

IHP news 474 : The G7 and the world in shaky times

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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,

One of the core debates of our times relates to whether you agree with (1) the overall gist of **Hans Rosling's "Factfulness"** (*really nice book, by the way*) which claims that the world has been improving in many ways, that many of the hard facts point in that direction, and that we should thus try to look in a more 'factful' way to the real world, or (2) **Richard Horton's** nagging feeling of worry about the future, which he expressed among others in last week's Offline - [**Planetary health—worth everything:**](#) "...*There is our task: to see the thunderstorm ahead of us. Many have preferred to turn their heads away. It falls to planetary health to insist that we face the thunderstorm.*" However, when you look at the five core risks that Rosling distinguishes for the current world, towards the end of his bestseller, Hans would probably have been the first one to argue for 'a factful way' to look at this thunderstorm that indeed, for many observers and global citizens, seems to be brewing. And do everything in our might to avoid it. As the editor-in-chief of a high profile scientific journal, Horton would probably agree with that stance.

A key ingredient of the current brewing thunderstorm is the fact that many ordinary citizens in countries formerly known as "developed & liberal democratic countries" have the feeling they've been living in "**fake democracies**" for too long now. In recent decades, in the era of neoliberal globalization, too many important decisions on things that matter in their lives were taken in shady global fora, the global financial sector, central banks, board rooms of MNCs, [**trade & investment agreements**](#), ... That sentiment is to a large extent justified. Unfortunately, there's no easy solution. Moreover, the authoritarian strongmen "recipes" we're currently witnessing around the globe tend to bring out the worst in people, and spark vicious instead of virtuous circles. Many citizens in countries from the (former) 'North' [**recognize their own countries less and less**](#), including when it comes to the core values they thought these were subscribing to. That cannot be a good sign. Including for countries formerly situated in the "Global South" (*where they have more than their share of strongmen, by the way*). So these strongmen (it's mostly men) need to be defeated, at the ballot box, in global and national discourse, on social media, on the streets and elsewhere. Before they destroy the world.

On a more positive note, the World Cup has just started in Russia. As for Belgium, let me say this loud and clear, and only once: "The Time is Now" to become World Champion! :)

Enjoy your reading.

Featured Article

G7: the alphabet show, followed by a diplomatic sh*tstorm

Sameera Hussain (*CIHR Health System Impact Fellow*)

Well, *that* was interesting.

The G7 countries (plus or minus 1—more on that later) and [a handful of low and middle income countries](#) (LMICs) met last week in Canada, and the world is still reeling from the drama.

I hate to say it, but that's what seems to happen these days, when you leave it up to politicians to solve the world's problems.

As the rest of us who try to engage meaningfully with policies—which are, or are not yet (but should be) on the G7 agenda—reel from the lack of policy coherence and lack of capacity in many of the world's top decision makers, let's review the themes identified by G7 host, Canada:

- ② Investing in growth that works for everyone
- ② Advancing gender equality and women's empowerment
- ② Preparing for jobs of the future
- ② Working together on climate change, oceans, and clean energy
- ② Building a more peaceful and secure world

But ahead of the (un)diplomatic sh*t storm just before and after the Summit (let's just be honest about it, shall we?), there was some real engagement between the Canadian [G7 sherpa](#) and diverse groups of actors.

With each theme corresponding to a number of (sometimes contentious) issues, experts and other relevant actors were called in: a series of meetings took place in Canada ahead of the more publicized G7 Summit. Referred to as “the Alphabet 7 meetings”, the G7 president (Canada) called on leaders from the public and private sector from the 7 countries to provide input on the major themes. And this they certainly did.

The meetings, held with G7 formal engagement groups in various locations in Canada ahead of the G7 Summit, are represented by a letter of the alphabet. These are:

The Business ([B7](#)) sector, represented by the business federations of the G7, highlighted their recommendations for inclusive growth, climate change and resource efficiency, and small business as areas of priority. No prizes to be won for guessing their economic world view....

Civil society ([C7](#)) groups met to envision how the recommendations of the G7 formal engagement groups can be implemented in the public and civil society sectors.

Labour ([L7](#)) meetings comprised of trade union leaders calling upon the Canadian government to protect labour rights and working people's bargaining power, and address gender pay gaps and issues of responsible business conduct.

Scientists ([S7](#)) discussed several major issues, and focused primarily on the digital future and Arctic sustainability.

Thinkers/academics ([T7](#)) raised issues around global governance, challenges of inclusiveness and complexity, including human development, data security, progressive trade, fair tax systems, and sustainable growth.

Women ([W7](#)) leaders met to discuss a feminist vision for the G7, ensuring that marginal voices are included in decision-making for innovative solutions to poverty, inequality, conflict, and climate change.

Youth ([Y7](#)) delegates from all of the 7 member states and EU discussed their policy interests to reflect their priorities as part of a larger conversation to be taken into governments' decision-making.

Each outcome document as a stand-alone document is important in that it signals to the world what policy decisions top leaders must make in order to ensure social, political, and economic determinants of well-being at country and planetary level. They also signal an intention in the G7 to engage (at least at some level) with the extraordinary diversity of actors in a complex world.

Few of the specific issues raised by the Alphabet 7s were actually taken into consideration, but many of the sentiments were echoed in the summary report of the [Gender Equality Advisory Council to the G7](#). A timely intervention, the report explicitly articulated in particular the importance of including girls, women, and marginal groups in decisions relating to health, environment, education. Further substance was added by the C7 communiqué, as it raises the issue of meaningful and substantive engagement, rather than tokenistic participation between the G7 and its formal engagement groups, moving beyond ad hoc approaches and identifying benchmarks to transform the relationship of G7 with civil society to assess future engagement.

All of the final communiqués took coordination, hard work, meaningful participation, and consensus within each of those groups. As a participant in the C7 (and the last of the Alphabet 7 meetings), I can attest to it.

Enter our world leaders and top decision-makers at the G7 Summit. What was intended to be a well-coordinated diplomatic event with real world issues on the table, began with Twitter wars on trade barriers, personal attacks, and "[suggestions](#)" on [reinstating Russia](#) (i.e., G7±1). Which was followed by drama around which meetings the US president would attend, and whether a consensual G7 outcome document was possible. And when the outcome document finally *did* happen, pretty soon afterwards [Trump retracted his endorsement](#). It's been quite a whirlwind (follow [this link](#) for a fun geopolitical analysis).

For Canada, the diplomatic storm has had some interesting implications: not only has it drawn attention away from the [federal government's decision to go ahead with a controversial pipeline](#), it has also brought together politicians from all stripes and colours to [support Trudeau in his stance](#)

around the US/Canada trade war looming ahead. Clearly, we Canadians will not accept ‘meek and mild’ as our national identity. Fair enough. Instead, however, our government has indicated it will stand strongly to “ensure Canadian economic competitiveness”. The global financial sector has everything to do with production and consumption, and these in turn have health consequences. As a country heading towards a Voluntary National Review of our commitment to the Sustainable Development Goals (next month), the intersections between global finance, climate, and health are interlinked more than ever. Not sure the Canadian government has fully thought through a real “SDG economy” that is fit for the challenges in the 21st century.

As for whether the G7 will survive and live another day? Well, at the very least the bookies have another nice bet on their hands, together with who will win the World Cup in Russia :)

Highlights of the week

World Cup in Russia

As you know, we tend to think that the World Cup Football is in general good - *certainly in the short term* – for the health of most men & women, as it brings all kinds of silly joy (*as well as a few heart attacks*). Even if organized in a country like Russia, not exactly a human rights paradise as you know. No doubt, the **workers who helped build the stadiums** can tell you a story or two (*in North Korean, among others*) about that.

The **abundant ads** for **soda, alcohol, chips, football gambling**, ... you name it, are a different matter altogether, though, in the medium & long term, for the health of spectators. We hope – like Robert Marten on partnerships with the private sector – that global advertising will soon be “SDG-coherent”.

Finally, this, of course, should also be sky high on the agenda: “The **Foul Play 2018 report**” dwelled on the working conditions of garment workers who make the (Adidas & Nike) shirts of the national teams. We hope the lavishly paid football stars will start a global campaign (along the lines of the campaign ‘Respect’ on racism), to finally try to improve salaries of garment workers.

G7 Summit (or was it the G6 or G0 summit?) in Charlevoix, Canada

You probably all followed the G7 summit disaster in Canada last weekend – with the G7 communiqué eventually not endorsed by the US administration, a first in all these years of G7 summits. It appears the G7 is dead, at least for now. If that is the case, the G7 (which used to be a key actor in global health, certainly till some years ago) might become less relevant as well for global health. Charlevoix was certainly a ‘milestone’ of sorts...

You find all **official documents** (declarations & statements, supporting documents, ...) on the Charlevoix summit [here](#).

G7 communiqué - which, presumably, only 6 countries more or less share then:

<https://g7.gc.ca/en/official-documents/charlevoix-g7-summit-communique/>

The section on health in full:

"To support growth and equal participation that benefits everyone, and ensure our citizens lead healthy and productive lives, we commit to supporting strong, sustainable health systems that promote access to quality and affordable healthcare and to bringing greater attention to mental health. We support efforts to promote and protect women's and adolescents' health and well-being through evidence-based healthcare and health information. We recognize the World Health Organization's vital role in health emergencies, including through the Contingency Fund for Emergencies and the World Bank's Pandemic Emergency Financing Facility, and emphasize their need for further development and continued and sustainable financing. We recommit to support our 76 partners to strengthen their implementation of the International Health Regulations, including through their development of costed national action plans and the use of diverse sources of financing and multi-stakeholder resources. We will prioritize and coordinate our global efforts to fight against antimicrobial resistance, in a "one health" approach. We will accelerate our efforts to end tuberculosis, and its resistant forms. We reconfirm our resolve to work with partners to eradicate polio and effectively manage the post-polio transition. We affirm our support for a successful replenishment of the Global Fund in 2019...."

Some news & analysis related to the G7 summit

Canadian government press release – Prime Minister concludes successful G7 Summit focused on creating economic growth that benefits everyone

<https://pm.gc.ca/eng/news/2018/06/10/prime-minister-concludes-successful-g7-summit-focused-creating-economic-growth>

The official picture from the Canadian organizers: "... At the Summit, G7 leaders talked about **investing in economic growth that works for everyone** and preparing people for the jobs of the future. They reaffirmed their commitment to advance gender equality, defend their democracies against foreign threats, and build a more peaceful and secure world. They also discussed climate change, oceans, and clean energy. Yesterday, **Canada, along with the European Union, Germany, Japan, the United Kingdom, and the World Bank, announced an investment of nearly \$3.8 billion CAD to support quality education for women and girls living in crisis, conflict-affected and fragile states....**"

For more on the latter, see also [**Canada and partners announce historic investment in education for women and girls in crisis and conflict situations**](#)

Project Syndicate - Why the G7 Is a Zero

Jim O'Neill - <https://www.project-syndicate.org/commentary/trump-g7-and-global-leadership-by-jim-o-neill-2018-06>

Overall analysis on the current (dire) state of the G7. Jim O'Neill, among others inventor of the BRICS acronym puts it well: *“Since its creation in the 1970s, the Group of Seven has become increasingly irrelevant in a world of new emerging powers. An institution that excludes the BRICs while still including economic basket cases like Italy cannot possibly claim the legitimacy required to exercise global economic leadership.”*

“...The recent G7 circus has added to the impression that Western policymakers are incapable of getting a grip on some of the world’s most pressing issues....”

“Looking ahead, it is clear that the G20 offers a better global-governance forum than does the G7 in its current state....”

For another analysis on the current G7 constellation (by the GLI team), see [Seven Up, or Seven Down: from G7 to G-Zero?](#)

Below we focus a bit more on two of the key focal points: gender equality & climate change.

Gender equality

ODI (blog) - How to deliver the G7's ambitious commitments to gender equality and girls' education

N Jones; <https://www.odi.org/comment/10654-how-deliver-g7-s-ambitious-commitments-gender-equality-and-girls-education>

The gender equality focus is probably what most people will remember from the G7 summit in Canada, together with the diplomatic meltdown caused by Trump. Nicola Jones admits as such, and says “ODI’s recent research on education, gender and social exclusion suggests **seven key actions will be critical to ensuring the effective delivery of the Communiqué’s goals....”**

Global Leadership Initiative – blogs & policy briefs on the G 7 summit

<https://www.globalpolicyjournal.com/global-leadership-initiative/g7>

We want to draw your attention in particular to:

Policy brief - G7 2018: Making Gender Inequality History? “Feminists have long argued that gender relations need to be taken seriously as an integral element of the analysis of every social problem, rather than being ‘added on’. In Charlevoix, gender relations were genuinely at the heart of the G7 summit agenda: Prime Minister Trudeau of Canada emphasized their centrality to all five main

summit themes, one of which was fully focused on ‘Advancing Gender Equality and Women’s Empowerment’. This is undeniably welcome, but as this policy brief argues, achieving true equality is about far more than simply providing better market opportunities or closing gender pay gaps. Women’s inequality is only partly about economics; rather, it reflects much deeper and often-hidden structures of power that govern society.”

Policy brief - Gender on the Agenda: A Methodological Shift in the G7 “Gender typically occupies a peripheral role in multilateral policy discussions such as those that take place at the G7. This policy brief considers the place of gender in the G7, and in particular, the conscious move to mainstream it at the 2018 Canadian presidency of the G7. This was undertaken through the adoption of gender as an approach undercutting all other themes and negotiations.”

Climate change

IISD - Six Countries and EU Reaffirm Strong Commitment to Paris Agreement, Carbon Neutrality at G7 Summit

<http://sdg.iisd.org/news/six-countries-and-eu-reaffirm-strong-commitment-to-paris-agreement-carbon-neutrality-at-g7-summit/>

“In the G7 Leaders’ Summit communiqué, the G7 countries affirm their collective commitment to achieve a clean environment, clean air, clean water and healthy soil, and underscore global efforts the G7 countries are pursuing towards a sustainable and resilient future that creates jobs. **Canada, France, Germany, Italy, Japan, the UK and the EU reaffirm their strong commitment to ambitious action to implement the Paris Agreement on climate change and achieving a global carbon-neutral economy over the course of the second half of the century, noting the importance of carbon pricing, a just transition and increasing efforts to mobilize climate finance, among others.** **The US** notes its belief that sustainable economic growth and development depend on universal access to affordable and reliable energy resources, among others, although President Trump indicated on twitter that the US had removed its support for the Summit Communique.”

Shanghai Cooperation Organization summit (in Qingdao, China)

Meanwhile, in Qingdao, at the Shanghai Cooperation Organization (SCO) summit, host Xi Jinping projected an image of ‘adults getting together’, as compared to the bickering kids in Canada.

The SCO has recently been **expanded with India & Pakistan**. Some info on the organization via [Xinhua](#):

“Chinese President Xi Jinping Sunday called on member states of the Shanghai Cooperation Organization (SCO) to forge closer ties through people-to-people and cultural exchanges. **The SCO, after 17 years, has grown into the world's most populous comprehensive regional organization.** Its full members are China, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, Uzbekistan, India and Pakistan. **The SCO now accounts for over 60 percent of the Eurasian landmass, nearly half of the world's**

population and over 20 percent of global GDP. Meanwhile, the China-proposed cooperation framework of the Belt and Road Initiative (BRI), which features many flagship projects on infrastructure, finance and people-to-people exchanges, heralds greater opportunities for development. "The SCO and BRI offer mutual support and opportunities to each other, and the BRI concept has already been embedded into the SCO and are making positive progress," said Li Jianmin, a researcher with the Chinese Academy of Social Sciences...."

As has been noted before, UN key leaders seem to take a quite positive stance towards these high-profile Chinese led organisations & initiatives. See for example this speech: [Deputy Secretary-General's remarks to the Plenary Session of the 18th Meeting of the Council of Heads of State of Member States of the Shanghai Cooperation Organization.](#)

Cfr a tweet: "The world needs a recommitment to multilateralism. The @UN is committed to working with the #SCO towards our shared goal of creating an inclusive, resilient, peaceful & sustainable future for everyone, everywhere- ensuring no one is left behind."

Ebola outbreak in DRC: cautious optimism

Reuters - We are still at war' with Ebola: WHO chief

[Reuters:](#)

*"The head of the World Health Organization (WHO) on Tuesday cautioned against declaring victory too early in Congo's Ebola epidemic, despite encouraging signs that it may be brought under control. "The outbreak is stabilizing, but still the outbreak is not over," WHO chief Tedros Adhanom Ghebreyesus told journalists on a visit to Democratic Republic of Congo's capital Kinshasa. "We are still at war, and we need to continue to strengthen our surveillance and ... be very vigilant." WHO officials on Friday **expressed cautious optimism** that the epidemic of the deadly virus was stabilizing, partly owing to the swift deployment of vaccines."*

And from late last week (WHO) - [At one-month mark in Ebola outbreak, the focus shifts to remote areas](#) "One month into the response to an Ebola outbreak in the Democratic Republic of the Congo, the focus has moved from urban areas to some of the most remote places on earth. The shift comes after a series of unprecedented actions that have led to **cautious optimism about the effectiveness of the response....**"

See also [Devex:](#)

"The international community is making "significant" progress in responding to the Ebola outbreak in the Democratic Republic of the Congo, but not so much when it comes to addressing the needs of neighboring Central African Republic, WHO DG Tedros Adhanom Ghebreyesus said Tuesday."

Some other reads, analysis & news related to the Ebola outbreak:

Erap 2 - New epidemic online platform calls for local response to Ebola

<http://www.ids.ac.uk/news/new-epidemic-online-platform-calls-for-local-response-to-ebola>

*"Launched [today] in partnership between the Institute of Development Studies (IDS) and the London School of Hygiene & Tropical Medicine (LSHTM) is a **new online platform, the Epidemic Response Anthropology Platform (ERAP2)**, building on the success of the award-winning work of the original Ebola platform (ERAP)...."*

Nature (news) - Advanced Ebola tests confront Africa's latest outbreak

<https://www.nature.com/articles/d41586-018-05389-2>

Health workers battling Ebola in the Democratic Republic of the Congo can now diagnose the virus in hours, instead of days. Read why.

Stat News - With short outbreaks and complex permissions, testing critical Ebola treatments is a challenge

[Stat](#)

"The Ebola outbreak in the Democratic Republic of the Congo may end without the available experimental drugs having been tested, given the way transmission appears to have slowed. And some experts who have watched with frustration the snail's pace progress of the efforts to study Ebola drugs during outbreaks are beginning to wonder if, with the advent of Ebola vaccines, the window for doing this kind of research may be closing for good...."

Real-time analysis of the 2018 Ebola outbreak in the Democratic Republic of Congo

[https://github.com/calthaus/Ebola/tree/master/DRC%20\(GitHub%202018\)](https://github.com/calthaus/Ebola/tree/master/DRC%20(GitHub%202018))

For the modellers among you. As of 14 June.

Stat News - China may compete with the West for limited opportunities to test Ebola vaccine

[Stat:](#)

News from late last week. *"China is making a bid to use its Ebola vaccine in the Democratic Republic of the Congo. It's a move that could further complicate efforts to test a crowded field of vaccines and therapies in the context of a waning outbreak. The head of the Chinese Center for Disease Control and Prevention (CDC), Gao Fu, is reported to have said that a team of experts will travel to the DRC on Friday, bringing with them an unspecified number of doses of vaccine. "We will seek to use the Chinese developed vaccine there to help with control and prevention of the disease, but for the present the vaccines will likely only cover Chinese living in Congo," Gao is reported as saying in China Daily...."*

Richard Horton's take on the report of the WHO Independent High-Level Commission on Non-Communicable Diseases

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31359-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31359-X/fulltext)

Horton reckons it's anything but a failure. And has a strong case. Read why, in his "**Offline - NCDs, WHO, and the neoliberal utopia**".

Lancet Global Health (July issue) – 5th anniversary

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

The (recommended) Editorial of the July issue dwells on the **highlights of the past 5 years and ambitions for the future of the journal**.

"...In this issue, we publish Comments from five of our International Advisory Board members, who reflect on the field's evolution over the past 5 years, and from their own personal vantage points, confirm the relevance of our focus...."

Read also in the July issue, among others:

- [**New opportunities for China in global health**](#) (by Lincoln Chen & Minhui Yang)
"In the 5 years since the launch of The Lancet Global Health, China has emerged as a major player in global health. In April, 2018, a new International Development Cooperation Agency (IDCA) was launched in China..."
- [**Global disability: an emerging issue**](#)
- [**Sick countries and sick individuals: reassessing the inferential targets in global health research**](#) (by S Subramanian et al)
- [**Antibiotic consumption in low-income and middle-income countries**](#) (Letter by R Hamers et al)

And this study: "[**Burden of Streptococcus pneumoniae and Haemophilus influenzae type b disease in children in the era of conjugate vaccines: global, regional, and national estimates for 2000–15**](#)"

The study reports that vaccines helped decrease child mortality in developing countries from pneumococcus and Hib between 2000-2015. "...The widespread use of Hib vaccine and the recent introduction of PCV in countries with high child mortality is associated with reductions in Hib and pneumococcal cases and deaths...." (for the exact figures, see the study). Good news for GAVI as well, in other words, but a lot still remains to be done.

HP&P – Cuba's health system: hardly an example to follow

O Gomez-Dantes; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czy035/5035053>

As HP&P advertised on Twitter: “We have a brand new set of #Cuban #healthsystem related papers available... Commentaries & Replies, a very interested read! Topics include #repression #longevity #infantmortality #politics #health”

#Dynamite. Guess the last word has not been said yet on this.

“...Building on the commentary on infant mortality and longevity in Cuba published in this issue of HealthPolicy andPlanning, I would like to **discuss three statements**: (1) Enthusiasm around the Cuban health system often stems from an exclusive attention to one indicator, infant mortality rate (IMR), the value of which has been manipulated by a state seeking political legitimacy. (2) The overall performance of the Cuban health system, measured by progress in health conditions, has been overrated. (3) Some of the health achievements in Cuba have been attained at the expense of basic rights.”

But check out also the other reads, for example: [Cuban infant mortality and longevity: health care or repression?](#)

[Cuban longevity and infant mortality: health care or repression? A reply](#)

[The virtues of repression: politics and health in revolutionary Cuba](#)

...

Move Humanity

<https://movehumanity.org/>

“**Move Humanity** is a new global initiative aiming to establish SDG-focused philanthropy as a global norm. It highlights the power and potential that the world’s wealthiest individuals can have by **donating just 1% of their wealth each year** to addressing this century’s most pressing challenges. The initiative aims to help close the SDG financing gap in the lowest income countries by mobilizing greater private funding for basic health and education, critical infrastructure, and environmental conservation priorities. The initiative is a **partnership between the UN Sustainable Development Solutions Network (SDSN) and Human Act, a Copenhagen-based NGO....**”

Health Policy Watch - CDC Head Redfield: Long-Term Investment In Global Health Security Most Critical

<https://www.healthpolicy-watch.org/cdc-head-redfield-long-term-investment-in-global-health-security-most-critical/>

*"The recently named director of the US Centers for Disease Control and Prevention (CDC), Robert Redfield, told a gathering of global health experts this week that **the most critical investment that can be made is in global health security**, with the recent fast response to the Ebola outbreak in the Democratic Republic of the Congo the example. ..."*

He stressed that the world needs to "keep its eye on the ball" especially on pandemics and AMR.

Science Speaks – House bills reject Trump retreat from U.S. leadership of global infectious disease responses

<https://sciencespeaksblog.org/2018/06/14/house-bills-reject-trump-retreat-from-u-s-leadership-of-global-infectious-disease-responses/>

"Brushing aside White House proposals to cut global HIV and other international disease response funding, members of the House Appropriations Labor, Health and Human Services, Education and Related Agencies Subcommittee released a bill set to be finalized Friday, reflecting steadfast, and in some cases growing support for research, preparedness and response efforts to control the impacts of infections and outbreaks worldwide...." All the detail in this short article.

Bill & Melinda Gates Medical Research Institute

Stat - The Gates Foundation rolls out details of its new biotech, one without a profit motive

[Stat:](#)

See also last week's IHP news.

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

BMJ (Editorial) – Global health engagement with North Korea

John Park, Rifat Atun et al; <https://www.bmjjournals.org/content/361/bmj.k2547>

After Trump's meeting with Fat Boy Kim, we hope for the best (*while expecting the worst :)*).

The authors of this editorials see a rare chance to improve the health of a hard to reach population.

Global Fund update

Check out the **latest issue of the Global Fund Observer**:

In particular:

[OIG annual report says governments and partners are key to enabling the Global Fund to address quality of service issues](#)

*"The Global Fund has made considerable progress in many areas, the **Office of the Inspector General** says in its **2017 annual report**, and has reached a point where many of the remaining challenges are beyond the ability of the Fund, acting alone, to resolve. Supply chain issues and quality of services top the list of challenges."*

[Gavi and the Global Fund: Collaborating for impact and efficiency](#)

*"Now that the respective headquarters of Gavi and the Global Fund will be located together in the Global Health Campus in Geneva, **cooperation between the two organizations will intensify**. There **has already been considerable collaboration** between the two organizations. Donors are supportive of joint activities among global health funds...."*

CRISPR - A serious new hurdle for CRISPR: Edited cells might cause cancer, two studies find

<https://www.statnews.com/2018/06/11/crispr-hurdle-edited-cells-might-cause-cancer/>

*"Editing cells' genomes with CRISPR-Cas9 might increase the risk that the altered cells, intended to treat disease, will trigger cancer, two studies published on Monday warn — a potential game-changer for the companies developing CRISPR-based therapies. In the studies, published in **Nature Medicine**, scientists found that cells whose genomes are successfully edited by CRISPR-Cas9 have the potential to seed tumors inside a patient. That could make some CRISPR'd cells ticking time bombs, according to researchers from Sweden's Karolinska Institute and, separately, Novartis...."*

Guardian - Paraguay is first country in Americas to eliminate malaria in 45 years

<https://www.theguardian.com/world/2018/jun/11/paraguay-declared-free-of-malaria-by-who>

*“Paraguay is officially free of malaria, the World Health Organization (WHO) said on Monday, making it **the first country in the Americas in 45 years** to have wiped out the deadly disease which is back on the rise globally....”*

UN News - Everyone has 'a moral imperative' to uphold the rights of persons with disabilities, says UN chief

<https://news.un.org/en/story/2018/06/1012022>

*“Cementing and protecting the rights of around 1.5 billion people around the world in accordance with the Convention on the Rights of Persons with Disabilities is a “moral imperative” said United Nations Secretary-General António Guterres on Tuesday. He was addressing a **conference of signatories to the Convention at UN Headquarters in New York**, describing it as one of the most widely-ratified international human rights treaties, which reaffirms that people with disabilities are entitled to the same treatment as everybody else.”*

International Men's health week (11-17 June)

<https://www.publichealth.ie/news/external-news/week-june-11-17-international-mens-health-week>

Excellent timing this year, as the World Cup was about to begin.

Devex World – annual meeting on the future of development

<https://www.devex.com/news/at-devex-world-development-leaders-begin-to-embrace-what-they-don-t-know-92928>

*“For an industry better known for furnishing donor-funded projects with expert consultants, producing authoritative reports or advising governments on how to develop, a surprising bulk of the most cutting-edge thinking — and the most transformative products and services — is emerging from organizations willing to admit what they don’t know. For many of the leaders and organizations who brought their visions of the future of development to **Devex World**, that willingness to challenge orthodoxy — and to relinquish some control of the agenda — begins with **letting go of development “beneficiaries” and finding better ways to serve development “consumers.”**”*

... The organizations and companies that are applying this consumer-based approach to development have the potential to transform the choices available to people living in some of the most impoverished parts of the world. For development donors and their implementing partners, a shift from designing and delivering programs for “beneficiaries” to designing products and services for “consumers” begs some hard questions. ... Donor-driven health and development programs still tend to privilege risk-avoidance and control over responsiveness to a broad and diverse base of development “consumers,” said Karl Hoffman, president and CEO of PSI....”

Nature - Sexual harassment is rife in the sciences, finds landmark US study

<https://www.nature.com/articles/d41586-018-05404-6>

“Existing policies to address the issue are ineffective, concludes a long-awaited report from the National Academies of Sciences, Engineering, and Medicine.”

“Sexual harassment is pervasive throughout academic science in the United States, driving talented researchers out of the field and harming others’ careers, finds a report from the US National Academies of Sciences, Engineering, and Medicine in Washington DC. The analysis concludes that policies to fight the problem are ineffective because they are set up to protect institutions, not victims — and that universities, funding agencies, scientific societies and other organizations must take stronger action....”

“...The most common type of sexual harassment is gender harassment, the report finds. Such behaviour conveys the impression that women do not belong in the workplace or do not merit respect — “the put-downs as opposed to the come-ons”, Johnson says. These actions might seem minor but can seriously affect the person targeted. She says that they also set the stage for the other types of sexual harassment: unwanted sexual attention and sexual coercion....”

See also Vox - [4 big takeaways from a huge new report on sexual harassment in science.](#)

UN News - Prevention is key to ‘breaking the cycle of HIV transmission’, UN chief tells General Assembly

<https://news.un.org/en/story/2018/06/1012052>

“This year’s United Nations annual debate over how best to battle HIV and AIDS heard that while progress had been made, it remains “uneven and fragile” with many hurdles still to come.”

See also Health Policy Watch - [Big Drop In AIDS-Related Deaths But Uneven Progress On Ending Disease, UN Says](#)

See also a Science Editorial - [HIV—No time for complacency](#). And a Science article - [Far from over](#)
“... A unique package of graphics looks at HIV/AIDS around the world using five different metrics:

How many people are living with HIV? What is the rate of new infection? What percentage of infected people are receiving antiretroviral drugs, which both stave off disease and prevent transmission? How many infected people have progressed to AIDS and how many have died from it? And how many children are infected by their mothers? By these gauges, Nigeria, Russia, and Florida stand out from their neighbors and, in some cases, the entire world.”

Preparations for UN High-Level meeting on TB

Politico Pro- Draft EU Declaration: EU, US push against funding, delinkage pledges

<https://www.politico.eu/pro/draft-tb-declaration-us-eu-push-against-funding-delinkage-pledges/>

(gated) “The E.U. and U.S. are resisting concrete commitments on new funding for tuberculosis ahead of a high-level U.N. meeting about fighting the world’s top infectious killer. The two regions are also pushing to eliminate language that would urge countries to work to separate the cost of R&D from the price of a drug — so called delinkage — according to a draft of the political declaration to be signed by heads of state at the U.N. General Assembly on September 26...”

Yemen

Guardian - Yemen port city gripped by panic and fear as Saudi-led forces close in

<https://www.theguardian.com/global-development/2018/jun/13/yemen-port-city-hodeidah-panic-fear-saudi-led-forces>

“On Wednesday, the Saudi-led coalition backing Yemen’s exiled government began an assault on the port (Hodeidah), a vital lifeline for the humanitarian aid that sustains the majority of the population. About 80% of Yemenis are in need of humanitarian assistance and 8.4 million are on the brink of famine. The UN children’s agency, Unicef, said the assault could endanger the city’s 300,000 children and “choke off” aid for millions more. Other aid agencies have warned of “catastrophic” consequences for a country in the midst of what the UN has called the **world’s worst humanitarian crisis....**”

See also the NYT - [Humanitarian Crisis Worsens in Yemen After Attack on Port](#).

Guardian - Argentina congress takes historic step towards legalising abortion

https://www.theguardian.com/world/2018/jun/14/argentina-congress-vote-legalise-abortion?CMP=twt_a-global-development_b-gdndevelopment

“The lower house of Argentina’s congress has narrowly approved a bill that would legalise abortion in the first 14 weeks of pregnancy in what has been described as a historic move. The bill was

narrowly passed by the chamber of deputies by 129 to 123 votes on Thursday and will now go before the senate. Argentina's president, Mauricio Macri, has said he will sign it if it is approved. The vote in favour means the homeland of Pope Francis could become one of Latin America's most progressive countries on reproductive rights...."

Earlier this week, a **Lancet World Report** had looked ahead:

Lancet (World Report) – Argentina votes on bill to legalise abortion up to 14 weeks

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31321-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31321-7/fulltext)

"The vote marks a shift in culture in Argentina, powered by grassroots activism spanning South America. Amy Booth reports from Buenos Aires. Argentine deputies are debating a bill that would legalise unrestricted abortion up to 14 weeks. If approved, the law would be a huge step towards reducing maternal deaths and could influence the reproductive rights debate throughout Latin America—but victory is far from assured...."

NPR Goats & Soda – Trump's Ban On Funding For Overseas Abortions Has Some Little-Known Exceptions

<https://www.npr.org/sections/goatsandsoda/2018/06/13/616906884/trumps-ban-on-funding-for-overseas-abortions-has-some-little-known-exceptions>

*"... the [Trump] administration has actually included **several exceptions** to the [global gag rule] policy — **essentially a list of conditions under which a group that accepts U.S. aid money can still refer clients to an abortion provider**. Now several advocacy groups that oppose the policy are trying to spread the word. Among them is the Washington, D.C.-based group Center for Health and Gender Equity, or CHANGE, which released this month a **report that includes an analysis of these exceptions....**"*

Euractiv – EU to hike migration spending in development aid overhaul

<https://www.euractiv.com/section/development-policy/news/eu-to-hike-migration-spending-in-development-aid-overhaul/>

*"The European Commission [will] set out its plans to **dramatically increase spending on migration control** on Thursday (14 June), as part of its **overhaul of EU development spending between 2021 and 2027**. The Commission [will] unveil its **Neighbourhood and the World Instrument**, merging the bloc's external spending into a single instrument. EURACTIV understands that the proposal is set to **assign around €9 billion to migration-related spending, with the money to be drawn from across different budget lines**. That has prompted concerns from NGOs that this figure could be subject to political horse-trading among governments. The Commission insists that the **next seven-year budget***

will significantly increase the amount that the bloc spends on development, proposing to allocate a total of €123 billion. That will include the €30 billion European Development Fund, which had previously been an instrument controlled by member states outside the EU budget. However, civil society groups fear that the MFF will see the EU downgrade its development priorities in pursuit of any measures that will reduce the number of people from Africa and the Middle East seeking to reach Europe. The EU executive insists that migration control can be justifiably considered as a tool in development...."

See also Euractiv - [EU unveils increased foreign aid budget for 2021-27](#). "The European Commission has defended its plans to overhaul its foreign spending budget, promising that it would deliver a large increase in aid spending and 'eliminate bureaucratic barriers'."

"...The Commission's focus on migration has prompted a number of development NGOs and MEPs to complain that the EU wants to downgrade its development priorities in favour of migration control...."

"...the increased flexibility has also prompted concerns among civil society groups. "Clear rules for transparency, governance and predictability are needed to counterbalance the proposed flexibility for aid spending. As it stands, the EU will be able to divert money to its own interests more easily," said Oxfam's EU Policy Advisor, Hanna Saarinen...."

UHC

IISD – UN Releases Zero Draft on Modalities for Universal Health Coverage Meeting

<http://sdg.iisd.org/news/un-releases-zero-draft-on-modalities-for-universal-health-coverage-meeting/>

"The co-facilitators of negotiations towards a High-Level Meeting on universal health coverage have released the zero draft of a UN resolution outlining proposed modalities of the meeting, which is to take place in 2019. The zero draft indicates that the **High-Level Meeting is planned as a one-day event, with plenary segments and multi-stakeholder panels on the overall theme of 'Universal Health Coverage: Together for a Healthier World'.**"

For more, see [UN](#).

Global Health Science & Practice (Editorial) - At Last! Universal Health Coverage That Prioritizes Health Impact: The Latest Edition of Disease Control Priorities (DCP3)

James D Shelton; <http://www.ghspjournal.org/content/early/2018/06/11/GHSP-D-18-00193>

"Sadly, we face a vast sea of health problems in global health. Universal health coverage programming should prioritize interventions with the most health impact, but instead largely succumbs to emphasizing less impactful clinical curative services. In contrast, DCP3 provides an

evidence-based template that prioritizes impact. Yet even the most basic and realistic DCP3 package comes at a formidable price."

UHC 2030 - UHC2030 welcomes Ilona Kickbusch as new Steering Committee co-chair

Must-read. Interview with Kickbusch on how she sees her role for UHC 2030 & how UHC 2030 should evolve in the years to come.

Diabetes

Lancet (Editorial) - Untangling the complications of diabetes

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31317-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31317-5/fulltext)

This week's Lancet issue has a focus on diabetes. "The Global Burden of Disease 2016 study reported diabetes to be the twelfth leading cause of disability globally and attributed nearly 1·5 million deaths to diabetes worldwide. Other studies estimate that the number of people living with diabetes today ranges from 415 million to 425 million, with a projection of as many as 700 million people living with the disease by 2025. Ageing populations, increasing urbanisation, and widening social inequalities are all contributing factors to the rapid rise in diabetes prevalence seen over the past 40 years. In the era of the UN Sustainable Development Goals, reducing premature mortality from non-communicable diseases, including diabetes, has become a global priority."

"...People with diabetes are leading longer lives. As mortality from cardiovascular complications continues to decline, attention must be turned to identifying, preventing, and treating other diabetes complications. There is no scope for complacency in diabetes care. Understanding and managing complications associated with the disease must become a clinical and public health priority."

Key publications & papers

Oxfam briefing note – Doubling down on DRM

https://www.oxfamamerica.org/static/media/files/DOUBLING_DOWN_ON_DRM_-2018_LVC7aXc.pdf

"Education, health, sanitation, infrastructure and other critical public services are severely underfunded in many countries each year. A major reason for this shortfall is weak collection of tax and non-tax revenues – also known as **Domestic Revenue Mobilization (DRM)**. In 2015, developing country governments and international donors made three political commitments to strengthen DRM, as part of the Addis Tax Initiative (ATI). This report assesses the donor "track record" since ATI commitments were made in 2015. Below are some of the key findings: 1. Donors are not on track to meet their commitment to double support for DRM. Support increased from 2015 to 2016, but only by \$7.1 million (a 5 % increase) 2. A commitment to equity is absent or unclear in most DRM projects. 3. Gender equity is largely neglected. 4. Country Ownership is far too weak; trending

in wrong direction. 5. Support for broader accountable public finances has decreased. Aid for complementary sectors (such as public financial management and anti-corruption) in Sub-Saharan Africa, the largest recipient of DRM aid, declined by \$203 million in 2016. 6. The role of multilateral institutions is increasing. ... 7. There is too little qualitative information on DRM strategies and interventions, including for multilateral institutions and Southern providers (e.g. China)."

Public–private partnerships in practice: collaborating to improve health finance policy in Ghana and Kenya

L Suchman, D Montagu et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czy053/5037236>

"Social health insurance (SHI), one mechanism for achieving universal health coverage, has become increasingly important in low- and middle-income countries (LMICs) as they work to achieve this goal. Although small private providers supply a significant proportion of healthcare in LMICs, integrating these providers into SHI systems is often challenging. Public–private partnerships in health are one way to address these challenges, but we know little about how these collaborations work, how effectively, and why. Drawing on semi-structured interviews conducted with National Health Insurance (NHI) officials in Kenya and Ghana, as well as with staff from several international NGOs (INGOs) representing social franchise networks that are partnering to increase private provider accreditation into the NHIs, this article examines one example of public–private collaboration in practice..."

Health & Place - How extractive industries affect health: Political economy underpinnings and pathways

Ted Schrecker et al; <https://www.sciencedirect.com/science/article/pii/S1353829217311966>

Highlights: "We present an **innovative approach to the health effects of extractive industries**, adopting a broader than usual definition of these industries. Drawing on four case examples, two of them region-specific and two considered in global context. We posit **five generic pathways** to health outcomes. Situate those pathways in the context of the global political economy of extraction, in order to. Identify key issues and priorities for future research in a neglected field."

Recommended.

Medicine Anthropology Theory - Drone philanthropy? Global health crowdfunding and the anxious futures of partnership

Nora Kenworthy; <http://medanthrotheory.org/read/10614/drone-philanthropy>

"This piece explores some of the dynamics of global health crowdfunding by examining the work of Watsi, a highly successful crowdfunding platform that raises funds to cover the costs of medical care for patients in countries throughout the global South. While Watsi relies on a somewhat traditional formula for fundraising that uses individual patient stories to attract donations, its origins, aims, and values reflect an imagined (and perhaps, probable) future of global health partnerships. What relationships and connections are enabled in this future space? What subjectivities, anxieties,

and values are brought to the fore by Watsi's modes of work? And what forms of intimacy and estrangement are enabled by such connections and relations? Watsi represents, I argue, a new kind of 'drone philanthropy' that both disrupts and evokes older forms of partnership, affiliation, and connection among donors, organizations, and individual recipients of aid."

BMJ Global Health - Pharmaceutical quality assurance of local private distributors: a secondary analysis in 13 low-income and middle income countries

K Van Assche, Ariadne Nebot Giralt, B Meessen, Rafaella Ravinetto et al;

<http://gh.bmjjournals.org/content/bmjgh/3/3/e000771.full.pdf>

"The rapid globalisation of the pharmaceutical production and distribution has not been supported by harmonisation of regulatory systems worldwide. Thus, the supply systems in low-income and middle-income countries (LMICs) remain exposed to the risk of poor-quality medicines. To contribute to estimating this risk in the private sector in LMICs, we assessed the quality assurance system of a convenient sample of local private pharmaceutical distributors..." Findings from a QUAMED database.

Plos Med (Policy Forum) - The state of the antivaccine movement in the United States: A focused examination of nonmedical exemptions in states and counties

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002578>

"In a Policy Forum, Peter Hotez and colleagues discuss vaccination exemptions in United States states and possible consequences for infectious disease outbreaks."

WB Working Paper - Going Universal in Africa : How 46 African Countries Reformed User Fees and Implemented Health Care Priorities

D Cotlear et al;

https://openknowledge.worldbank.org/handle/10986/29177?CID=HNP_TT_Health_EN_EXT_unico

"This paper describes the health financing policies used today by African countries to expand health coverage. It identifies key health financing policies used by African countries and measures the existence of regional patterns in the use of these policies. The paper does not attempt to identify best practices, nor does it try to measure the effective coverage of the policies or their impact. Rather, it aims to add value to the existing literature by providing a systematic portrayal of the health financing policies that are in place across the region. The study concludes with a discussion about the implications of its findings for planning next steps to advance universal health. The rest of the paper is organized as follows. Section 2 describes the conceptual framework and methodology used in the study. Section 3 describes the different paths chosen by African countries to expand health coverage. Sections 4 and 5 describe the two key instruments used in that journey: the universal basic package of health services and the subpopulation health coverage programs. Section 6 reviews in detail some of the technical instruments required for the successful implementation of these policies. Section 7 uses the findings of the paper to discuss the cost estimations of implementing a broader benefit package to advance universal health coverage. The paper concludes with a summary of the findings and their implications."

Report - SDGs, health and the G20: a vision for public policy

S Neupane, I Kickbusch et al; <http://www.economics-ejournal.org/economics/journalarticles/2018-35>

"Ensuring 'health for all' remains a persistent and entrenched global challenge. G20 governments are in a position to elevate the priority accorded to health, and acknowledge the centrality of health to attaining the SDGs. The authors call on G20 leaders to build nations that are more inclusive and less divided, by: adopting a Health- in-All-Policies approach, prioritizing the most vulnerable, engaging citizens in policy processes, and filling health data gaps."

BMJ Editorial - Food for thought

<https://www.bmj.com/content/361/bmj.k2463>

The BMJ launches a series of articles examining the science and politics behind our understanding of nutrition and health.

Check out for example:

BMJ - [Nutrition disparities and the global burden of malnutrition](#)

BMJ - [Hunger and malnutrition in the 21st century](#).

Tobacco control -Tobacco industry's elaborate attempts to control a global track and trace system and fundamentally undermine the Illicit Trade Protocol

Anna Gilmore et al; <http://tobaccocontrol.bmj.com/content/early/2018/06/13/tobaccocontrol-2017-054191?hootPostID=b6c75bf76bc7d3b2d9c6955de6bf04f7>

"The Illicit Trade Protocol (ITP) requires a global track and trace (T&T) system to reduce tobacco smuggling. Given the tobacco industry's (TI) historical involvement in tobacco smuggling, it stipulates that T&T 'shall not be performed by or delegated to the tobacco industry'. This paper explores the rationale for & nature of the TI's efforts to influence the ITP & its T&T system...."

"Growing & diverse sources of evidence indicate that the TI remains involved in tobacco smuggling and that TI cigarettes account for around two-thirds of the illicit cigarette market. The TI therefore has a vested interest in controlling the global T&T system aimed to curtail this behaviour...."

For coverage, see The Guardian - [Tobacco industry seeking to control anti-smuggling measures, say critics](#). " ***The tobacco industry is working to secure control of a system to track the movement of cigarettes around the world, allegedly because it is complicit in the smuggling of its own products,*** according to a new research paper. A detailed study from the Tobacco Control Research Group at the University of Bath, using a range of sources including internal documents and whistleblower testimony, claims the industry is now going to elaborate lengths to control the global "track and trace" system that the United Nations has said must be put in place to counter smuggling."

Some key articles, op-eds & blogs

Stat News – Nurses play vital roles in health care. Why are they invisible in the media?

C Myers; [Stat News](#);

Good question. Because Tim Evans can't shut up, of course :)

The op-ed is based on updated research. “*... These findings are consistent with the results of other studies, which together show that most conversations in the public sphere are echo chambers with the same narrow range of white male voices dominating. It is hard to ignore the relative absence of nurses and the fact that 90 percent of nurses are female....*”

“*... Nurses are not viewed as experts or as key leaders, and so are not good sources. The lack of nursing representation in the media is part of deep-rooted gender disparities in the media. In the other direction, contacts at health care organizations, academic institutions, and nursing associations do not promote nurses as subjects for stories on health and health care or sources for them....*”

Andrew Harmer (blog) – Governing the global health system: a critical review

<http://andrewharmer.org/2018/06/14/governing-the-global-health-system-a-critical-review/>

In this blog, Harmer (critically) reviews “**Governance Challenges in Global Health**” (2013, NEJM), by **Julio Frenk & Suerie Moon**. A must-read.

Teaser: “*...Alarmingly, a June 2018 study in Advances in Atmospheric Sciences found that most computer models predict that 4 degrees of warming is inevitable, they just disagree about when it will happen. Crucially, the median year is 2084! I don't want to downplay the seriousness of the smorgasbord of health threats Frenk and Moon identify but if we are going to start thinking about global health systems, then we should probably focus on the one challenge that's about to plunge us into the abyss....*” Climate change, yes.

Philanthropy Must Connect the Planet's Health and Human Health

G Fitzgerald et al; [Philantropy](#);

“*...The majority of philanthropic funding still sits within such traditional silos as health, environment, or development. Only limited funding has been made available for activities that intentionally and efficiently deliver benefits in both areas. Our organizations have just issued a [report](#) that examines the grant-making landscape and identifies foundations that have invested across health and the environment to date....*”

Plos (blog) – What does progress look like in global health?

S Venkatapuram; [Plos blog](#):

*“...The resurgence of Ebola and potential repeat of the horrors that occurred during 2014-16 juxtaposed with the visible excitement of national delegates at #WHA17 and the sheer number of advocates of diverse health issues raises the question, **what does progress look like in global health?** Is the transformation of the WHA from what used to be a relatively boring annual meeting of health ministers into an industry jamboree like event progress? **My own preferred approach is to focus on the metric of social justice; is all this activity in global health realizing more or less social justice?...**”*

More in particular, on issues like UHC, “*...For many years, we have left such important value decisions and, indeed, important national and global policy levers of social justice in the hands of people who saw themselves as health technocrats. Perhaps, one sign of progress in global health is that we have come to see that health is not just a technical issue, and indeed, that much of it is a result of social choice....*”

Coming up – Conference: Sustainable AIDS Response Results in the Era of Shrinking Donor Funding (July 20-21, Amsterdam)

<https://www.eventbrite.ca/e/sustainable-aids-response-results-in-the-era-of-shrinking-donor-funding-tickets-45880449660>

*“The International AIDS Economics Network (IAEN) provides a mechanism to debate and inform the vital economic and policy steps necessary to address HIV and AIDS globally. ... The aim of this joint initiative from IAEN, UNAIDS, Avenir Health, Bill & Melinda Gates Foundation, and the World Bank, in collaboration with other partners is to focus on “**Sustainable AIDS Response Results in the Era of Shrinking Donor Funding,**” including a range of topics related to HIV programs and economics, the broader interface with Health Financing and development frameworks. The **IAEN pre-conference** is **one of the only dedicated global events that convenes economists and health and AIDS response policy makers to focus on accelerating progress in countries towards sustainable financing of the HIV response.** ...”*

The preliminary program looks very exciting.

Global health events

Alliance – Embedded research: An innovative approach to improving immunization rates

<http://www.who.int/alliance-hpsr/news/2018/embedded-hpsr/en/>

“...the Alliance for Health Policy and Systems Research and UNICEF, supported by Gavi, the Vaccine Alliance, recently hosted a number of decision-makers and researchers from around the world to share their experiences in embedding research within health systems. The focus of the projects was on strengthening routine immunization programmes and services and improving immunization coverage in the locations where the projects were undertaken. And while they may have shared a similar objective, the embedded research approach led to a huge diversity of context-specific problems and innovative solutions to addressing them....” Short report of the meeting.

Innovations 4 UHC event (Bangalore, 11-12 June)

For info on objectives & agenda of this event, see UHC 2030 [Innovations for Universal Health Coverage 2018](#)

“A large number of technological innovations aimed at addressing different health-related problems have emerged in recent years. How can we leverage the transformational potential of these innovations and accelerate progress towards achieving Universal Health Coverage (UHC) in low and middle-income countries in Asia and Africa? This is the question at the core of the Innovations for Universal Health Coverage (UHC) event taking place in Bangalore, India, on 11–12 June 2018....”

See the related **Supplement** from a while ago in **Globalization & Health- [Innovation in health systems in low- and middle-income countries](#)**

World Health Summit Berlin – Apply for Startup Track 2018

“The World Health Summit encourages young entrepreneurs to apply for the Startup Track 2018. This event highlights outstanding ideas and innovative business concepts that have the potential to revolutionize healthcare and improve Global Health. Chosen from all applications, representatives from 25 Startups will be invited to attend the World Health Summit 2018 in Berlin (October 14-16). 10 finalists will subsequently pitch their concepts to the jury and international experts from science, politics, the private sector, and civil society on October 15.... ... Deadline for application: June 30.”

For information and application: <https://www.worldhealthsummit.org/initiatives/startup-track.html>

PS: The **10th World Health Summit** will be held from **October 14-16 in Berlin**. See <https://www.registration-whs.com/>

Call for abstracts launched for PMAC conference (Bangkok, 29 Jan-3 Feb 2019) – on the political economy of NCDs

<http://pmac2019.com/abstracts>

Deadline is 14 September.

Coming up: 20 June - Live web stream from the 5th WHO Advanced Course on Health Financing for Universal Coverage in Low- and Middle-Income Countries: Keynote session

http://www.who.int/health_financing/events/webstream-20-june-2018/en/

With among others, Agnès Soucat.

Global governance of health

IISD - India-UN Fund Supports 22 Projects for SDG Implementation in First Year

<http://sdg.iisd.org/news/india-un-fund-supports-22-projects-for-sdg-implementation-in-first-year/>

“The India-UN Development Partnership Fund has supported 22 projects during its first year of operation, including projects on early warning systems and governance. The Government of India initially pledged US\$100 million to the fund over ten years, and more recently committed an additional US\$50 million for projects in Commonwealth countries. The fund supports implementation of the SDGs in low-income countries.”

Oxfam (blog) - World Inequality Report 2018: 3 insights and 2 gaps

Duncan Green; <https://oxfamblogs.org/fp2p/world-inequality-report-2018-3-insights-and-2-gaps/>

Blog related to the launch of the World Inequality report (i.e. the book version) last week in London.

A few excerpts that caught our attention:

“... ‘Inequality has increased in nearly all world regions in recent decades, but at different speeds’. ...
... But fellow panellist Paul Segal pointed out that if you look closer at that graph you find another

interesting development – **the rate of increase of inequality has fallen since the mid-2000s, and inequality is now falling in most countries.** But we're not quite sure why, or whether it is a long term trend, or a short-term blip caused by e.g. the financial crisis....”

As for the more political part of the job, “... When I briefly ranted on to this effect, Lucas reasonably enough said that **his crew of economists couldn't be expected to do everything, and this was someone else's job (power analysis, stakeholder mapping, building coalitions, seizing windows of opportunity and all the rest).** The problem with that answer is a) **there seems to be an imbalance between the academic effort to measure, and the academic effort to design feasible change strategies and b) if you combine the two, rather than treat them as distinct stages, you are likely to think design the research differently to have impact.** For example, if you want to influence decision makers in country X, you may want to compare it particularly to its annoying neighbour Y, not some country thousands of miles away that it doesn't care about.”

Devex - Q&A: Unitaid looks to break down silos for better global health

<https://www.devex.com/news/q-a-unitaid-looks-to-break-down-silos-for-better-global-health-92795>

“The global health community is increasingly moving away from a siloed approach — favored in the height of the battle against HIV/AIDS, tuberculosis, and malaria — toward a more integrated methodology in the spirit of the SDGs. **Unitaid**, a Geneva-based organization that invests in new ways to prevent, diagnose, and treat the three pandemics, is one of the actors leading this paradigm shift alongside innovators from the private sector, governments, and donors. In April, Unitaid launched a call to improve fever diagnosis in children in low-resource countries, a potentially game-changing investment aimed at boosting malaria response while fighting drug resistance....”

“... **Sanne Fournier-Wendes**, senior adviser to Unitaid’s executive director, explained to Devex how the organization is engaging with the private sector to push forward an integrated approach to global health; what their strategies are to help vital innovations overcome market barriers; and why public-private partnerships are set to play a crucial role in the global health response going forward....”

The New York Review of Books - A Deathly Hush

H Epstein; <http://www.nybooks.com/articles/2018/06/28/rwanda-deathly-hush/>

Part two on Judi Rever's book on Kagame. “... The myth of the valorous RPF has for years been repeated not only in the media but also by officials in the Clinton, Bush II, and Obama administrations. Even those who criticize Kagame’s repressive rule in Rwanda today praise his actions during the genocide. The reputation of the RPF appears to have been shaped by a coordinated public relations effort designed not just for the benefit of Kagame but also, as will be explained below, to obscure Washington’s role in a particularly bloody period of central African history, as the Soviet threat was receding and a new Islamist one seemed to be looming....”

Interestingly, also Museveni pops up in this story.

Global Health Council (blog) – “Two sides of the same coin”: Can a health systems lens inform health security efforts?

T Williamson; <http://globalhealth.org/two-sides-of-the-same-coin-can-a-health-systems-lens-inform-health-security-efforts/>

Interesting blog. “... *Building on the JEE (i.e. Joint External Evaluations) findings, I see three systems approaches that could add value to the health security discussion: contextualization, use of complexity science, and adaptation of existing tools....*”

CGD - Global Health Development Value Frameworks: Are We Calculating Well and Wisely?

A Morton & K Chalkidou; <https://www.cgdev.org/blog/global-health-development-value-frameworks-are-we-calculating-well-and-wisely>

“... *Global health development [also] has its fair share of value frameworks. And though they are all different, a notably common feature of frameworks developed by disease- or technology-specific funding conduits is their ad hoc approach to defining the key concepts of value for money and cost-effectiveness....*”

...*The design of these frameworks suggests that they are developed with good intentions, but without adequate learning from the economic and decision science literatures about the principles that underpin sound value framework design, and without adequate empirical and conceptual piloting and testing....*”

CGD - Jean Tirole Connects the Dots: Lessons from Modern Economics for Global Health Procurement

R Silverman; <https://www.cgdev.org/blog/jean-tirole-connects-dots-lessons-modern-economics-global-health-procurement>

“... *In his most recent book, **Economics for the Common Good**, Jean Tirole (Nobel laureate in economics) offers a compelling and persuasive case for how economic insights can empower governments, companies, and citizens to tackle modern society’s most pressing challenges, from climate change and financial crises to macroeconomic stability and digital transformation. Recently, I and other CGD colleagues had the privilege of hearing Tirole’s sharp insights firsthand as he turned his attention to one of our current preoccupations: **procurement of global health commodities....***”

KFF - The latest Ebola outbreak: what has changed in the international and U.S. response since 2014?

[KFF](#);

Updated briefing (as of 6 June) by **Josh Mishaud et al.**

Devex - Q&A: The World Bank's human capital project targets better outcomes

<https://www.devex.com/news/q-a-the-world-bank-s-human-capital-project-targets-better-outcomes-92921>

"Health, education, and social services are not new areas of expertise at the World Bank, but the need for governments to focus on achieving quality outcomes may never have been higher. In Bali, Indonesia, at the World Bank's annual meetings in October, the institution will launch a new human capital index to rank countries on the outcomes they are achieving with investments in health, education, and social services. While the index is a highly visible — and perhaps controversial — element of the bank's work on these issues, it is only one piece of a broader human capital portfolio that the institution is increasingly emphasizing. The basis of this effort is a growing body of research at the bank, which describes a future world in which countries may not be able to rely on the same pathways to development that other countries followed in the past, said Annette Dixon, the bank's vice president of human development. "Not only is there a need to invest more in human capital to get to high-income status, the future world is actually going to need even healthier and better educated people than ever before — and that's one of the most important things that policymakers can do to prepare for a much more complex, technology-driven world," Dixon told Devex. Dixon spoke to Devex about the index, the growing body of research behind it, and what it means for World Bank projects...."

UNAIDS & MeToo

In a crisis of accountability what is next for UNAIDS?

<http://www.aidsalliance.org/blog/1101-in-a-crisis-of-accountability-what-is-next-for-unaid>

Christine Stiegling, executive director of the **International HIV/AIDS Alliance**, is “horrified by UNAIDS’ inadequate response to multiple alleged human rights violations experienced by women in its employment”.

In another development, **more than 200 women at the UNAIDS secretariat** released this **statement** (5 June) regarding recent press coverage:

https://drive.google.com/file/d/1q9F8pmUEIs_8dq4a6Ajt9Mxu-D0fFHc/view

“...We, the undersigned women from the UNAIDS Secretariat, write in response to the recent articles in the media, which quote a UNAIDS staff member as having said that the organization had allowed a “sexist culture where women are more window dressing than actually recognized for their performance” and that there is “an expectation to trade sexual favors for promotions and other advancements”. We categorically reject this portrayal as it does not represent our experience of working at UNAIDS and diminishes and discredits us as professionals and our many years of dedicated service....”

Reuters - Haiti withdraws Oxfam GB's right to operate after misconduct scandal

https://uk.reuters.com/article/uk-britain-oxfam-haiti/haiti-withdraws-oxfam-gbs-right-to-operate-after-misconduct-scandal-idUKKBN1J92RF?utm_medium=Social&utm_source=twitter

“Haiti’s government on Wednesday said it was withdrawing Oxfam Great Britain’s right to operate in the Caribbean country after allegations of sexual misconduct by some of the charity’s staff. In a statement, three ministries, including the Planning and External Cooperation Ministry, said they were withdrawing Oxfam Great Britain’s status as a non-governmental organisation “for violation of Haitian law and serious violation of the principle of the dignity of the human beings.””

This could be a game changer, if other countries follow suit in similar instances.

Science - An outspoken epidemiologist becomes U.S. science envoy

Science;

“If there’s an infectious disease that has threatened public health over the past 4 decades, epidemiologist Michael Osterholm of the University of Minnesota (UM) in Minneapolis likely has said something about it. Osterholm, who runs UM’s Center for Infectious Disease Research and Policy (CIDRAP), has a reputation for speaking bluntly—torpedoes, political correctness, friends, even funders be damned—and understands the power of a punchy metaphor. Yesterday, the U.S. Department of State announced he would be one of its five science envoys, a program that began in 2010 and taps prominent scientists for 1-year appointments to build global collaborations on pressing issues....”

CDC (Emerging Infectious Diseases – Policy review) - Strengthening Global Public Health Surveillance through Data and Benefit Sharing

M Edelstein et al; https://wwwnc.cdc.gov/eid/article/24/7/15-1830_article

"Equitable sharing of public health surveillance data can help prevent or mitigate the effect of infectious diseases. Equitable data sharing includes working toward more equitable sharing of the public health benefits that data sharing brings and requires the engagement of those providing the data, those interpreting and using the data generated by others, those facilitating the data-sharing process, and those deriving and contributing to the benefit. An expert consultation conducted by Chatham House outlined 7 principles to encourage the process of equitable data sharing: 1) building trust; 2) articulating the value; 3) planning for data sharing; 4) achieving quality data; 5) understanding the legal context; 6) creating data-sharing agreements; and 7) monitoring and evaluation. Sharing of public health surveillance data is best done taking into account these principles, which will help to ensure data are shared optimally and ethically, while fulfilling stakeholder expectations and facilitating equitable distribution of benefits."

Scientific American - The 25% Revolution—How Big Does a Minority Have to Be to Reshape Society?

<https://www.scientificamerican.com/article/the-25-revolution-how-big-does-a-minority-have-to-be-to-reshape-society/>

Both encouraging & somewhat frightening news: "...**A new study about the power of committed minorities to shift conventional thinking offers some surprising possible answers.** Published this week in **Science**, the paper describes an online experiment in which researchers sought to determine what percentage of total population a minority needs to reach the critical mass necessary to reverse a majority viewpoint. The **tipping point**, they found, is just **25 percent**. At and slightly above that level, contrarians were able to "convert" anywhere from 72 to 100 percent of the population of their respective groups...."

Oxford Handbook - Global Politics of HIV and AIDS

Alan Whiteside; (edited by C McInnes et al)

<http://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780190456818.001.0001/oxfordhb-9780190456818-e-33?rskey=cSwS5M&result=2>

*"Global health politics is a new field of study. At the same time that the importance of health for economic growth and development was resonating with policymakers, the HIV and AIDS epidemic was spreading. Although fears of massive global mortality and potential political collapse did not materialize, the disease has had devastating consequences in some parts of the world and among certain groups. During the 2000s major initiatives among donor countries brought treatment to the poor. **The politics of AIDS in 2017** centers around the inability of certain countries to bring the disease under control, and the need for treatment will increase inexorably in the decades ahead. Another major concern is that of low-income countries depending on the largess of donor countries to fund their treatment programmes. Global political changes, but especially in the United States, may mean money is no longer forthcoming, increasing mortality among these populations."*

And a few tweets:

"Next phase of the Health Data Collaborative (HDC) begins. 42 partners aligning resources to improve health information strategies at country level. Thanks to our leaders for re-committing. Workplan in the works! @HealthDataColl @USAIDGH @doctorsoumya @WBG_Health @WHO"

"A pleasure to join @UN_PGA @Chinamission2un @UNDESA @UNDP @UNICEF for this morning's **High-Level Symposium on the Belt & Road Initiative & 2030 Agenda to brief on @WHO, @ILO & @OECD Working for Health project in Cambodia, Kyrgyzstan, Nepal & Sri Lanka"**

Tweet from Kelley Lee - "Dr David Wilson (World Bank): "**We have harvested most of the low hanging fruit in global health and have been left with far more complex and difficult health problems. These will require new ideas, institutions and innovations.**" Spot on."

Jeremy Farrar disagreed: "With greatest respect disagree—"low hanging fruit" were once considered complex & unachievable, they become low hanging fruit in retrospect & after incredible hard work, creativity & dedication. Such solutions remain today if we have the invention, wit & political will to tackle them"

UHC

UHC & UHC 2030 updates

The below links are all worth a read, related to UHC sessions at the WHA and/or UHC 2030 governance:

UHC 2030 - ["Let it not be tokenism!" Strengthening social participation for UHC](#)

""*People must have a strong voice for UHC, yet effective mechanisms for participation are often missing in countries,*" said Dr Souwmya Swaminathan, Deputy Director General of the World Health Organization."

UHC 2030 - [Health for all: countries walking the talk](#) – "Member States Commitment to the Global Movement towards Universal Health Coverage and UHC2030 **Global Compact Signing Ceremony:** event at World Health Assembly 71, Geneva, Switzerland."

Short report of this High-Level event. Includes among others some new signatories to UHC 2030. "...Ghana, Iran, International Federation of Red Cross and Red Crescent Societies, Management Sciences for Health, International Federation of Medical Students' Association, Women in Global Health, Worldwide Hospice Palliative Care Alliance all signed the UHC2030 Global Compact during the event...."

UHC 2030 - [Perilous or Productive: engaging the private sector for UHC](#) Short report of this session at the 71st WHA.

UHC 2030 - [A call to action: Advancing UHC in emergency settings](#) Idem.

WB's Investing in Health blog - Keeping the promise of inclusive Universal Health Coverage: new data can improve health services for LGBTI people

F M Torres; https://blogs.worldbank.org/health/keeping-promise-inclusive-universal-health-coverage-new-data-can-improve-health-services-lgbti?cid=SURR_TT_WBGCitiesEN_D_EXT

“...In a recent survey conducted by the World Bank on economic inclusion of LGBTI groups in Thailand and published this year, about a quarter of respondents indicated that when seeking health services they were harassed or ridiculed and 24% said that they were asked to leave the facilities because of their LGBTI identity. In another study, soon to be made public, the World Bank collected data from more than 3,000 LGBTI respondents in the Western Balkans and found that almost 20 percent have difficulties accessing health providers. In addition, more than 18 percent either do not seek treatment when ill or forgo seeking medical services altogether due to fear of discrimination or intolerant reactions. And for those who overcome their fears, more than 27 percent either experience unequal treatment, pressure to involuntarily receive medical or psychological interventions or tests, or inappropriate curiosity and probing on non-relevant personal aspects of their lives. A systematic review of peer reviewed papers published research from 2004 to 2014 highlighted that prejudice and discrimination was a real barrier suffered by the LGBT population in accessing good quality health services....”

“We need more data generation like this so that we can develop truly inclusive health services and keep the promise of Universal Health Coverage that includes LGBTI people...”

International Journal for Equity in Health - Measuring financial protection against catastrophic health expenditures: methodological challenges for global monitoring

J Hsu et al; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-018-0749-5>

*« Monitoring financial protection against catastrophic health expenditures is important to understand how health financing arrangements in a country protect its population against high costs associated with accessing health services. While **catastrophic health expenditures** are generally defined to be when household expenditures for health exceed a given threshold of household resources, **there is no gold standard with several methods applied to define the threshold and household resources**. These different approaches to constructing the indicator might give different pictures of a country’s progress towards financial protection. **In order for monitoring to effectively provide policy insight, it is critical to understand the sensitivity of measurement to these choices.** »*

“...This paper examines the impact of varying two methodological choices by analysing household expenditure data from a sample of 47 countries. We assess sensitivity of cross-country comparisons

to a range of thresholds by testing for restricted dominance. We further assess sensitivity of comparisons to different methods for defining household resources (i.e. total expenditure, non-food expenditure and non-subsistence expenditure) by conducting correlation tests of country rankings.... »

And some quick links:

NYT - [The New Obamacare Lawsuit Could Undo Far More Than Protections for Pre-existing Conditions](#)

“A new Trump administration court challenge is explicitly aiming to remove a central promise of Obamacare — its protections for people with pre-existing health conditions. But it could also make it much harder for any individual to obtain health insurance on the open market....”

And news from **South-Africa** - [Cabinet approves an NHI bill which is thin on details.](#) “Cabinet has approved the long-awaited National Health Insurance (NHI) Bill, the government’s first and most crucial piece of legislation for implementing its goal of universal healthcare....”

Planetary health

Vox - We are almost certainly underestimating the economic risks of climate change

<https://www.vox.com/energy-and-environment/2018/6/8/17437104/climate-change-global-warming-models-risks>

“The models that inform climate policymaking are fatally flawed.”

Panorama Perspectives – Conversations of Planetary health

<http://panoramaglobal.org/planetary-health/>

With **5 short reports**, among others [The Philanthropic Funding Landscape for Integrating Health and Environment.](#)

Guardian – Antarctic ice melting faster than ever, studies show

<https://www.theguardian.com/environment/2018/jun/13/antarctic-ice-melting-faster-than-ever-studies-show>

*“Ice in the Antarctic is melting at a record-breaking rate and the subsequent sea rises could have catastrophic consequences for cities around the world, according to two new studies. A report led by scientists in the UK and US found the **rate of melting from the Antarctic ice sheet has accelerated threefold in the last five years and is now vanishing faster than at any previously recorded time**. A separate study warns that unless urgent action is taken in the next decade the melting ice could contribute more than 25cm to a total global sea level rise of more than a metre by 2070. This could lead eventually to the collapse of the entire west Antarctic ice sheet, and around 3.5m of sea-level rise....” Based on a new study in **Nature**.*

Nature (Editorial) – Reform the Antarctic Treaty

https://www.nature.com/articles/d41586-018-05368-7?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews&sf191755716=1

“Political protection for the planet’s last great wilderness is no longer fit for purpose. Make its governance democratic: scrap the veto that lets individual interests rule.”

Vox – Sucking carbon out of the air won’t solve climate change

<https://www.vox.com/energy-and-environment/2018/6/14/17445622/direct-air-capture-air-to-fuels-carbon-dioxide-engineering>

Follow-up on the upbeat news from last week. Analysis. “... In the end, DAC (direct air capture), like most clean energy technologies, is neither a silver bullet nor bullshit. It’s just a promising development in a world that needs all the promising developments it can get.”

Infectious diseases & NTDs

Nipah virus contained in Kerala

<https://www.thenewsminute.com/article/nipah-virus-contained-last-two-positive-cases-have-recovered-kerala-health-min-82809>

"The deadly Nipah virus that struck Kozhikode district in Kerala last month and claimed 16 lives in the state has been finally contained and the last of the two positive cases have fully recovered, said Kerala Health Minister KK Shailaja on Sunday...."

Foreign Policy - India Is Panicking About a Virus Passed by Bat Poop

Laurie Garrett ; <https://foreignpolicy.com/2018/06/08/india-is-panicking-about-a-virus-passed-by-bat-poop/>

Garrett's take on Nipah in India, more than a week ago. Including the following advice:

"...Take heed, hospital administrators and those who control government purse strings: Preventing serious outbreaks means putting time and money every day into training and equipment that limit the risk of nosocomial spread. Waiting to take steps in an atmosphere of fear and hysteria — or, worse, feeding those fears — risks needless anxiety and grievous mistakes...."

Venezuela may be suffering its first outbreak of polio in 30 years

<https://www.thetimes.co.uk/article/venezuela-suffers-its-first-outbreak-of-polio-in-30-years-vm9vbm38x>

See also [Newsweek - Polio returns to Venezuela 30 years after economic crisis cripples health system.](#)

"The deadly polio virus has returned to Venezuela 30 years after being eradicated, as the country's health care system struggles under a nationwide economic crash. The case—the first since 1989—was reported in the eastern state of Delta Amacuro and comes alongside additional spikes in diphtheria, tuberculosis, measles and malaria infections, the Daily Telegraph reported...."

WHO Afro - Ghana eliminates trachoma, freeing millions from suffering and blindness

<http://www.afro.who.int/news/ghana-eliminates-trachoma-freeing-millions-suffering-and-blindness>

Ghana is the first country in WHO's African Region to achieve this milestone.

Huffington Post - We Need To Science The Shit Out Of Tuberculosis

M Pai; [Huffington Post](#);

Was widely retweeted. Guess the title also helped a bit :)

Madhukar Pai spoke on a panel on June 4, 2018, at an **interactive civil society hearing organized by the UN, in preparation of the UNGA high-level meeting on TB**. Here you find the gist of what he said.

Plos Med - Estimating the real-world effects of expanding antiretroviral treatment eligibility: Evidence from a regression discontinuity analysis in Zambia

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002574>

“Aaloke Mody & colleagues assess implications for treatment initiation & retention of expanded eligibility for ART in Zambia. “

Lancet (Letter) – Accelerating the evidence for new classes of long-lasting insecticide-treated nets

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31032-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31032-8/fulltext)

“The comment by Gerry F Killeen and Hilary Ranson (April 21, p 1551), on our trial of long-lasting synergist piperonyl butoxide and pyrethroid-treated nets and indoor residual spraying for control of insecticide-resistant malaria mosquitoes (April 21, p 1577), although summarising accurately the trial’s findings, was less a commentary on its implications for future malaria control than a critique on the slow rate of progress in getting piperonyl butoxide synergist and other new long-lasting insecticidal nets implemented to scale....”

NEJM (Perspective) - Trolleyology and the Dengue Vaccine Dilemma

Lisa Rosenbaum; https://www.nejm.org/doi/full/10.1056/NEJMp1804094?query=featured_home

“Trolleyology” refers to a series of moral dilemmas that reveal the tensions between utilitarianism — the idea that a behavior is moral if its consequences maximize public good — and our individual intuitions about right and wrong....”

“...But consider a vaccine for a common and sometimes deadly virus. Assume that the vaccine’s public health benefit is clear: if given to 1 million children over 9 years of age, it can probably prevent some 11,000 hospitalizations and 2500 severe cases of disease. But what if, in achieving this population benefit, the vaccine also caused 1000 hospitalizations and 500 severe cases of disease in children who would not otherwise have fallen ill? Would you initiate a widespread vaccination program in a disease-endemic region? If you hesitate, why do these scenarios — both resulting in public health benefits — seem morally different? These are some of the questions facing governments in regions of South Asia and Latin America where dengue virus is endemic and where, as described by Sridhar et al., a dengue vaccine with roughly these characteristics exists....”

Read also the new study in NEJM (by Sridhar et al) - [Effect of Dengue Serostatus on Dengue Vaccine Safety and Efficacy](#). “Concerns have been raised about the risk of severe dengue in children who were seronegative before receipt of a recently deployed dengue vaccine. In this study, data from field trials were analysed to assess the effect of baseline serostatus on subsequent severe illness.”

And coverage of the new study (Reuters) - [Study confirms higher risk of dengue in kids who got Sanofi vaccine](#)

“An analysis of data on Sanofi’s dengue vaccine, which has been given to more than 800,000 school children in the Philippines, confirms it increases the risk of hospitalization and severe dengue in those who had never previously been infected with the mosquito-borne virus. The findings, published on Wednesday in the New England Journal of Medicine, offer fresh support for the World Health Organization recommendation in April that Sanofi’s vaccine should not be used without testing for prior dengue exposure. Currently, there are no widely available rapid tests for prior dengue infection....”

And a quick link:

Science - [Russia’s HIV/AIDS epidemic is getting worse, not better.](#)

AMR

Guardian - Antibiotic resistance could be countered by anti-bacterial viruses

<https://www.theguardian.com/society/2018/jun/10/antibiotic-resistance-could-be-countered-by-anti-bacterial-viruses>

“Viruses that invade bacteria but leave human cells alone could help scientists find ways around the growing problem of antibiotic resistance, researchers have said. A study has showed that a cocktail of bacteriophages, or “phages”, resulted in no side effects when given to individuals with gastrointestinal problems and did not appear to greatly disrupt the diversity of microbes in the gut – the so-called gut microbiota. But they did reduce levels of one marker of inflammation and certain problematic species of bacteria....”

NCDs

Zero draft of the political declaration at UN HL meeting on NCDs

<https://www.un.org/pga/72/wp-content/uploads/sites/51/2018/06/NCD-8-June.pdf>

As of 8 June. Not much exciting stuff yet in there.

Lancet Global Health (blog) - Demanding a roadmap for non-communicable disease action: beyond "best buys"

S Ruchman et al; <http://globalhealth.thelancet.com/2018/06/08/demanding-roadmap-non-communicable-disease-action-beyond-best-buys>

"The WHO Independent High-Level Commission on NCDs recently completed its first phase of work by releasing a report, titled "Time to Deliver", containing recommendations meant to accelerate action against NCDs". We applaud WHO for this call for governments to refocus on achieving global targets, including 2030 Sustainable Development Goal 3.4. As rising health professionals inheriting the challenges presented by NCDs, we support the development of a specific, feasible plan that combats the root causes of NCDs and prioritises partnerships and investments that will ensure successful execution and sustained gains. We see key opportunities in (a) promoting South-South collaboration and unconventional North-South partnerships; (b) including patient and community voices; and (c) developing the capacity to implement an NCD agenda among the next generation of global leaders...."

WHO Bulletin - Global susceptibility and response to noncommunicable diseases

A Hatefi, Luke Allen, Thomas Bollyky et al;
http://www.who.int/bulletin/online_first/BLT.17.206763.pdf?ua=1

"Reframing noncommunicable diseases as shared health threats with global interdependence would justify global function provision for such diseases as a core donor response...."

"...Societal structures that exploit human vulnerabilities, rather than individual choices or chance, limit our ability to avoid the major noncommunicable disease risks. Among these risks are **four groups of factors**: social determinants; behavioural biology; commercial determinants; and the physical environment...."

“...The increase of noncommunicable diseases is a consequence of global susceptibility and multiplying risk factor exposure. All countries are at risk because globalization is practically impossible to avoid. Relying on national responses and appealing to personal responsibility to control a global problem is insufficient. An effective noncommunicable disease response requires a full range of tools including global functions, which are cooperative strategies that transcend national sovereignty to solve global problems...”

Guardian - Toxic and untaxed: perils of global trade in bootleg liquor exposed

<https://www.theguardian.com/global-development/2018/jun/11/bootleg-liquor-africa-latin-america>

“Up to half of all alcoholic drinks consumed in countries across Africa and Latin America are illicit – more than double previous estimates – according to new analysis. Methanol, mortuary formaldehyde and battery acid were among a cocktail of toxic ingredients found in unregulated drinks, according to the International Alliance for Responsible Drinking...”

Tobacco control – Impact of the WHO FCTC over the first decade: a global evidence review prepared for the Impact Assessment Expert Group

J Chung-Hall et al; <http://tobaccocontrol.bmj.com/content/early/2018/06/07/tobaccocontrol-2018-054389?papetoc>

This review present findings of a narrative review on the implementation and effectiveness of 17 Articles of the WHO Framework Convention on Tobacco Control (FCTC) during the Treaty's first decade.

Lancet (Editorial) – Living and dying with dementia

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31319-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31319-9/fulltext)

“Given that an effective new medication to halt, improve or cure dementia seems as remote as ever, Care needed: Improving the lives of people with dementia (June 12) from the OECD instead prioritises living with dementia....”

“Dying with dementia is a difficult topic, bordering on taboo....”

The Conversation - We must ensure new food retail technologies are pathways – not barriers – to better health

K Backholer; <https://theconversation.com/we-must-ensure-new-food-retail-technologies-are-pathways-not-barriers-to-better-health-96204>

"Imagine a world where smart pantries sense when you are running out of your favourite food and order more of it, without you lifting a finger. Where intelligent robots roam your grocery store, ever at your service. Where dynamic food pricing changes minute-to-minute depending on the weather outside, or what the store down the road is offering. It may sound like a seismic shift in our food retail world, but these technological frontiers are real and the food sector is gearing up in a big way. What is less certain is what impact such changes will have on our health. Just as entrepreneurs must capitalise on future trends when building a business, health professionals must delve into the future of retail technology to identify barriers and opportunities for the achievement of good health...."

And a few quick links:

NYT - [Anheuser-Busch to Pull Funding From Major Alcohol Study](#) "...Brewing giant Anheuser-Busch InBev, one of five alcohol companies underwriting a \$100 million federal trial on the health benefits of a daily drink, is pulling its funding from the project, saying controversy about the sponsorship threatens to undermine the study's credibility, the company announced Friday...." See also Stat (in an article pril) - [NIH rejected a study of alcohol advertising while pursuing industry funding for other research](#)

Sexual & Reproductive / maternal, neonatal & child health

The Hill – For safety and security in Niger, solutions must flow upstream

A Graves et al ; <http://thehill.com/opinion/international/391922-for-safety-and-security-in-niger-solutions-must-flow-upstream>

« ...For better or worse, the future of the Sahel depends in part on external aid. **The international community can and should offer family planning aid to these governments. Many of them already have ambitious targets for contraception** because they understand the demographic imperative of doing so for development.... ... What "upstream," preventive measures can be taken now to slow population growth, uphold women's rights and promote peace in the region in decades to come?... »

CGD - To Change Africa's Path, We Need to Support Rural Girls from Day One

Joyce Banda et al; https://www.cgdev.org/blog/change-africas-path-we-need-support-rural-girls-day-one?utm_source=180612&utm_medium=cgd_email&utm_campaign=cgd_weekly&utm_&&

Blog accompanying a new book - [From Day One: Why Supporting Girls Aged 0 to 10 Is Critical to Change Africa's Path.](#)

"The case for narrowing the gender gap is well established, and programs seeking to empower women in sub-Saharan Africa have multiplied. Yet a critical piece is missing: a focus on rural girls from zero to 10 years old. Discrimination and social norms that penalize girls and women do not start at adolescence, and by the time girls are 10, it is often too late to undo the damage that has already been done."

CGD (blog) – DREAM Big: Emerging Results from a PEPFAR Partnership to Reduce HIV Among Adolescent Girls and Young Women

Amanda Glassman ; <https://www.cgdev.org/blog/dream-big-emerging-results-pepfar-partnership-reduce-hiv-among-adolescent-girls-and-young-women#.WyK5Dol4NvY.twitter>

"On World AIDS Day 2014, PEPFAR announced the DREAMS partnership, a multisector program to reduce HIV incidence among highest-risk adolescent girls and young women. It's been three years since the rollout of the program began, and earlier this month in collaboration with the Population Council, CGD convened key players to discuss emerging results, what they mean for the future of DREAMS, and how we can ensure that the next years of programming go even farther to deliver the most effective services to those most at risk...."

Preliminary results are encouraging.

Devex - New guidance helps humanitarian organizations support sexual and gender minorities

<https://www.devex.com/news/new-guidance-helps-humanitarian-organizations-support-sexual-and-gender-minorities-92905>

*"A commitment from humanitarian organizations to "leave no one behind" has yet to see one important and vulnerable group included: **Sexual and gender minorities**. But the **Humanitarian Advisory Group** believes that important steps can be taken to plan, prepare, implement, and monitor emergency responses so that they are inclusive of all — including LGBTQ communities. In a **recent practice paper released by the group**, first steps to delivering responses and services — that truly leave no one behind — are highlighted..."*

WB's Investing in Health blog - The Power of Convergence: Eliminating unfair inequalities in child survival

Kevin Watkins; <http://blogs.worldbank.org/health/power-convergence-eliminating-unfair-inequalities-child-survival>

“.... The SDGs establish bold targets for eliminating extreme deprivation. But they also signal an intent to combine national progress towards those targets with ‘social convergence’, or a decline in the disparities separating the most marginalised from the rest of society. This is a marked departure from Millennium Development Goals (MDGs), which focused attention on national average progress. As the findings from an excellent 2015 paper by Adam Wagstaff and Caryn Bredenkamp noted national progress in child survival and nutrition masked widening inequalities in a majority of countries, notably in sub-Saharan Africa....”

Resyst (blog) - The vulnerability and health research paradox: Ethics, gender, trust and power

S Molyneux & S Theobald; <http://resyst.lshtm.ac.uk/news-and-blogs/vulnerability-and-health-research-paradox-ethics-gender-trust-and-power>

Blog related to a set of discussions on vulnerability, agency and resilience in a meeting organised by REACH in Oxford in May.

UNICEF (report) - A Child rights-based approach to food marketing

https://www.unicef.org/csr/files/A_Child_Rights-Based_Approach_to_Food_Marketing_Report.pdf

Report from April. “A Child Rights-Based Approach to Food Marketing: A Guide for Policy Makers offers a legal analysis that links the WHO Recommendations with a human rights framework, particularly the Convention on the Rights of the Child. In this analysis, the CRC provides the foundation for a child rights-based approach to ending childhood obesity and the prevention of non-communicable diseases....”

UNFPA – Period shame, misinformation linked to serious human rights concerns

[UNFPA](#) ;

“Shame, stigma and misinformation surrounding menstruation are contributing to serious human rights concerns for women and girls, emphasizes a new report commissioned by UNFPA. The

report, a comprehensive review of available evidence on menstrual health management in East and Southern Africa, was undertaken by the non-governmental organization WoMena and released ahead of the Menstrual Health Management Symposium in Johannesburg, South Africa. It powerfully underscores the ways period shame and misinformation undermine the well-being of women and girls, making them vulnerable to gender discrimination, child marriage, exclusion, violence, poverty and untreated health problems....”

Access to medicines

FT Health - HIV treatment breakthrough boosts GSK

<https://www.ft.com/content/9ad96742-6f9c-11e8-92d3-6c13e5c92914>

*“An innovative treatment for HIV, which uses two drugs instead of the normal three, has proved effective in a major clinical trial, in a big boost for its manufacturer ViiV, a division of GlaxoSmithKline. The trial, called **Gemini**, could significantly enlarge GSK's share of the \$20bn a year market for HIV treatment, with analysts predicting sales of at least £1.1bn annually by 2025. ...”*

Health Policy Watch - Health Advocates Concerned On Francophone Africa Quality Medical Products Initiative

<https://www.healthpolicy-watch.org/health-advocacy-groups-concerned-on-francophone-africa-quality-medical-products-initiative/>

“Public health advocacy groups from Africa and elsewhere have sent a letter raising “serious” concerns about a declaration from a recent conference on access to quality medical products in francophone Africa. At issue is the “Declaration on the occasion of the International Conference on Access to Quality Medicines and Other Medical Products in Francophone Africa,” agreed on 22 May alongside the annual World Health Assembly in Geneva. The declaration was hailed as positive steps by African leaders and others at the time (HPW, Africa, 23 May 2018). But some 20 mostly francophone African civil society organisations sent a letter dated 8 June to UNAIDS Executive Director Michel Sidibé and Organisation internationale de la Francophonie Secretary General Michaëlle Jean, with a cc to the United Nations Development Programme and the World Health Organization. In the letter, they argue that the declaration: did not focus sufficiently on access to medicines, duplicates existing instruments or commits countries to instruments that francophone countries did not negotiate, confuses counterfeiting with substandard and falsified medical products, and is heavily influenced by the industry-funded Chirac Foundation. They also argue that health ministers who agreed the declaration reached outside their responsibility by bringing in other international instruments.”

Devex - Deal slashes drug price of 3 in 1 pill for people living with HIV

[Devex](#);

News from late last week. *"People living with HIV will soon have access to a much less expensive three in one combination therapy for fighting tuberculosis, to which they are particularly susceptible. UNITAID and Indian pharmaceutical company CIPLA have entered into an agreement that allows the latter to slash the prices of its drug, Q-TIB, by 30 percent. This means that a person living with HIV will soon have access to a full month's worth of the drug for only \$1.99. "Thanks to the agreement between UNITAID and CIPLA, the three in one pill will only be 15 percent more expensive than if the drugs were bought separately,"* UNITAID Executive Director Lelio Marmora told Devex ahead of the announcement on Friday."

Miscellaneous

ODI - The world's first global migration agreement: a view from the negotiations

Ambassador David Donohue; <https://www.odi.org/comment/10653-world-s-first-global-migration-agreement-view-negotiations>

"Next month, the Global Compact for Safe, Orderly and Regular Migration (GCM) will enter its final round of negotiations. Few international challenges are of greater importance. If we succeed, the world will be putting in place an agreement with the potential to transform the lives of almost 250 million migrants across the globe...." An overview of where things stand. Well worth a read.

BMJ Feature – Reporting adverse events in a war zone

<https://www.bmjjournals.org/content/361/bmj.k2286>

"How much harm does humanitarian healthcare cause patients by mistake? Medical aid agencies and others are increasingly aiming to improve the quality and safety of healthcare they deliver, finds Sophie Arie."

With a focus on **MSF & Save the Children**, among others.

Nature - EU to world: join our €100-billion research programme

<https://www.nature.com/articles/d41586-018-05392-7>

“European Commission’s next seven-year science-funding scheme — its biggest ever — will allow any country to participate for a price.”

Guardian (long read) - Talk is cheap: the myth of the focus group

https://www.theguardian.com/news/2018/feb/06/talk-is-cheap-the-myth-of-the-focus-group?CMP=Share_iOSApp_Other

“Focus groups make us feel our views matter – but no one with power cares what we think.”

Oxfam (blog) - Violence v Non Violence: which is more effective as a driver of change?

Ed Cairns; <https://oxfamblogs.org/fp2p/give-peace-a-chance-because-violent-change-doesnt-have-one/>

“Oxfam’s Ed Cairns explores the evidence and experience on violence v non-violence as a way of bringing about social change.”

*“...a recent report – i.e. The International Center on Nonviolent Conflict’s **paper on Nonviolent Resistance and Prevention of Mass Killings** looked at 308 popular uprisings up to 2013. It found that “nonviolent uprisings are almost three times less likely than violent rebellions to encounter mass killings,” which faced such brutal repression nearly 68% of the time....”*

Research

Global social policy - From free market to social policies? Mapping regulatory cooperation in education and health in MERCOSUR

A Bianculli; <http://journals.sagepub.com/doi/full/10.1177/1468018118780085>

"Regional cooperation has been an enduring feature of Latin American politics for more than half a century. With the turn of the century, regional organizations moved beyond traditional free trade issues to embrace cooperation in broader social policy areas. A recent literature relates this change to the left turn in the region, especially in South America. Yet, in practice, relevant differences persist in terms of how social policy is regulated at the regional level. This article looks precisely into this variation. In essence, it studies regulatory cooperation in the Common Market of the South (MERCOSUR) and thus offers a comparative assessment of the institutions and policy instruments devised in two social areas: education and health. Using an original dataset on the documents passed by MERCOSUR between 1991 and 2016, the findings provide evidence that the definition of the policy problem matters as this affects the institutional mechanisms and the policy instruments and strategies devised to address them. In this context, different policy problem definitions seem to account for two distinct emerging patterns of social regulatory cooperation in the Southern Cone."

BMC Health Services - Assessing out-of-pocket expenditures for primary health care: how responsive is the Democratic Republic of Congo health system to providing financial risk protection?

S Laokri et al; <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3211-x>

"The goal of universal health coverage is challenging for chronically under-resourced health systems. Although household out-of-pocket payments are the most important source of health financing in low-income countries, relatively little is known about the drivers of primary health care expenditure and the predictability of the burden associated with high fee-for-service payments. This study describes out-of-pocket health expenditure and investigates demand- and supply-side drivers of excessive costs in the Democratic Republic of Congo (DRC), a central African country in the midst of a process of reforming its health financing system towards universal health coverage...."

International Journal of Health Services – The Definition of Health: Towards New Perspectives

Fabio Leonard; <http://journals.sagepub.com/doi/full/10.1177/0020731418782653>

"The definition of health is not just a theoretical issue, because it has many implications for practice, policy, and health services. The current definition of health, formulated by the WHO, is no longer adequate for dealing with the new challenges in health care systems. Despite many attempts to replace it, no alternative definition has reached a wide level of consensus. Assuming an epistemological perspective, the need for a unique definition has to be rejected in favor of a plural approach in which cannot exist the best definition of health but many different definitions, more or less useful depending on the scope of application. Nevertheless, it should be noted that not all potential definitions of health are fit to pursue clinical scientific goals. Based on recent scientific debate, one can maintain that each definition of health should have at least 9 features to work well within the clinical scientific field. Moving from this perspective, a new definition has been developed for pursuing health, especially in the fields of chronic patients and older people."