‘less sugar’, but less is still too much

R Stanton; <https://theconversation.com/coke-has-promised-less-sugar-but-less-is-still-too-much-97080>

Coca Cola is coming up with a range of products with less sugar.... Sounds not too bad, however, as Stanton says, « ... *No nutritionist is going to knock reductions in sugar content, but **even a single can of the new Coca-Cola with Stevia has 37% of the World Health Organisation’s (WHO) recommended maximum daily intake of sugar for an adult.** The other products listed still have 55-78% of the WHO maximum recommendation....”*

A quick link:

Guardian - [Europe's mental health institutions uniformly substandard, says WHO](#)

“Mental health institutions in Europe are failing to safeguard residents’ human rights, with many described as shocking by experts who have found not one institution among 75 visited across the continent fully met all of the standards set by the United Nations....”

So it’s not just a problem elsewhere in the world (see WHO’s Mental Health Atlas 2017), also Europe still has massive mental health gaps.

And a tweet by Menno van Hilten:

“Some Member States are exploring - at highest levels - the feasibility of organizing a side event in NYC on 24 Sep 2018 to provide a platform for governments and companies to announce pledges on tobacco-free investment portfolios and financial #deinvestment #NoTobacco #NCDs #CDOH”

Sexual & Reproductive / maternal, neonatal & child health

International Journal for Equity in Health - Do free caesarean section policies increase inequalities in Benin and Mali?

M Ravit, V Ridde et al; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-018-0789-x>

*“Benin and Mali introduced user fee exemption policies focused on caesarean sections (C-sections) in 2005 and 2009, respectively. These policies had a positive impact on access to C-sections and facility based deliveries among all women, but the impact on socioeconomic inequality is still highly uncertain. **The objective of this study was to observe whether there was an increase or a decrease in urban/rural and socioeconomic inequalities in access to C-sections and facility based deliveries after the free C-section policy was introduced....”***

ODI - Giving back choice: the Irish Referendum, the Gag Rule and the future for women’s and girls’ rights

Fiona Samuels; <https://www.odi.org/comment/10651-giving-back-choice-irish-referendum-gag-rule-and-future-women-s-and-girls-rights>

“...ODI had the honour of hosting a round table discussion with ODI Distinguished Fellow and SheDecides founder Lillianne Ploumen. Three broad themes were discussed: How can SheDecides continue to drive momentum on sexual and reproductive health and rights (SRHR) policy at the national and international level? How can it overcome discriminatory social, cultural and religious norms to protect and advance the rights of women and girls? What are the catalysts for change in progressing SRHR more broadly and how can they be operationalised by SheDecides? I was struck by the movement’s clarity of purpose (a focus on safe abortions), its flexibility and its willingness to explore its future, its structure and its desire for transparency and accountability....”

Lancet Global Health (blog) - 1968: a revolutionary year, also for reproduction

By the Nordic Ministers for Development; <http://globalhealth.thelancet.com/2018/06/01/1968-revolutionary-year-also-reproduction>

*“1968 became synonymous with a generation known for its ambition to change the world for the better. A historic decision was made that year, which carried the potential to fundamentally change the lives of all individuals - and of women in particular. **On April 22, 1968, delegations from 84 countries convened in Iran for the International Conference on Human Rights.** With only 39 women among more than 350 delegates, the conference was a man’s world deciding on a crucial right for women’s lives. **It considered “that couples have a basic human right to decide freely and responsibly on the number and spacing of their children”.** This recognition of “reproductive rights” in a meeting room in Tehran was as revolutionary as any demonstration that took place in the streets that year...”*

ODI (Briefing) - GAGE on: adolescence and gender norms

<https://www.odi.org/publications/11132-gage-adolescence-and-gender-norms>

*“While our understanding of the risks and vulnerabilities that adolescent girls face due to gender norms has grown exponentially over the last decade, our understanding of what works to transform discriminatory gender norms in specific contexts remains nascent. **Gender and Adolescence: Global Evidence (GAGE) mixed methods longitudinal research programming is following the lives of 18,000 adolescent girls and boys in six focal countries in Africa, Asia and the Middle East throughout adolescence (10–19 years) to explore what types of policies and programmes are most effective in shifting harmful gender norms and why – not just in the short term but more sustainably.** This GAGE on briefing discusses change strategies to support gender norm change through: empowering girls; engaging with boys and men; supporting families; promoting community social norm change; strengthening school systems, and strengthening adolescent focused services and systems.”*

See also (ODI) - [Gender and Adolescence: Global Evidence overview.](#)

Access to medicines

IP-Watch - Experts In Geneva: Substandard, Falsified Medicines Not About IP

<http://www.ip-watch.org/2018/06/06/experts-geneva-substandard-falsified-medicines-not-ip/>

“Falsified and substandard medical products continue to be a global concern, and how those products are characterised is important to avoid confusion, particularly with intellectual property

rights infringement. A panel convened by Brazil, India and South Africa yesterday at the World Trade Organization looked at the **implications of a new definition of such products** at the neighbouring World Health Organization.”

The Conversation - The desperate global need for medical diagnostics

J von Oettingen et al; <https://theconversation.com/the-desperate-global-need-for-medical-diagnostics-97531>

“... *The WHO EDL, published on May 16, 2018, is a first step towards addressing the “diagnostics desert” that health-care providers and patients alike still face in many resource-limited settings. ... WHO and its expert committee should be applauded for this essential accomplishment, including the effort to look beyond the traditional “Big Three” infections (TB, HIV and malaria). While the list still has an obvious focus on infectious diseases, the consideration of essential non-communicable diseases (NCD) diagnostics is timely, if not overdue....* ...”

But the EDL can (and should) still be improved in many other ways, the authors argue.

Miscellaneous

Guardian - Who should feed the world: real people or faceless multinationals?

https://www.theguardian.com/commentisfree/2018/jun/05/feed-the-world-real-people-faceless-multinationals-monsanto-bayer?CMP=Share_iOSApp_Other

“The **merger of corporate giants Monsanto and Bayer** begs a vital question – what kind of agriculture do we really want?”

ODI (Insight) Can blended finance work for the poorest countries?

S Attridge; <https://www.odi.org/comment/10650-can-blended-finance-work-poorest-countries>

“... **Blended finance is ramping up but not mobilising much.** Estimates range from \$15.2 billion between 2014 and 2016 to \$81.1 billion between 2012 and 2015; **crudely, between \$5 billion and \$20 billion per annum.** These are tiny amounts when compared with an estimated annual Sustainable Development Goal (SDG) investment gap of \$2.5 trillion per annum. **It is heavily concentrated in Middle Income Countries (MICs).** ODI’s forthcoming research shows that only

*\$2.9billion (3.6%) of the private finance mobilised using blended finance flowed to Low Income Countries (LICs) between 2012 and 2015; crudely \$728 million per annum. Furthermore, it is predominately going to banking and financial services, the energy sector and industry, with very little invested in social sectors. **Given the increasing calls for aid to be invested in blended finance and for Multilateral Development Banks (MDBs) and Development Finance Institutions (DFIs) to significantly scale up their mobilisation of private finance, undertaking a reality check of the potential of blended finance to fund SDG investment in the poorest countries should be a priority....***

Amref - Health Accelerator programme for African start-ups now open for applications

<https://amref.org/news/health-accelerator-programme-african-start-ups-now-open-applications/>

*“Applications are now being accepted for Amref Health Africa’s Innovate for Life Fund, a five-month **accelerator program specifically designed for African health entrepreneurs**. Now in its second year, the Innovate for Life Fund aims to support African entrepreneurs to accelerate home-grown health solutions for the African market....”*

Devex – UK aid 'brand' at risk from cross-government funds, says IDC report

<https://www.devex.com/news/uk-aid-brand-at-risk-from-cross-government-funds-says-idc-report-92877>

*“**Official development assistance spent outside the Department for International Development — which is set to rise to 30 percent within the next two years — is less transparent, less coherent, and less poverty-focused than aid spent by DFID**, a new report from the parliamentary International Development Committee has found. The **U.K.’s controversial cross-government aid strategy** has seen a rising proportion of aid spent through departments other than DFID. But the **report from IDC**, the group of legislators who monitor the country’s aid spending, concluded that not only is cross-government aid falling short of international standards for transparency, but also that poor coordination, competing department priorities, and a lack of focus on poverty reduction could damage the U.K. aid brand....”*

Guardian - Trump's 'cruel' measures pushing US inequality to dangerous level, UN warns

<https://www.theguardian.com/us-news/2018/jun/01/us-inequality-donald-trump-cruel-measures-un>

*“Donald Trump is deliberately forcing millions of Americans into financial ruin, cruelly depriving them of food and other basic protections while lavishing vast riches on the super-wealthy, the United Nations monitor on poverty has warned. **Philip Alston, the UN special rapporteur who acts as a watchdog on extreme poverty around the world, has issued a withering critique of the state of America today.** Trump is steering the country towards a “dramatic change of direction” that is rewarding the rich and punishing the poor by blocking access even to the most meager necessities....”*

Devex - Gates Foundation launches a new global education strategy

<https://www.devex.com/news/gates-foundation-launches-a-new-global-education-strategy-92852>

Last week on Friday, *“the Bill & Melinda Gates Foundation launched its global education strategy, to provide education systems in India and sub-Saharan Africa with better resources to improve teaching and learning. Building on its investments in global health and international development, and expanding its work on education beyond the United States, the new global effort has a \$68 million budget for the next four years....”*

The American Interest - Two Belts, Two Roads

B Maçães; <https://www.the-american-interest.com/2018/02/13/two-belts-two-roads/>

Interesting read. “The emergence of the **Indo-Pacific concept** shows how **our mental maps are being redrawn in Asia**—with geopolitical implications that are only beginning to come into view.”

Excerpts:

*“... What first and foremost gives force to the concept of **Indo-Pacific** is the **expanding role of China and India on the global stage**. Seen from the traditional centers of political power in Europe and North America, it is still tempting to think of China as an East Asian nation, and of India as a South Asian nation, but in reality, this is an increasingly meaningless distinction. That, in the final analysis, explains why **China sees a strategic threat in the very concept of the Indo-Pacific**. Understood as a geographic concept it merely repeats ideas conceptualized by Beijing in the context of the Belt and Road, but the same underlying reality carries different—opposed—political meanings. **The term “Indo-Pacific” is less the acknowledgment of an ineluctable political geography than an initial, inchoate move to create a political initiative, one intended to rival China’s Belt and Road.**”*

Nature (News) - Europe’s top science funder shows high-risk research pays off

<https://www.nature.com/articles/d41586-018-05325-4>

“The **European Research Council** publishes its third annual impact assessment of the projects it funds.”

Guardian - Is rising inequality responsible for greater stress, anxiety and mental illness?

<https://www.theguardian.com/books/2018/jun/03/is-rising-inequality-responsible-for-greater-stress-anxiety-and-mental-illness-the-inner-level>

*“That’s the claim made by the authors of “**The Inner Level**”, which furthers arguments first laid out in their 2009 work, **The Spirit Level**. They reveal the bleak truth about uneven societies.”* Review of Wilkinson & Pickett’s new book.

Emerging Voices

Understanding the complex relationships among actors involved in the implementation of public-private mix (PPM) for TB control in India, using social theory

Solomon Salve (EV 2014) et al; <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-018-0785-1>

*“Public Private Partnerships (PPP) are increasingly utilized as a public health strategy for strengthening health systems and have become a core component for the delivery of TB control services in India, as promoted through national policy. However, partnerships are complex systems that rely on relationships between a myriad of different actors with divergent agendas and backgrounds. Relationship is a crucial element of governance, and relationship building an important aspect of partnerships. To understand PPPs a multi-disciplinary perspective that draws on insights from social theory is needed. **This paper demonstrates how social theory can aid the understanding of the complex relationships of actors involved in implementation of Public-Private Mix (PPM)-TB policy in India....**”*

Research

Rethinking power and institutions in the shadows of neoliberalism: (An introduction to a special issue of World Development)

P Kashwan et al; <https://www.sciencedirect.com/journal/world-development/articles-in-press>

*“Despite the recognition that institutions matter for international development, the debates over institutional reforms tend to obscure the role of power. Neoliberal models of development are often promoted in terms of their technical merits and efficiency gains and rarely account for the multiple ways that social, economic and political power shape institutional design and institutional change. Even recent efforts to address power tend to conceptualize it too narrowly. **This special issue seeks to rethink the role of power in institutional creation and change in the context of persistent neoliberalism.** In the introduction, we **synthesize the literature on the nature of power to develop a new conceptual framework – a power in institutions matrix – that highlights the multiple dimensions of power involved in institutional development and change.** We argue that such a theoretically-informed mapping of power in institutions will enable scholars, practitioners, and citizen groups to go beyond the standard critiques in order to analyze the multifaceted effects of neoliberal institutional change. Our introduction draws on an extensive literature review as well as the special issue contributors who examine institutional change in a variety of policy sectors in Africa, South Asia, Latin America, and North America. **We find that a range of diverse local, national and transnational actors, with disparate access to power, negotiate institutional changes from above and below through overt imposition of and resistance to new rules, influence of agendas, and promotion of discourses. Neoliberalism thus creates a new distributive politics.** The special issue thus offers a theoretically-grounded approach for linking international and domestic power differences to the process of institutional change, with a specific focus on equity and sustainability. In a departure from the current literature’s focus on elite bargains, we showcase the efforts by less powerful groups to gain a foothold in decision-making processes.”*

Journal of Public Health Policy (Editorial Comment) - ToxicDocs: a new resource for assessing the impact of corporate practices on health

N Freudenberg; <https://link.springer.com/article/10.1057%2Fs41271-017-0101-0>

Article from February. *“One of the main obstacles to creating the scientific evidence needed to reduce the adverse impact of corporations on health has been the extensive efforts of corporations to shield their harmful practices from scrutiny, scientific or public. Fortunately, in response to growing corporate efforts to limit public access to scientific evidence and free debate, researchers, activists, public interest lawyers, and public health professionals have **created new ways of collecting, analyzing, and publicizing the evidence, ways that can illuminate what corporations seek to keep in the dark.** The new website, <http://www.ToxicDocs.org>, is an example. It provides scholars and activists with an important new resource to harness the power of new search technologies, worldwide Internet availability, and the growing recognition of corporate practices as a fundamental social determinant of health. **By using www.ToxicDocs.org’s embedded search methods, investigators can answer legal and scientific questions such as the following:** What did corporate executives know about the harmful effects of their products and practices? What steps did they take to reveal or hide this knowledge? And, what was their understanding of the mechanisms by which their practices influenced the health of workers, consumers, and the environment?... “*

*“... The creation of **ToxicDocs** and similar sources signals an important new development in assembling evidence for public health action. Ensuring that we fully realize this potential is an important priority for the public health community.”*