

# IHP news 477 : IHP evaluation (and the World Cup) ongoing

( 6 July 2018)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

Normally all of you should have received by now a **survey** on the weekly IHP newsletter in your mailbox. We very much hope many of you will provide suggestions and feedback. If you didn't receive the form for some reason or if it got stuck in your spam folder, you can also fill in the survey [here](#).

Without much further ado, let's get to business then, as I reckon you'll probably want to go through this newsletter before this evening's clash between Brazil & Belgium. Forget about the English and all their '*bringing football home*' tralala. If they become world champions, I'll eat both of my old football shoes. Mud & all.

Enjoy your reading.

Kristof Decoster

## Featured Article

### **Situating U.S. health services research in a global context – reflections from the Annual Research Meeting of AcademyHealth**

**Veena Sriram** (Postdoctoral Fellow, University of Chicago, EV 2016)

Last week, a few thousand researchers, policymakers and practitioners gathered in Seattle for the Annual Research Meeting of [AcademyHealth](#), the leading organization for health services research in the U.S. Health services research (or HSR as it is called in the U.S., which is somewhat confusing as it is also an acronym for health systems research) and the more LMICs focused health policy and systems research (or HPSR) have much in common – a focus on health services and systems, engagement with multiple disciplines, and arguably, an underlying emphasis on equity. Much of my

experience has been in the context of HPSR, and having now taken some steps into the HSR world – including participation in two AcademyHealth meetings – I wanted to reflect on similarities and differences between these two fields:

1) The (lack of) emphasis on the ‘P’ – HSR seems to be predominantly focused on services, with a clear focus on policy implementation and evaluation, but less so on the development process underlying new policy, particularly issues of agenda setting and formulation, and the reasons for the entrenchment of existing policy. In the U.S. context, the latter types of studies – delving into issues of politics, interests and power – seem to be far more common in research from disciplines such as political science. I sense less of an incorporation of that kind of policy research in the HSR space, which is in contrast to HPSR, where such studies have been actively encouraged (although they are still [quite neglected](#)). At AcademyHealth meetings, this inevitably results in many ‘elephants in the room’ – for example, the outsize [role of lobbyists](#) in shaping health care.

In my view, this is one of the fundamental differences between HSR and HPSR – the longer term vision in HPSR to delve deeper and understand how and why certain policies gain traction, in an effort to try to fundamentally reorient systems to become more equitable, rather than just retooling what exists. The U.S. health care system is notoriously complicated, and much of the AcademyHealth meeting felt as though we were focusing on band-aids to the problem, rather than trying to get at the heart of these issues. Those are understandably difficult conversations – even more so due to the intense politicization of health care in the U.S. – but they are essential to a holistic understanding of health.

2) Shared struggles of HSR and HPSR researchers – HSR and HPSR researchers seem to wrestle with similar issues – the desire to highlight community perspectives (but tellingly referred to as patients in the U.S. context), underlying tensions between qualitative and quantitative methodologies, and challenges in integrating social science approaches. One common theme between last year and this year at AcademyHealth was the difficulty in developing constructive relationships between researchers and policymakers, something that has become more fraught with the Trump Administration. I had assumed that HSR researchers have an easier time accessing policymakers and disseminating findings given the dominance of government in funding HSR, but that assumption was proved wrong. Many of the issues brought up – the need to use innovative methods for dissemination, challenges in engaging with the media, generating actionable messages, developing long-term engagement with policymakers and journalists, etc. – are themes that have come up repeatedly in the context of HPSR. I wonder if more can be done to share lessons across contexts, for example at the annual [Dissemination and Implementation Symposium](#) sponsored by AcademyHealth.

3) How ‘global health’ is perceived by the HSR field - AcademyHealth has a small, but growing, focus on global health, and one can find posters, presentations and discussions on health services research outside the U.S. scattered throughout the conference. However, what’s more striking is how difficult it can be for stakeholders in the U.S. to draw lessons from other countries (even though international exchange has shaped the development of American medicine for over two centuries). Few panels seemed to explicitly bring in lessons from other regions of the world, including other high-income countries with market-based systems. One reason for this might be that as the U.S. health care system becomes more byzantine, researchers, policymakers and practitioners gravitate to lessons from within the country – for example, at the state and local level – rather than from countries where the political and socio-economic scenario is perceived to be too different to allow for meaningful learning and exchange. I would argue that such learning is in fact essential for

benchmarking (not in the ranking sense of the word), and for introducing and testing new ideas and approaches.

I was also intrigued by how global health is perceived amongst HSR stakeholders. In one panel, someone noted that ‘We need to bring a global health mindset to U.S. domestic care - lower cost, higher quality’. This comment says several things to me. One, due to the dominant role of technologically motivated global health organizations (including those based in Seattle), health in LMICs is increasingly being seen as a space for innovation – for trying out interventions that are in theory low cost and perceived to be more effective. However, there continues to be [sharp criticism](#) of these types of approaches. Two, introducing such a ‘mindset’ into the U.S. is a step in the right direction – but one wonders if this isn’t also a continuation of the band-aid approach discussed earlier. Finally, the panelist seemed to acknowledge that despite the major role of U.S. stakeholders in global health, HSR as a collective is still a bit isolated from international engagement and learning. As progressives (à la Bernie Sanders) embrace ‘Medicare for All’, it feels as though the U.S. will eventually [reengage with Universal Health Coverage](#), and that could possibly serve as an avenue for further exchange (we will however likely have to wait for the next Democratic administration for this to happen).

Definitions and understandings of the term ‘global health’ are [evolving](#), and there is now a recognition that we need to see high-, medium- and low-income countries in relation to one another, and to also incorporate a focus on inequities within high-income countries, rather than the traditional dichotomy between high-income countries and LMICs. It will be interesting to see how the Annual Research Meetings at AcademyHealth begin to reflect these changes in the coming years, and to see how the HSR community situates itself in relation to HPSR and other health stakeholders around the world.

## Highlights of the week

### One year Tedros in charge

One year ago, Dr Tedros took the helm of WHO. His track record so far is pretty good, with among others the 13<sup>th</sup> GPW, and the recent DRC Ebola outbreak response as the latest case in point.

A few **tweets from Tedros** himself from this week:

*“One year ago today I took office as @WHO DG. I’m proud of my staff and the work we do every day to promote health, keep the world safe and serve the vulnerable. #HealthForAll is achievable, thanks to all partners who help us get closer. **We are just getting started** - stay tuned!”*

*“Instead of health systems focused on treating sick people in hospitals, **we need health systems focused on keeping people healthy and out of hospitals**, where the costs are greater and the outcomes are often worse.”*

*“The **foundation of universal health coverage** is strong health systems, based on people-centred primary health care, with a focus on health promotion and disease prevention.”*

As for myself, I have one wish for dr. Tedros: that he'll hire a bunch of “**doughnut economists**” to help him realize Health for All in the years and decades ahead. The world needs many of them. Including the global health world.

## WHO/OECD/WB joint publication - Delivering quality health services: A global imperative for achieving universal health coverage

[WHO OECD WB](#);

“As the countries commit to achieving universal health coverage, there is an imperative to deliberate focus on quality of health services. This involves providing effective, safe and people-centred services that are timely, equitable, integrated and efficient. **For the first time ever, WHO, OECD and the World Bank joined efforts to produce a document - Delivering quality health services: A global imperative for achieving universal health coverage – that describes the essential role of quality.** Additionally, they **make a call to action** with a sense of urgency, as universal health coverage without quality of care is a job half done.”

Check out also the related [BMJ Opinion](#). (by J Veillard, E Kelley, T Evans, ...) (*for the ones with little time, this is a **must-read short overview** of the key messages of the report*)

Or the [WHO press release](#).

## NHS at 70

### Lancet - The UK's National Health Service at 70

“On the 70th anniversary of the UK's NHS, three Lancet pieces look back at [how the NHS and its staff have been depicted in films](#), discuss a [social history project](#) gathering stories of people's NHS experiences, and highlight **Elias Mossialos's work in health policy.**”

Excerpt from the [latter](#):

“... As the UK's National Health Service (NHS) celebrates its 70th year, what of **its future**? That is the focus of a **Lancet Commission Mossialos is co-chairing to be published next year.** “We cannot afford to abandon the NHS”, he says. “It's the only universal service in this country. The UK is lagging behind other wealthy European countries on overall social spending for family and children, housing, and social care, so the NHS is picking up the failures of other systems.” **He sees the need for more universal aspects of the welfare state in Britain and to address the broader determinants of health.** “That means better services, not only more money. It also means earlier detection of disease for the lower socioeconomic groups, more prevention, and more public health.” As to **his own future as inaugural head of LSE's new Department of Health Policy**, he says: “my vision is to develop a world-class research and teaching department and to launch a masters course for African health policy leaders. **There is a lot of talk that universal health coverage is within reach, but this is wishful thinking. You can't have universal health coverage in Africa without developing the future**

*leaders of the continent. It's not about spending more, but about allocating money to address unmet need and spending it properly." This, he says, is a lesson for the NHS as well...."*

## **Lancet World Report – From health service to national identity: the NHS at 70**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31513-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31513-7/fulltext)

*"As the UK's National Health Service celebrates its 70th anniversary, Talha Burki examines how this institution has become a part of Britain's culture."*

## **BMJ – NHS at 70: series of articles**

<https://www.bmj.com/nhs-at-70>

*"The BMJ is running a series of articles and opinion pieces reflecting on the health of the NHS as it approaches its 70th birthday on 5 July 2018. As well as looking at what the NHS has achieved over the 70 years it has been in operation, The BMJ's coverage will also consider how the NHS might need to change to face the challenges that lie ahead."*

## **Guardian - What does the NHS need to survive for another 70 years?**

<https://www.theguardian.com/commentisfree/2018/jul/05/nhs-survive-70-years-panel-anniversary>

**Four experts** reflect on this question (including Richard Horton). Recommended.

## **World Cup football in Russia**

The "[Neymar family reunion](#)" **videos** are obviously great for human wellbeing around the globe.

More importantly, though, we want to flag this **op-ed in the NYT**:

[If Ronaldo Can't Beat Uruguay, the Least He Can Do Is Pay Taxes](#) (by **Gabriel Zucman**)

*"The Portuguese soccer star's financial maneuvers can tell us a lot about the world's failure to adapt to globalization." As you know, Ronaldo is nowhere near alone in this among global football stars and other high-net worth individuals.*

I also hope the next generation of football and sports stars will drink a bit less coke & other soda drinks in public, advertise (much) less for beer and Lays chips, etc. They make enough money anyway. As a start, I hope the PR guys will hire public health people for some efficient advertising in this respect. For example – *"This was (the Brazilian) Ronaldo when he scored at the final in 2002; and this is Ronaldo now, after plenty of coke and burgers."* Etc.

# Planetary Health

## WP - Red-hot planet: All-time heat records have been set all over the world during the past week

[WP](#);

*“From the normally mild summer climes of Ireland, Scotland and Canada to the scorching Middle East, numerous locations in the Northern Hemisphere have witnessed their hottest weather ever recorded over the past week. Large areas of heat pressure or heat domes scattered around the hemisphere led to the sweltering temperatures. No single record, in isolation, can be attributed to global warming. But collectively, these heat records are consistent with the kind of extremes we expect to see increase in a warming world...”*

Cfr a **tweet from Anthony Costello** related to this worrying news:

*“In 2009 we reported CC was the greatest health threat of the 21st century. Many serious people were doubtful. But everything we predicted has happened faster than expected. **It’s possible we’re at a tipping point.**”*

Another example: **WB report - [#GlobalWarming in South Asia could "sharply diminish living conditions" for up to 800 million people.](#)**

## Plos Med special issue – Climate change and health

<http://collections.plos.org/climate-change-and-health>

*“Climate change and the impacts on health are being increasingly reported and documented. It is expected that with continued rises in global temperature and greenhouse gas emissions the effects on health will become more widely experienced and extreme. **Throughout July PLOS Medicine is publishing a Special Issue on climate change and health.** Guest edited by Dr. Jonathan Patz (University of Wisconsin-Madison) and Dr. Madeleine Thomson (Columbia University), the issue focuses on topics including the health effects of extreme heat and flooding, food system effects, non-communicable disease risk, such as air pollution, infectious disease risks and the health benefits of greenhouse gas mitigation policies. The issue has a particular focus on evidence based studies focused on policy-relevant work on adaptation and mitigation options.”*

Also, check out this **paper from Catherine Grant**:

**[“Academic flying, climate change, and ethnomusicology: Personal reflections on a professional problem”](#)**

*“Continuing the tradition of reflexivity in ethnomusicological writing, this article represents a personal position statement on the practice of academic flying. In the context of climate change concerns, **I table the reasons for my discomfort with my own academic flying, present my options (as I see them), and reflect on possible career implications.** By making public my stance on academic flying, I hope to motivate greater individual and collective consideration of the environmental impact*

*of our ethnomusicological activities, and to encourage researchers and their institutions, universities and professional associations to consider ways of actively supporting a future in which the environmental impact of academic flying is an integral ethical and moral consideration in our work.”*

## Migration

### Guardian - EU migration deal may force NGOs to rethink, says charity

<https://www.theguardian.com/world/2018/jun/29/eu-migration-deal-may-force-ngos-to-rethink-operations-says-charity>

Although the overall number of migrants (to Europe) has declined steeply, migration continues to be a pain in the metaphoric neck of the EU. While negotiations take place, and EU country politicians bicker it out, including in Germany, migrants continue to drown at sea and the situation may further worsen, because according to MSF, *“NGO vessels that rescue refugees in the Mediterranean may have to rethink their missions if they are forced by the new European agreement on migration to coordinate all of their operations with the Libyan coastguard.”*

Some of the dire consequences: [Mediterranean: more than 200 migrants drown in three days.](#)

### IISD - UNHCR Issues Final Draft of Global Compact on Refugees

<http://sdg.iisd.org/news/unhcr-issues-final-draft-of-global-compact-on-refugees/>

*“The office of the UN High Commissioner on Refugees has issued the final draft of the global compact on refugees, providing the basis for the final round of negotiations in Geneva. Among the changes in the final draft, the document indicates that the Global Refugee Forum will convene every four years, beginning in 2019.”*

### Lancet Public Health - Spain shows that a humane response to migrant health is possible in Europe

Helena Legido-Quigley, M Mckee et al;

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30133-6/fulltext#.WzzQTUAMQsX.twitter](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30133-6/fulltext#.WzzQTUAMQsX.twitter)

**Spain**, with a new government in place, recognising that *“it is a fallacy to say that excluding migrants benefits the system”*, **rescinds the Royal Decree which limits immigrant access to healthcare**. As you know, *“The new government has also made a very visible statement to the international community by granting permission to the ship **Aquarius**, which had been drifting in the Mediterranean with 629 migrants on board, to dock and disembark these people after they had been refused entry by Italy and Malta. In these ways, the new Spanish government is sending a clear message to the world that a humane and dignified response to migration is possible.”*

This goes against the current tide of hostility towards migrants in many European countries, but it does offer some hope that others will eventually see the light.

## PEPFAR

### CGD (blog) - Will PEPFAR “Acceleration” Put Its Money Where Its Mouth Is?

R Silverman ; <https://www.cgdev.org/blog/will-pepfar-acceleration-put-its-money-where-its-mouth>

“In 2017, the President’s Emergency Plan for AIDS Relief (PEPFAR) released a new Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020). The strategy identified 13 “priority high-burdened countries” where PEPFAR would focus on accelerating progress toward “epidemic control”—a point at which the annual number of new HIV infections falls below the number of annual deaths among HIV-positive individuals, implying a decrease in the total population living with HIV. ...”

“...Now, with the release of PEPFAR’s FY2018 and FY2019 budget requests, we have our first signals: without congressional intervention, the “acceleration” strategy appears intended to involve meaningful reallocations of funding between countries....” Includes a table with changes in PEPFAR allocations to different African & other countries.

See also a KFF brief - [PEPFAR Reauthorization: Side-by-Side of Existing Legislation](#).

## Coming up next week: High-Level Political Forum on sustainable development (9-18 July, New York)

<https://sustainabledevelopment.un.org/hlpf/2018>

See also the [HLPF blog](#).

*“The theme of the 2018 High-level Political Forum on sustainable development will be **“Transformation towards sustainable and resilient societies.”** In the lead-up to the Forum, weekly blogs by representatives of Member States, UN system, and major groups and other stakeholders will be featured on this page to present various perspectives on this theme. The role of SDGs 6, 7, 11, 12, 15 and 17 will also be highlighted, as these goals will be in focus at this year’s Forum. Follow #HLPF on social media for the latest blogs and other HLPF updates.”*

*“... The following set of goals will be reviewed in depth, and include **“Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development”**, which is considered each year: Goal 6. Ensure availability and sustainable management of water and sanitation for all; Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all; Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable; **Goal 12. Ensure sustainable consumption and production patterns**; Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and*

halt and reverse land degradation and halt biodiversity loss.” “...The meeting is convened under the auspices of the United Nations Economic and Social Council will be held from 9–18 July 2018; including the **three-day ministerial meeting of the forum from 16–18 July 2018.**”

For some more background on SDG 11 (and the stakes), see a **Nature Editorial** - [Science must help to make city living sustainable](#).

## Some preparatory (SDG) related reads, resources & news

### ODI - What do analyses of Voluntary National Reviews for Sustainable Development Goals tell us about 'leave no one behind'?

<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12270.pdf>

Must-read. Already flagged in a previous IHP newsletter.

See also (on IISD) a short report (by N Risse) on this ODI report - [ODI Examines 'Leave No One Behind' Reflections in VNRs](#)

*“The ODI briefing note ‘What do Analyses of Voluntary National Reviews for Sustainable Development Goals Tell us about Leave No One Behind?’ examines VNRs based on 22 publications of various organizations and experts that analyzed VNRs in 2016 and 2017, and on the UN Secretary-General’s VNR voluntary common reporting guidelines at the HLPF. The note suggests to: conduct a holistic analysis of the 2016, 2017 and 2018 VNRs to identify how ‘leave no one behind’ has evolved particularly for high, middle and low income countries; delve deeper into the different ways countries are setting up SDG operations to examine how the LNOB commitment is being institutionalized; and analyze ways countries have allocated financial resources for SDG implementation to help gauge government effort towards LNOB.”*

### The 2018 SDG Index and Dashboards Report will be launched in July

<http://www.sdgindex.org/>

Coming very soon, in other words.

On 6 July, you can watch the launch of the **first Africa SDG Index & Dashboard report** [here](#).

*“The SDG Index and Dashboards Report provides a report card for country performance on the historic Agenda 2030 and the Sustainable Development Goals (SDGs). The annual report shows how leaders can deliver on their promise and it urges countries not to lose the momentum for important reforms. It is produced by the Sustainable Development Solutions Network (SDSN) and the Bertelsmann Stiftung.”*

## Announcement: Spotlight on sustainable development 2018 (event on 12 July, New York)

[https://www.globalpolicy.org/images/pdfs/images/Spotlight\\_Report\\_2018\\_-\\_Side\\_event\\_invitation\\_12\\_July.pdf](https://www.globalpolicy.org/images/pdfs/images/Spotlight_Report_2018_-_Side_event_invitation_12_July.pdf)

*“The world is off-track in terms of achieving sustainable development. Fundamental policy changes are necessary to unleash the transformative potential of the SDGs. In particular, there is a need for more coherent fiscal and regulatory policies and a whole-of-government approach towards sustainability. These are the **main messages of the Spotlight Report 2018**, the most comprehensive **independent assessment of the implementation of the 2030 Agenda**. The Spotlight Report 2018 describes policies, resources and actions that are necessary to implement the 2030 Agenda. It highlights strategies and approaches which depart from business-as-usual and prioritize fulfilment of human rights and respect for planetary boundaries.”*

## IISD – World Bank Paper Tests Methodology for Prioritizing SDGs, Indicators

[IISD](#);

*“A [paper](#) authored by staff from the World Bank Group explains the concepts of **SDG proximity, centrality and density to help countries prioritize action on specific Goals and SDG indicators**. The most “central” indicators focus on energy access and use of improved drinking water sources, while the least “central” areas include poverty and climate action. The authors caution against “writing off” an SDG or indicator as irrelevant simply because it features limited connections.”*

*“...The Office of the World Bank Group’s Senior Vice President for 2030 Agenda, UN Relations and Partnerships has outlined a methodology for helping policy makers to prioritize SDG targets in their development plans. **The authors argue that how a country will perform on a specific SDG indicator is dependent on progress on other SDGs**, and they introduce the concepts of “SDG proximity,” “SDG centrality” and “SDG density” to consider specific indicators...”*

## IISD – SDG-Tracker.org Releases New Resources

[IISD](#);

*“**Our World in Data**, an online publication by the Oxford Martin Programme on Global Development at the University of Oxford, has **issued an update to its SDG Tracker**. The tool aims to provide a clearer understanding of the Goals, targets and indicators and the “respective data used to track our progress on them”. A **color-coded matrix** on the site displays **data availability for all 232 of the official SDG indicators**, and users are invited to notify the project about data sources.”*

## Global Policy Watch (report) - New Report: Highjacking the SDGs?

M L Abshagen et al; <https://www.globalpolicywatch.org/blog/2018/07/05/new-report-highjacking-the-sdgs/>

On the private sector and the sustainable development goals.

*“...The idea of business involvement with the SDG is trending but so far there is little systematic analysis: In which way are businesses engaging with the SDGs? What is the actual impact on sustainability of businesses’ SDG activities? And which strategies are needed in order to better align business activities with the transformative Agenda of the SDGs? **This analysis aims at answering some of those questions and thus contributing to the critical discourse on business engagement with the SDGs.** The first chapter gives an overview of business involvement with the SDGs and the relevant discussions following that trend. Then, **the analysis looks at two different business sectors.** The first case examines at **the financial sector.** The idea of “shifting the trillions” gained huge attention following the understanding that SDG implementation depends on redirecting financial flows from unsustainable areas to SDG financing. The case study examines the growing market of SDG related financial instruments like bonds and its impact on sustainable development. Consumer goods are highly relevant for the 2030 Agenda because of their environmental and social impact along the supply chain. The **second case examines tobacco companies and their involvement with the SDGs.** Along with alcohol, tobacco is in fact the only consumer product explicitly mentioned in the SDGs. And of all consumer goods, tobacco touches on every SDG, be it health or agriculture or water, and has therefore a relevant role to play for the successful implementation of the SDGs....”*

## WHO report – Preventing disease through a safer and healthier workplace

<http://apps.who.int/iris/bitstream/handle/10665/272980/9789241513777-eng.pdf?ua=1>

*“This comprehensive global assessment provides insights on the health impacts that could be avoided through healthier and safer workplaces. It is estimated that 2.1% of all deaths and 2.7% of the disease burden worldwide can be attributed to quantified occupational risks. These and the effects from many more unquantified risks are outlined....”*

## UN News - Poorer countries set to be 'increasingly dependent' on food imports, says UN food agency report

<https://news.un.org/en/story/2018/07/1013872>

*“Poorer countries with rising populations and scarce natural resources are likely to be “increasingly dependent” on imports to feed their people, according to an **annual report** jointly compiled by the **United Nations food agency**, launched on Tuesday....”*

## Global health security

### CSIS analysis - Health Security Downgraded at the White House

J S Morrison; <https://www.csis.org/analysis/health-security-downgraded-white-house>

Analysis by J S Morrison. Recommended.

Excerpt: "... Whatever previous insulation health security had from internal White House chaos is now gone. The future of U.S. funding and support to the Global Health Security Agenda is uncertain. There is a high risk of continued drift in policy development and of continued assault upon budgets. ..."

## Ebola contained

### NYT – Ebola outbreak is ‘largely contained’

<https://www.nytimes.com/2018/06/28/health/congo-ebola-vaccine.html?smtyp=cur&smid=tw-nythealth>

Good news, as already mentioned last week the Ebola outbreak in DRC seems under control. Apparently lessons have been learned from the previous outbreaks, and this has contributed to a more efficient and effective response. The outbreak was contained in [just seven weeks](#)! Fingers crossed that this will indeed be the end for this outbreak.

See also [Associated Press](#): **Countdown to end of Ebola outbreak begins:**

*"Congo's health ministry says the countdown toward the end of its latest Ebola outbreak has begun, as all people who were in contact with the last confirmed case have passed the 21-day incubation period with no sign of the virus..."*

See also **MSF** - [MSF hands over Ebola response activities in DRC](#) *"After a two-month emergency intervention in Equateur Province, Democratic Republic of Congo (DRC), Doctors Without Borders/Médecins Sans Frontières (MSF) teams have begun handing over Ebola response activities to the Congolese Ministry of Health (MoH) and other nongovernmental organizations (NGOs) in Mbandaka, Bikoro, Itipo, and Iboko."*

*"...given that **no new cases of Ebola have been reported since June 6**, MSF teams, alongside the World Health Organization (WHO), have completed the "ring vaccination" of all contacts of confirmed Ebola patients, as well as the contacts of their contacts with the investigational Ebola vaccine rVSV-DG-ZEBOV-GP. Likewise, MSF's vaccination of frontline workers in Bikoro and Iboko health zones was completed on June 23. **If there are no new confirmed cases of Ebola**, the 21-day follow up of the last frontline workers vaccinated by MSF—and MSF's vaccination activities in Equateur Province—will be **completed on July 14.**"*

### Lancet Comment - Ebola virus disease: 11 323 deaths later, how far have we come?

Joseph A Lewnard;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31443-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31443-0/fulltext)

Still we must not be too quick to celebrate, because while "...the [data](#) presented by the **Ebola Outbreak Epidemiology Team** document **progress** by the international community since 2014, in its capacity for rapid outbreak response..." **"Ebola virus disease is a familiar foe against which we have**

*developed clinical protocols, public health strategies, and a vaccine. For our next challenge, these countermeasures are not assured."*

We need to be just as prepared to deal with other as yet unknown, but potentially serious outbreaks of diseases like the notorious "Disease X."

## World Zoonoses Day – 6 July

- You might want to read this **IDS blog post** - [Rethinking One Health](#) (by **S S Abbas**).

*" World Zoonoses Day is celebrated on 6 July every year to highlight zoonotic diseases and measures to control them. It also offers an opportunity to take stock of policy debates around zoonoses and reflect on their development."*

- Or this one (**STEPS**) - [Why politics has to be at the heart of any response to zoonoses](#) (by **Ian Scoones**)

*" Zoonoses Day, on July 6 every year, is a reminder of the continuing problem of emerging diseases, particularly those originating in animals. Zoonoses have dominated policy debates in the past years – from SARS to avian influenza to Ebola. There have been calls to control 'at source' and stamp out such diseases through a range of draconian measures, lest they create havoc for the global economy and spread, particularly to richer settings in the global North. **To challenge this simplistic narrative, we need to raise questions around social justice, asking who is affected by such diseases and where...."***

*"... In our **book series, Pathways to Sustainability, and the STEPS Centre's work in general, three themes are central** to understanding how pathways to sustainability emerge in response to health and disease challenges: Social justice (who wins or loses from disease and how health policy is focused). Politics (how health and disease responses are framed, both locally and internationally). Governance (how health policies are defined, and how health technologies are regulated and controlled)...."*

## UNAIDS Board meeting

**UNAIDS Board reiterates its strong commitment to the mandate of UNAIDS towards ending the AIDS epidemic by 2030**

[http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2018/june/20180629\\_pcb-42](http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2018/june/20180629_pcb-42)

We already covered the UNAIDS board meeting in last week's IHP newsletter, but this overview article is also worth a read. Including this paragraph:

*“Board members expressed their support for the measures that UNAIDS is putting in place to address harassment in the workplace. The Board heard Mr Sidibé’s commitment to lead change as he outlined the proactive actions under way at UNAIDS to prevent sexual harassment, unethical workplace behaviour and all forms of abuse....”*

## Access to medicines

### Health Policy Watch - First Results Of Pharma-Led Initiative To Increase Access To Treatments

<https://www.healthpolicy-watch.org/first-results-of-pharma-led-initiative-to-increase-access-to-treatments/>

*“Early results of a biopharmaceutical companies-based initiative to encourage access to treatment in developing countries shows a focus on cancer, diabetes, and cardiovascular disease, through 62 programmes. **The report**, conducted by an independent observatory, provides key findings on several areas, including local priorities, and social inequity. An independent review framework of an industry-led initiative to help with access to treatments in developing countries just issued its first results. **The Access Observatory’s first report**, provides **early results of Access Accelerated activities**. Launched in 2017, **Access Accelerated** is a collaboration of 23 research and development-based biopharmaceutical companies, in partnership with the World Bank and the Union of International Cancer Control. .... According to the report, 62 Access Accelerated programmes operating in 103 countries were registered in the Access Observatory since the launch of the Access Accelerated initiative. **Most programmes were conducted in sub-Saharan Africa and Southeast Asia**, it says. **About two-thirds of programmes addressed cancer, the report says, followed by diabetes and cardiovascular disease....”***

### WHO – Roadmap for access 2019-2023 (zero draft)

[http://www.who.int/medicines/access\\_use/Roadmap\\_for\\_access\\_zero\\_draft.pdf](http://www.who.int/medicines/access_use/Roadmap_for_access_zero_draft.pdf)

*“...The **actions for prioritization** as described in the WHA report have been consolidated into **10 action areas**. ...”*

*Among others, cfr a tweet, “the WHO zero draft of the road map on access to medicines and vaccines 2019-2023 includes **delinkage** as a core principle for coordinated actions on health research and development (including GARDP).”*

# Polio

## Science - Alarming polio outbreak spreads in Congo, threatening global eradication efforts

L Roberts; <http://www.sciencemag.org/news/2018/07/polio-outbreaks-congo-threaten-global-eradication>

*“Overshadowed by the Ebola outbreak in the **Democratic Republic of the Congo (DRC)**, another frightening virus is on the loose in that vast, chaotic country: polio. Public health experts have worked for months to stamp out the virus, but it keeps spreading. It has already paralyzed 29 children, and on 21 June a case was reported on the border with Uganda, far outside the known outbreak zone, heightening fears that the virus will sweep across Africa. **The DRC is “absolutely” the most worrisome polio outbreak today**, says Michel Zaffran, who heads the Global Polio Eradication Initiative (GPEI) at the World Health Organization (WHO) in Geneva, Switzerland. **The outbreak also underscores the latest complication on the bumpy road toward polio eradication. It is caused not by the wild virus hanging on by a thread in Afghanistan, Pakistan, and perhaps Nigeria, but by a rare mutant derived from the weakened live virus in the oral polio vaccine (OPV), which has regained its neurovirulence and the ability to spread. As OPV campaigns have driven the wild virus to near-extinction, these circulating vaccine-derived polioviruses (cVDPVs) have emerged as the greatest threat to polio eradication. If the outbreaks are not stopped quickly, polio scientists warn, they could spiral out of control, setting eradication efforts back years....”***

See also Vox - [A vaccine we don't even use anymore is a reason polio keeps spreading — yes, really](#)

## Interactive ‘civil society’ hearing on NCDs High-Level Meeting (New York, 5 July)

For the ‘ ‘ , all “kudos” go to **Kent Buse**, see his tweet from earlier this week: “Key ‘civil society’ hearing on #NCDs #HLM3 on Thurs – with AB InBev, Beer Inst, FoodDrinkEurope, Heineken, spiritsEUROPE etc in room, public-interest & public-health groups must coalesce around agenda to countervail commercial interests.”

Another tweet (from **James Love**) also frames it nicely: “We will have an absurd conversation about non-communicable diseases at the UN on Thursday, discussing “partnerships” with big pharma, as if there are only shared values and interests.”

More from James Love: “The **Brains behind the big pharma strategy on the UN's NCD negotiations** has been **Jeff Sturchio**, a former Merck lobbyist now running Rabin Martin, a “health consultancy””

- **Full Programme** of the Hearing: see [here](#).
- **NCD Alliance**: [Civil society priority recommendations and analysis of zero draft elements paper for the HLM on NCDs](#). Good to re-read. With recommendations along 6 priority areas.

Read also again the [8-point agenda](#) published in an article in **the Lancet** last week.

Meanwhile, The NCD Alliance's #ENOUGH campaign is also gaining momentum.

- [NCDs in humanitarian emergencies: a call to action on a hidden crisis](#)

*"...The current draft of the Political Declaration contains no mention of NCDs in humanitarian crises. We call on all those with influence over the negotiations on the Political Declaration—including Ministries of Health, Country Missions at the UN in New York, and civil society leaders speaking at the Interactive Hearing on NCDs on 5 July—to raise the issue of NCDs in humanitarian crises as a major and growing health threat to some of the world's most vulnerable populations and ensure its inclusion in the Political Declaration..."*

- [242 Civil society, academics and activists call on the co-facilitators to address high medicines prices and private sector influence in the HLM on NCDs](#) (must-read!!)

**James Chau:**

*““We need to see NCDs not as a detached, health agenda, but as a fundamental core of our human rights—our rights to breathe clean air, eat nutritious food, and live in a healthpromoting environment. It is time to be honest, it is #TimeToDeliver! @jameschau”*

Kent Buse - *“James Chau in an eloquent & passionate address to UN General Assembly hearing on #NCDs calls on civil society to be a bit less civil, a bit less polite – says it must adopt tactics of anti-Apartheid and anti-AIDS campaigners to demand change and ensure accountability #HLM3”*

Guessing Chau wasn't talking about his home country, China, here : )

And an impatient **Katie Dain** (NCD Alliance) – *“Hope @IlonaKickbusch picks up on commercial determinants of health in next panel. Feels like we're skirting around issue. Unhealthy commodity industries are driving NCD epidemic; self regulation & voluntary approaches have poor track record; need strong regulatory approaches.”*

**Kickbush duly delivered:**

*“@IlonaKickbusch: “The more visible the #NCDs movement is, the more politicians will take notice and make decisions.””*

*“In the NCD agenda we deal with the most powerful & influential industries in the world that lead people to consume unhealthy products, create obesogenic environment, put pressure on politicians & governments. We must regulate the #commercialdeterminants of health!@IlonaKickbusch”*

*“Powerful industries have far too much influence — the **zero draft political declaration lacks teeth!! We MUST regulate commercial determinants of health. YES!!! Thank u @IlonaKickbusch”***

*“3 "I"s from @IlonaKickbusch: Implement best buys; Integrate #NCDs into public benefit packages for UHC (including health promotion/prevention/treatment/mental health); integrated reporting on NCDs jointly in 2025 on AMR, UHC, TB, HIV – a strong expression of commitment to SDG3”*

## Big Soda’s insidious tactics

**Food politics – Big Soda strong-arms California: no more soda taxes for 12 years. Shame!**

M Nestle; <https://www.foodpolitics.com/2018/07/big-soda-strong-arms-california-no-more-soda-taxes-for-12-years-shame/>

*“Last week, California Governor Jerry Brown signed a law banning new soda tax initiatives in the state until 2030, thereby preempting local initiatives planned and in progress. How did this happen? Raw, overt power politics...”*

*“...**Big Soda’s tactic:** use California’s ballot initiative process to put forth a measure requiring a two-thirds majority to pass any new tax legislation. Brown and those mayors must have assumed it would pass (anything to prevent new taxes). Brown said he would agree to a 12-year moratorium on new soda taxes if the soda industry would withdraw the measure. It did, and he signed. ... In explaining the so-called “compromise” (in quotes because this was blackmail), US News quotes state senator Scott Wiener (Dem-San Francisco): This industry is aiming a nuclear weapon at government in California and saying, ‘If you don’t do what we want we are going to pull the trigger and you are not going to be able to fund basic government services.’ In other words, **the beverage industry held the state hostage....”***

See also **NBC News** - [California bows to beverage industry, blocks soda taxes](#) “A beverage industry-backed ballot measure to curb all new taxes was dropped in exchange for a ban on new soda taxes until 2031.”

And see also this **Op-Ed** [Big Soda Is the New Big Tobacco](#).

## FENSA

**Times of India - Leaked mail reveals lobbying by food, beverage giants to access policy making in WHO**

<https://timesofindia.indiatimes.com/business/international-business/Leaked-mail-reveals-lobbying-by-food-beverage-giants-to-access-policy-making-in-WHO/articleshow/47361739.cms>

“A leaked mail from **IFBA (the International Food and Beverages Alliance)** shows its hectic lobbying to influence framing of rules on WHO’s engagement with the private sector. It also revealed how IFBA is backed by the developed world (including several countries in Western Europe, US, Canada, Israel, NZ, Australia who seem to have pledged not to accept any framework which excludes the food and beverage industry. ... “

## Tobacco control

### Lancet Editorial - Progress towards a tobacco-free world

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31482-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31482-X/fulltext)

*“Last week, global anti-smoking efforts made substantial progress. Australia won a landmark victory in a major trade dispute over its plain packaging for cigarettes, with the World Trade Organization panel rejecting complaints concerning its tobacco packaging law. Additionally, the WHO Framework Convention on Tobacco Control (FCTC) announced that the Protocol to Eliminate Illicit Trade in Tobacco Products would enter into force, representing a milestone in providing the legal basis for strengthening the international community's actions in tobacco control. Unprecedented legal actions against tobacco were also reported in China and Japan....”*

But the road ahead is still tough. “...In 2015, at the 10-year anniversary of the coming into force of the FCTC, The Lancet supported a **campaign to achieve a tobacco-free world by 2040—where less than 5% of the world's adult population use tobacco**. Achieving this goal will require a turbo-charged approach that complements FCTC actions with strengthened UN leadership, full engagement of all sectors, and increased investment in tobacco control.”

## Global Fund

### Lancet – Offline: Can the Global Fund survive?

Richard Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31552-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31552-6/fulltext)

*“France will host the Sixth Replenishment Conference for the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2019. The result may make or break the Global Fund. Although the date of the conference is not formally confirmed, it is likely to be sometime between June, when France will host the G7, and September (the UN General Assembly in New York). **With a pre-replenishment conference expected around January, the investment case for donors needs to be ready by the end of 2018.** And, with a crucial Global Fund Board meeting in November, there are only 4 months left to decide the broad outlines of that case. This terrifyingly narrow time window matters because **the Fund remains uncertain about its argument for replenishment**. Uncertainty before one of the most important moments in the Fund's history is not a good place to be....”*

Horton then points out **the choice the GF faces**: to pursue a strategy of more of the same (risky in the current international environment), or go for a strategic shift (presenting a plan and investment case for how it will reinvent itself in an SDG era).

Horton, being Horton, then comes up with his own argument for Peter Sands, linking the GF's core aims with **UHC** (with specific asks on the latter). He also sees a **key role for the EU** (at least he hopes so).

## TB

### Stat Plus - U.S. pushes back on global declaration for TB drugs, a move advocacy groups say will restrict access

<https://www.statnews.com/pharmalot/2018/07/05/tuberculosis-rnd-access/>

(gated) *“Amid growing frustration over the cost and development of tuberculosis medicines, the U.S. government is pushing changes in global policy at a United Nations meeting this week that patient advocacy groups claim will make access and affordability more difficult for poorer countries. Specifically, the U.S. has proposed language that would negate provisions found in a World Trade Organization agreement, which allows countries to issue compulsory licenses as a way to create lower-cost alternatives to medicines, according to the latest [draft version](#) (as of 25 June) of an agreement....”*

## UBS - Global Philanthropy report

<https://www.ubs.com/global/en/wealth-management/uhnw/philanthropy/shaping-philanthropy.html>

The first ever global picture of philanthropy. *“This report represents a first step in an attempt to understand philanthropic practices and trends globally. It aims to develop a picture of the magnitude of global philanthropic investment and help create an evidence-based discussion on global philanthropy.”* **The report was authored by researchers at the Hauser Institute for Civil Society at Harvard University and funded by UBS.**

*“...The report comprises four sections. Section I provides an overview of institutional philanthropy around the world, including initial perspectives on its scale, age, and classification. Section II provides available information on foundation finances, including assets, endowments, and expenditures. Section III examines foundations' priorities and purposes. Section IV considers operating models and strategies including social investment mechanisms, governance, human resources, and impact assessment strategies.”*

## Devex report - Emerging Donors 2.0

[https://pgs.devex.com/emerging-donors-report/?utm\\_medium=social&utm\\_source=twitter&utm\\_campaign=emerging\\_donors\\_report](https://pgs.devex.com/emerging-donors-report/?utm_medium=social&utm_source=twitter&utm_campaign=emerging_donors_report)

“...This exclusive Devex report provides the most up-to-date and in-depth assessment of the funding strategies and priorities of **eight emerging bilateral donors: the BRICS economies, as well as South Korea, the United Arab Emirates and Turkey**. Our analysis also includes **three emerging international financial institutions: the Asian Infrastructure Investment Bank, New Development Bank and Green Climate Fund...**” “... Devex estimates that foreign aid from emerging donors increased by a staggering 47 percent from \$5.7 billion in 2010 to \$8.4 billion in 2015....”

## New resource WHO – ‘Budgeting in Health’ webpage

[http://www.who.int/health\\_financing/topics/budgeting-in-health/en/](http://www.who.int/health_financing/topics/budgeting-in-health/en/)

*“Public funds are essential for universal health coverage (UHC). Budget allocation and execution rules and practices are crucial to support progress towards that goal. Specifically, the way budget is presented and organized determines how resources flow to and reflect sector priorities. WHO provides technical guidance on both why and how to improve the effectiveness of budgeting reforms in the health sector.”*

Check out in particular the **new policy brief - [Budget matters for health: key formulation and classification issues](#)** (by H Barroy, J Kutzin et al). 18 p.

For some of the **key points on budgeting in health**, see [here](#).

## More key publications of the week

### Globalization & Health (Commentary) – From health for all to universal health coverage: Alma Ata is still relevant

K R Pandey; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0381-6>

*“With increasing adoption of universal health coverage (UHC), the health for all agenda is resurgent around the world. However, after a promising start the first time in 1978, the health for all agenda fizzled over the next decade. **This commentary discusses the origin of the health for all agenda in the 1970s and the influence of global politico-economic forces in shaping that agenda, its demise and the resurgence in the form of UHC in the twenty-first century.** We discuss UHC’s focus on finances and the increasing role of market economy in health care, and the opportunities and risks UHC poses. **We conclude by saying that UHC’s greater focus on finances is prudent, but in order to achieve its promise, UHC needs to regulate the market based provision of healthcare, and incorporate more of the people and community centered ethos of its earlier iteration from 40 years ago.**”*

## Globalization & Health – International norms and the politics of sexuality education in Nigeria

J Shiffman et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0377-2>

*“Proponents have promoted sexuality education as a means of empowering adolescents, yet it has been thwarted in many low and middle-income countries. **Nigeria** represents an exception. Despite social opposition, the government in 1999 unexpectedly approved sexuality education policy. Since then, implementation has advanced, although efficacy has differed across states. **We draw on theory concerning international norm diffusion to understand Nigerian policy development.** We find that a confluence of international and national norms and interests shaped policy outcomes, including concern over HIV/AIDS. A central dynamic was an alliance of domestic NGOs and international donors pressing the Nigerian government to act. **We argue that theory on international norms can be applied to understand policy dynamics across a variety of health and population areas,** finding value in approaches that integrate rather than juxtapose consideration of (1) international and national influences; (2) long and short-term perspectives on policy change; and (3) norms and interests. “*

## Special issue Medicine Anthropology Theory on global health partnerships & systems

<http://www.medanthrotheory.org/issue/5-2/>

Check it out.

Do start with the **introduction** to get an idea on the background of this special issue, and what the various essays entail: [Critical perspectives on US global health partnerships in Africa and beyond](#) (by N Kenworthy, L Thomas & J Crane).

*“...This project **began in 2015 at the University of Washington** with the aim of drawing together scholars from a range of disciplines – stretching from medicine and history to anthropology and philosophy – to examine global health partnerships from critical and humanistic perspectives...”*

## Critical Public Health - Power asymmetries, policy incoherence and noncommunicable disease control - a qualitative study of policy actor views

S Battams et al;

<https://www.tandfonline.com/doi/abs/10.1080/09581596.2018.1492093?journalCode=ccph20>

*“Noncommunicable diseases kill 40 million people each year and are the cause of 70% of global deaths annually. Proximal risk factors include tobacco use, physical inactivity, the harmful use of alcohol and consumption of unhealthy food, which are shaped by the social and economic conditions of daily life, known as the social and commercial determinants of health. It is well recognised within the global health community that policy coherence across all levels of government at the national and international level is required to address NCDs. To date, however, there has been little coherence between health and trade policy, which directly affects access to unhealthy or healthy commodities. **This paper explores policy actors’ views of the challenges in achieving coordinated and coherent***

**NCD policy across health and trade sectors.** Drawing on interviews (n = 18) with key policy actors and using a policy framework that focuses on ideas, power and the ‘deep core’ of neoliberalism, **we identify the role of competing frames, power asymmetries and interests in constraining policy coherence.** We also find differences between NCD risk factor domains. Tobacco control was highlighted as one area of generally successful coherence internationally. In contrast, alcohol and nutrition were identified as areas with little coherence. **Industry power, the role of evidence, presence of absence of a treaty, the extent of coordinated advocacy and leadership by intergovernmental organisations were key factors influencing coherence.** In light of these constraints, the role of advocacy by non-governmental organisations was highlighted as the key for much-needed policy change.”

## WHO Bulletin- July issue

<http://www.who.int/bulletin/volumes/96/7/en/>

In the July issue, we’d like to flag, among others:

**WHO News - [Japan renews primary health care to promote healthy ageing](#)**

“Yoshitake Yokokura has been driving efforts to renew primary health care in Japan to meet the needs of an ageing population.”

**WHO News – [Crisis-driven cholera resurgence switches focus to oral vaccine](#)**

“Oral rehydration was once the mainstay of treatment for cholera, but today’s cholera outbreaks fuelled by conflict and instability require a new approach. Sophie Cousins reports.”

## **IJHPM - Community Health Worker Programs to Improve Healthcare Access and Equity: Are They Only Relevant to Low- and Middle-Income Countries?**

S Javanparast, F Baum et al;

[http://www.ijhpm.com/article\\_3512\\_0.html?utm\\_source=dlvr.it&utm\\_medium=twitter](http://www.ijhpm.com/article_3512_0.html?utm_source=dlvr.it&utm_medium=twitter)

“Community Health Workers (CHWs) are proven to be highly effective in low- and middle-income countries with many examples of successful large-scale programs. There is **growing interest in deploying CHW programs in high-income countries** to address inequity in healthcare access and outcomes amongst population groups facing disadvantage. **This study is the first that examines the scope and potential value of CHW programs in Australia and the challenges involved in integrating CHWs into the health system.** The potential for CHWs to improve health equity is explored....”

## Some blogs & articles of the week

### Plos blog - Supporting New & Diverse Voices in Global Health

D Sridhar & R Katz; <http://blogs.plos.org/globalhealth/2018/07/supporting-new-diverse-voices-in-global-health/>

After organizing a workshop on global health security & UHC, Devi Sridhar & Rebecca Katz come up with some suggestions to increase diversity in global health policy.

### WB 'Investing in health' blog - What makes a good case for allocating more of the national budget to the health sector?

M B Dapaah; <http://blogs.worldbank.org/health/what-makes-good-case-allocating-more-national-budget-health-sector>

*“Making the case for increasing the national budget allocation to the health sector is critical if more domestic resources are to be garnered for financing universal health coverage. Yet, there are competing priorities for more allocation for other sectors. While political will remains pivotal to decisions on national priorities, against limited resources, fiscal managers- such as ministries of finance or treasury- have a challenging job translating national priorities into budget allocations for sectors. As a result, like other sectors, the health sector must make a convincing case for more allocation. Strengthening the case for the health sector was a subject of discussion at the UHC Financing Forum co-hosted by the World Bank and the United States Agency for International Development (USAID). Ministries of health can learn from **four main points that came out of the discussion: avoid generic arguments; link revenue raising requests to an investment or a spending plan; pursue a multi-sector collaborative or solidarity approach; and advocate for political support....”***

### Is capitalism good for global health?

Andrew Harmer; <http://andrewharmer.org/2018/07/03/is-capitalism-good-for-global-health/>

Not sure Lenin was much into rhetorical questions but this is a nice ( and nuanced) blog.

### IHP - 40 years Alma Ata: middle age or a mid-life crisis?

Kristof Decoster; <http://www.internationalhealthpolicies.org/40-years-alma-ata-middle-age-or-a-mid-life-crisis/>

You know me: nuance is not really my thing. At least not in blogs. Here I reflect a bit more on the 40th Alma Ata anniversary from a “middle age/midlife crisis” angle.

For another Alma Ata related blog (by **Ebele Mogo**), see [Health and the SDGs: Going Back to Basics](#) Starting from the current situation in Nigeria.

## HP&P Debated - Health Policy and Planning's 2017 Impact Factor and Top 10 articles

<http://blogs.lshtm.ac.uk/hppdebated/2018/07/04/health-policy-and-plannings-2017-impact-factor-and-top-10-articles/>

The title says it all.

## Global health events

### Malaria Congress (1-5 July, Melbourne)

Unitaid - [Unitaid partners with APLMA to drive malaria elimination in Asia Pacific by 2030](#)

*“The Asia Pacific Leaders Malaria Alliance (APLMA) and Unitaid today launched a collaborative platform to accelerate access to innovations to halt the spread of malaria and other mosquito-borne diseases in the Asia Pacific region. Malaria continues to be a global health threat, killing 445,000 people a year. The new platform, known as the **Vector Control Platform for Asia Pacific (VCAP)**, links national regulators, policy-makers, industry, academia and the global health community to boost development and use of antimalarial tools, such as mosquito nets and insecticides....”*

And a tweet:

*“Spending an extra \$0.5 bn-\$1 bn a year could make a difference between just saving lives and getting on top of #malaria transmission dynamics,” @GlobalFund Executive Director **Peter Sands** tells #MalariaCongress.”*

### UN News – Food safety critical to development and ending poverty: FAO deputy chief (CAC meeting, Rome)

<https://news.un.org/en/story/2018/07/1013762>

*“Ensuring that people everywhere can trust the safety and quality of the food they eat is the focus of a UN meeting taking place this week in **Rome**. The **international food standards body known as the Codex Alimentarius Commission (CAC)** is expected to adopt a text on the maximum level of mercury in fish, among other matters, during its **annual session**, which opened on Monday....”*

*“... The **Codex Alimentarius Commission** was established more than 50 years ago by FAO and the World Health Organization (WHO). It coordinates input from nearly 190 countries and the European Union, and addresses themes such as contaminants, pesticides, health claims and nutrition labelling. **The Commission meets every year for one week to adopt the standards, guidelines, codes of***

*practice and other recommendations that make up the Codex Alimentarius—Latin for “food code” —aimed at protecting consumer health and ensuring fair practices in the food trade....”*

The meeting ends today (Friday).

## Coming up – WHO’s first global conference on air pollution and health (30 October-1 November, Geneva)

For more info, see <http://www.who.int/phe/news/july-2018/en/>

*“The [Global Conference on Air Pollution and Health](#) is the first-ever global event to focus on both air pollution and health. As a contribution towards achieving the SDGs, the Conference will feature a **“Call for Urgent Action”** where delegates will reach agreement on a target for 2030 to reduce the 7 million deaths caused by air pollution each year, Countries, urban mayors and civil society will be invited to make commitments to the global advocacy campaign [www.BreatheLife2030.org](http://www.BreatheLife2030.org) to meet WHO Air Quality Guidelines and reduce climate emissions. The Conference will underline the links between air pollution and the global epidemic of noncommunicable diseases (NCDs), and position the health sector to catalyse actions for health-wise policies on clean household energy, transport and waste....”*

See also (in the same [WHO newsletter](#)) **Air Pollution – one of the 5 key risk factors to beat NCDs.**

## Coming up – Brocher Foundation Workshop: Disrupting global health narratives (Geneva, 21-23 January 2019)

<http://globalhealthgovernance.org/new-events/>

*“The Global Health Governance Group will host a 3-day international workshop, sponsored by the Brocher Foundation, on **'Alternative Perspectives of the World Bank and its Influence on Global Health Development'**. The event will bring together experts in health policy, economics, anthropology, history, and public health to discuss the development of global health policies at the World Bank. **The workshop will broadly consider how to better integrate Global South perspectives in approaching the history and influence of global health institutions.**”*

And a tweet related to an Alliance presentation:

*“Thanks Dr Ghaffar for illuminating these **key challenges to the knowledge mobilisation agenda**: attribution & tracking of impact, domestic commitment, research/academic incentive systems, & disinformation. #km2018 @AllianceHPSR @SaxInstitute”*

## Global governance of health

### Global Fund Observer – latest issue

[http://www.aidspace.org/node/4660?pk\\_campaign=email-attrib-Word-PDF-download&pk\\_kwd=gfo-issue-338](http://www.aidspace.org/node/4660?pk_campaign=email-attrib-Word-PDF-download&pk_kwd=gfo-issue-338)

Check it out. With among others [Secretariat releases report on slow uptake of Global Fund's human rights complaints mechanism](#); [Secretariat provides update on the Global Fund's Governance Action Plan](#) ...

### It is imperative to reconstruct the Internationale of workers and peoples

Samir Amin; <http://www.networkideas.org/featured-articles/2018/07/it-is-imperative-to-reconstruct-the-internationale-of-workers-and-peoples/>

For the old communists among you. Well worth a read, this analysis – and the jargon surely feels charming in this day and age.

### University of California – Global Health institute; Global Health advocacy guide

<https://www.ucghi.universityofcalifornia.edu/sites/default/files/advocacy-student-guide.pdf>

Not sure these would have been Lenin's preferred tools. But still, some nice tips & tricks in there.

### ODI (report) – Reforming tax systems in the developing world: what can we learn from the past?

Roel Dom et al; <https://www.odi.org/publications/11151-reforming-tax-systems-developing-world-what-can-we-learn-past>

*"...This paper adds to the discussion by providing an accessible summary of the key academic ideas and policy debates over the past century that have shaped the nature of technical cooperation on tax system reforms in developing countries. It then connects these debates with the direction of travel of international cooperation on taxation."*

## Christopher Murray chairs new health metrics sciences department

<http://www.healthdata.org/news-release/christopher-murray-chairs-new-health-metrics-sciences-department>

*“The new Department of Health Metrics Sciences at the University of Washington School of Medicine in Seattle will officially start July 1 with Dr. Christopher J.L. Murray, who is recognized globally for his work on health data analytics, at its helm. **The department was created to serve at the forefront of the emerging science of health metrics**, according to Dr. Paul G. Ramsey, CEO of UW Medicine, executive vice president for medical affairs, and dean of the UW School of Medicine, who announced Murray’s appointment as founding chair. **It is the world’s first academic department devoted to this scientific discipline.** Murray will continue in his position as the director of the university’s Institute for Health Metrics and Evaluation (IHME), which he established in 2007....”*

## NYT – U.N. Cases Read Like ‘Manual in How Not to Investigate’ Sexual Assault

<https://www.nytimes.com/2018/06/29/world/united-nations-sexual-assault.html>

Many say, instead the UN should be setting the gold standard.

## JHU - Global health policy expert Jeremy Shiffman named Bloomberg Distinguished Professor

<https://hub.jhu.edu/2018/07/02/jeremy-shiffman-bloomberg-distinguished-professor/>

He already was one of my role models in global health, and I just noticed I have something in common with **Jeremy Shiffman**. He also taught English as a foreign language in China at some point in his life :) Sadly, our careers have drifted apart since then.

*“... **Shiffman is the 34th scholar to join Johns Hopkins University as a Bloomberg Distinguished Professor**, a group of interdisciplinary researchers at Hopkins who are working to address major world problems and teach the next generation. **The program is backed by a \$350 million gift from Johns Hopkins alumnus, philanthropist, and three-term New York City Mayor Michael R. Bloomberg.** ... .. Shiffman comes to Hopkins from the School of Public Affairs at American University in Washington, D.C...”*

Looking forward to Shiffman’s research on Bloomberg’s big (and dare I say, disproportionate) influence on global health policy : ).

## Short Interview with D Sridhar - Interview for WHO Europe with Professor Devi Sridhar for Tallin Conference 2018.

<http://2018.tallinnconference.ee/>

Via the **Global Health Governance Programme** newsletter:

**“Q:- What do you think are the biggest challenges for health systems over the next twenty or so years? And what are the greatest opportunities?”**

*A:- I think the **biggest challenges for health systems** are: **First, getting enough money for primary healthcare and basic infrastructure**- this means continuing the political fight for sufficient investment in health services around the world and pushing the needle towards accessible and high quality universal health coverage. **Second, the combination of an ageing population, urbanisation, and powerful industries pushing unhealthy products around the world has led to rising chronic disease.** Even relatively young people are suffering from chronic diseases such as cancer, diabetes, heart disease, and high blood pressure. And preventing this burden is difficult for the health system broadly given that the main drivers are smoking, alcohol misuse, sedentary lifestyle and overweight/obesity. **Third, drug-resistant infections are a rising, and terrifying, threat** in which our usual drugs to treat people during surgeries, birth, or those with TB and other infectious diseases don't work anymore- how can health systems cope with both not enough antibiotics for certain populations, such as children suffering from pneumonia, combined with the antibiotic overuse in other populations.*

*But I also see **big opportunities in the years ahead**: we are seeing **leadership at the global level from the heads of the World Health Organisation, the World Bank, the Global Fund, the Gates Foundation and Wellcome Trust recognising that health systems are a crucial priority and must have regular and robust support.** We are seeing **heads of government** from across the world recognising the importance of health systems in order to prevent pandemics, reduce drug-resistance infections, and provide life-saving care to women and newborns during childbirth. **Health systems have been linked to national economic productivity, security as well as human rights rationale.** And finally, there is **rising citizen engagement in healthcare**- from the UK, to the US to India and Senegal- ensuring that healthcare is an important electoral issue and that politicians push beyond rhetoric to real change on the ground.”*

And a tweet:

**“Over 50 civil society organisations, trade unions, women’s groups, think tanks and academics wrote to the IMF demanding that current loan conditionality approach be scrapped and replaced with one that protects human rights, tackles inequality and backs sustainable development.”**

## OECD – OECD launches largest source of comparable tax revenue data

<http://www.oecd.org/tax/tax-policy/oecd-launches-largest-source-of-comparable-tax-revenue-data.htm>

*“A new database providing detailed and **comparable tax revenue information for 80 countries around the world** – and which will expand to cover more than 90 countries by the end of 2018 – was unveiled [today] during the 5th plenary meeting of the Inclusive Framework on BEPS, held in Lima, Peru....”* Countries in Africa, Asia, LAC & the OECD.

*“The [Global Revenue Statistics database](#) provides the largest public source of comparable tax revenue data, which is produced in partnership with countries and regional organisations. The database provides reliable and accessible country-specific indicators on tax levels and structures, supports global efforts to raise domestic revenues for sustainable development, contributing directly to the SDGs and the Addis Ababa Action Agenda. It will strengthen the capacity of governments and tax policy-makers to develop and implement tax policy reforms that will raise domestic resources to fund the provision of vital public goods and services....”*

**A related tweet from Joe Kutzin:** “A new and potentially very valuable database to support #healthfinancing for #UHC”.

## Daily Maverick - Sorry, but the NHI Bill is just not the right medicine

<https://www.dailymaverick.co.za/article/2018-06-26-sorry-but-the-nhi-bill-is-just-not-the-right-medicine/#.WzoldUzYdW>

Over to **South-Africa** then. Analysis by **Sasha Stevenson** (attorney at **Section 27**). Well worth a read.

*“... We call on civil society and stakeholders in health to engage in a balanced and objective analysis of the Bills and the development of proposals that could assist the department in moving towards an equitable healthcare system for all in South Africa. Universal health coverage must not remain a mere vision any longer. **We need a clear plan, now...**”*

See also a **Lancet World Report** - [South Africa reveals health bills](#)

*“The much-awaited bills were met with criticism by those who think that an effective reform of the health system will require a different approach. Andrew Green reports.”*

## Lancet – On the road to universal health care in Indonesia, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016

N Mboi et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30595-6/fulltext?utm\\_campaign=lancet&utm\\_content=73705400&utm\\_medium=social&utm\\_source=twitter](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30595-6/fulltext?utm_campaign=lancet&utm_content=73705400&utm_medium=social&utm_source=twitter)

*“As Indonesia moves to provide health coverage for all citizens, understanding patterns of morbidity and mortality is important to allocate resources and address inequality. The Global Burden of Disease 2016 study (GBD 2016) estimates sources of early death and disability, which can inform policies to improve health care. **We used GBD 2016 results** for cause-specific deaths, years of life lost, years lived with disability, disability-adjusted life-years (DALYs), life expectancy at birth, healthy life expectancy, and risk factors **for 333 causes in Indonesia and in seven comparator countries....”***

*“**Over the past 27 years, health across many indicators has improved in Indonesia. Improvements are partly offset by rising deaths and a growing burden of non-communicable diseases....”***

And a few (relative) oldies:

### WB report – Going universal in Africa : how 46 African countries reformed user fees and implemented health care priorities

D Cotlear et al; <http://documents.worldbank.org/curated/en/712041516179885313/Going-universal-in-Africa-how-46-African-countries-reformed-user-fees-and-implemented-health-care-priorities>

We reckon you have seen this report (from earlier this year) already but just in case.

### Health Systems & Reform – The Economic Transition of Health in Africa: A Call for Progressive Pragmatism to Shape the Future of Health Financing

C Ly, Tim Evans, O Adeyi et al;

<https://www.tandfonline.com/doi/full/10.1080/23288604.2017.1325549>

From last year, but still well worth a read. *“The new financing landscape for the Sustainable Development Goals has a larger emphasis on **domestic resource mobilization**. But, given the significant role of donor assistance for health, the fungibility of government health spending, and the downward revision of global growth, this article looks at what is possible with regard to a country's own ability to finance priority health services. Using cross-sectional and longitudinal economic and health spending data, we employ a global multilevel model with regional and country random effects to develop gross domestic product (GDP) projections that inform a dynamic panel data model to forecast health spending. We then assess sub-Saharan African countries' abilities to afford to finance their own essential health needs and find that there are countries that will still rely on high out-of-pocket or donor spending to finance an essential package of health services. To address this, we discuss **policy opportunities for each set of countries over the next 15 years. This longer-term view***

*of the economic transition of health in Africa stresses the imperative of engaging policy now to prioritize customized strategies and institutional arrangements to increase domestic financing, improve value for money, and ensure fairer and sustainable health financing. We address the need for rhetoric on UHC to incorporate “**progressive pragmatism**,” a proactive joint approach by developing country governments and their development partners to ensure that policies designed to achieve universal health coverage align with the economic reality of available domestic and donor financing.”*

## Planetary health

### Devex – GCF head steps down

<https://www.devex.com/news/gcf-head-steps-down-bangladesh-faces-monsoon-season-and-iom-rebukes-us-nominee-this-week-in-development-93059>

*“The Green Climate Fund’s executive director stepped down abruptly on Wednesday, leaving the organization’s future in doubt. Howard Bamsey, an Australian diplomat who had led the GCF since January 2017, resigned after a “difficult” meeting in Songdo, South Korea, during which the GCF failed to add to its portfolio of 76 projects, worth \$3.7 billion. The GCF has struggled with disputes between rich and poor nations about how and where to invest — and progress was further hampered in 2017 after President Donald Trump pulled U.S. support....”*

### Imperial College London – Developing countries face rising payments due to climate change, says report

[Imperial College London;](#)

*“Developing countries face debt payments of up to \$168 billion over the next ten years as a result of their vulnerability to man-made climate change. A new study from Imperial College Business School found that climate risks are increasing the cost of capital for developing countries. The researchers found that for every ten dollars these countries pay in interest payments, an additional dollar is due to climate vulnerability. “Climate change is not only imposing economic and social costs on developing countries, but it is also amplifying existing risks.” The study shows that over the past decade, a sample of developing countries have endured \$40 billion in additional interest payments on government debt alone. The researchers estimate that these additional interest costs are set to rise to between \$146bn and \$168bn over the next decade, and could exacerbate the economic challenges already faced by poor countries around the world. However, the researchers also found that investments in climate resilience can help improve fiscal health at the national level....”*

## Thomson Reuters Foundation – India's 'worst water crisis in history' leaves millions thirsty

[Thomson Reuters](#);

*“From the northern Himalayas to the sandy beaches in the south, 600 mln people face acute water shortage, with close to 200,000 dying each year from polluted water. **India is "suffering from the worst water crisis in its history", threatening hundreds of millions of lives and jeopardising economic growth, a government think-tank report said in June.**”*

*“...**Water pollution** is a major challenge. ... .. Meanwhile, **unchecked extraction** by farmers and wealthy residents has caused groundwater levels to plunge to record lows, says the report. It predicts that **21 major cities, including New Delhi and India's IT hub of Bengaluru, will run out of groundwater by 2020, affecting 100 million people....”***

For more detail, see [Scroll.In](#).

## Responsible mining

Finally, a quick link: [Netherlands Minister for Foreign Trade and Development Cooperation Launches Responsible Mining Index 4 July, 2018](#). “...This first Index, RMI 2018, covers 30 companies from 16 home countries, including publiclylisted, state-owned and private companies.” It measures 6 thematic areas.

For more info on this new Index, and how mining companies are doing, see [here](#).

All in all, “...Over recent decades, many large-scale mining companies have shown significant improvements in how they manage EESG issues, as evidenced by the introduction of innovative practices and the engagement with partners and multi-stakeholder initiatives on responsible mining. Yet the RMI results indicate that it is still hard to find evidence of systematic, effective action at any one company on the range of topics that society can reasonably expect companies to address.”

Anglo American tops the list...

## Infectious diseases & NTDs

### Lancet Infectious Diseases (Personal View)– Laboratory medicine in Africa since 2008: then, now, and the future

John Nkengasong et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30120-8/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30120-8/fulltext)

*“The **Maputo Declaration of 2008** advocated for commitment from global stakeholders and national governments to prioritise support and harmonisation of laboratory systems through development of comprehensive national laboratory strategies and policies in sub-Saharan Africa. As a result, **HIV laboratory medicine in Africa has undergone a transformation**, and substantial improvements have been made in diagnostic services, networks, and institutions, including the development of a competent workforce, introduction of point-of-care diagnostics, and innovative quality improvement programmes that saw **more than 1100 laboratories enrolled and 44 accredited to international standards**. These improved HIV laboratories can now be used to combat emerging continental and global health threats in the decades to come. For instance, the unprecedented Ebola virus disease outbreak in west Africa exposed the severe weaknesses in the overall national health systems in affected countries. It is now possible to build robust health-care systems in Africa and to combat emerging continental and global health threats in the future. **In this Personal View, we aim to describe the remarkable transformation that has occurred in laboratory medicine to combat HIV/AIDS and improve global health in sub-Saharan Africa since 2008.**”*

## **Guardian - Brazil: measles outbreak that infected 500 may devastate indigenous people**

[https://www.theguardian.com/world/2018/jul/03/brazil-measles-outbreak-yanomami-indigenous?CMP=share\\_btn\\_tw](https://www.theguardian.com/world/2018/jul/03/brazil-measles-outbreak-yanomami-indigenous?CMP=share_btn_tw)

*“An outbreak of measles that has infected nearly 500 people in northern Brazil could prove catastrophic for indigenous Yanomami people in remote areas along the Venezuelan border who are not protected from the disease, according to the not-for-profit group Survival, which warned that hundreds could be killed if emergency action was not taken. “... .. The World Health Organization , but outbreaks can still occur when the disease is imported by visitors. The Brazilian government has blamed the outbreak on Venezuelan refugees but health experts said that a reduction in vaccination cover was also a factor....”*

## **Global Health Science and Practice – Eliminating Mother-to-Child Transmission of HIV by 2030: 5 Strategies to Ensure Continued Progress**

A Vrazo et al; <http://www.ghspjournal.org/content/6/2/249>

*« To keep up momentum in preventing mother-to-child transmission we propose: (1) advocating for greater political and financial commitment; (2) targeting high-risk populations such as adolescent girls and young women; (3) implementing novel service delivery models such as community treatment groups; (4) performing regular viral load monitoring during pregnancy and postpartum to ensure suppression before delivery and during breastfeeding; and (5) harnessing technology in monitoring and evaluation and HIV diagnostics.”*

## CIDRAP – Monkey studies suggest Zika role in miscarriage may be higher than thought

[CIDRAP](#);

*“ Zika-related miscarriage or stillbirth may be much higher than previously thought in women infected early in their pregnancies, according to a report today from scientists at six different primate research centers.”* Based on new research in *Nature Medicine* – [“Miscarriage and stillbirth following maternal Zika virus infection in nonhuman primates.”](#)

*“...Overall, they found that 26% of pregnancies in monkeys infected with Zika virus during the first trimester ended in miscarriage or stillbirth, about four-fold higher than in unexposed monkeys at the centers. The level they saw is much higher than the 8% rate reported earlier this year in women infected with Zika during the early months of pregnancy...”*

## Journal of Clinical TB & other mycobacterial diseases (Editorial) - Contextualizing global TB advocacy: Lessons from three experiments in movement building

V Krishnan; <https://www.sciencedirect.com/science/article/pii/S2405579418300342>

Cfr a tweet by Madhukar Pai: *“What connects Gandhi, Martin Luther King, HIV and TB advocacy?”*

*“... While a lot is said about democratization of information flow, made possible by social media platforms like Twitter and Facebook, sociologists have found that **hierarchical models work better while building movements.** ... .. In contrast, the TB movement remains limited to only ‘affinity groups’. **This paper will focus on India**, which shoulders the highest TB and DR TB burden in the world. ... .. **TB activism in India is fragmented, with fierce rivalry between approximately six groups....”***

*“To replicate the success of the HIV movement, **the fundamental requirement within the TB community is of stronger ties, more cooperation and high-risk strategies that define successful, non-violent civil disobedience movements.** That the HIV epidemic is no a longer a public health emergency, is testimony to what the movement achieved. A careful examination of the sophistication of HIV movement could help India's TB community immensely, as the global battle against TB will be won or lost in India, home to most TB patients in the world.”*

## Science – Major donor nixes effort to combat tuberculosis crisis in North Korea

<http://www.sciencemag.org/news/2018/06/major-donor-nixes-effort-combat-tuberculosis-crisis-north-korea>

*“On 30 June, The **Global Fund** to Fight AIDS, Tuberculosis and Malaria [pulled] the plug on its grants to North Korea, which has one of the highest rates of tuberculosis (TB) in the world. The pullout leaves the isolated nation with about 1 year to line up a new source of medicines and diagnostics to combat a deepening TB crisis....”*

And a **quick link**:

[First clinical MERS vaccine by Inovio and GeneOne shows promise](#)

*“Inovio and GeneOne Life Science’s MERS vaccine, which is receiving financial support from the International Vaccine Institute (IVI) and the Coalition for Epidemic Preparedness Innovations (CEPI), elicited high levels of antibodies and T-cell responses in a **phase 1 study**....”*

## AMR

### Stat - As drug resistance grows, combining antibiotics could turn up new treatments

[Stat](#):

*“Combining certain antibiotics could help them pack a one-two punch against harmful bacteria, according to a **new study** published Wednesday **in Nature**....”*

And a quick link:

[Euractiv - Commission: Third countries should meet EU antibiotics requirements on animal exports](#)

*“Non-EU countries that export animals and animal products to the bloc will have to abide by new rules on veterinary medicines when it comes to the use of antibiotics, according to the European Commission. But non-EU countries warn that this could break WTO rules as well as have severe implications on global trade....”*

### Guardian - New drug uses immune system to wipe out deadly bacteria

<https://www.theguardian.com/society/2018/jul/05/new-drug-uses-immune-system-to-wipe-out-deadly-bacteria>

*“Scientists have created a new drug that hunts down and eliminates deadly antibiotic-resistant bacteria by engaging the body’s natural defences. Researchers at Lehigh University in Pennsylvania fused part of an existing antibiotic with a molecule that attracts antibodies unleashed by the immune system to fight invaders such as bacteria. The **“immunobiotic”** targets a range of bacteria*

*responsible for diseases such as pneumonia and food poisoning, including those that often become resistant to last-resort antibiotics...."*

*"...The research is an important step in the fight against antibiotic resistance. McHugh said: "Bacteria are less likely to become resistant to drugs that target the immune system compared with drugs that target the bacteria more directly." Bacteria can mutate and change their interaction with an antibiotic, but they cannot directly change our immune systems."*

## NCDs

### Devex – What the WTO decision on plain packaging means for developing countries

<https://www.devex.com/news/what-the-wto-decision-on-plain-packaging-means-for-developing-countries-93048>

*Last week's decision "has major impacts for developing countries looking to battle the array of noncommunicable diseases associated with smoking..."*

### Plos Med - Evaluating the 2014 sugar-sweetened beverage tax in Chile: An observational study in urban areas

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002596>

*"Ryota Nakamura and colleagues present findings from an observational study of sugar-sweetened beverage purchases in Chile after a tax change. "*

And check out also **another Plos Med research article** from this week [Chile's 2014 sugar-sweetened beverage tax and changes in prices and purchases of sugar-sweetened beverages: An observational study in an urban environment](#).

*"Lindsey Smith Taillie and colleagues describe reduced purchases of sugar-sweetened beverages after modifications to the Chilean sugar tax. "*

Coverage for example in **the Telegraph** - [Major new study shows Chile's sugar tax has sharply reduced sales of sugary drinks](#)

*"Marc Suhrcke, a professor in Global Health Economics at the University of York and one of the study's authors said the study showed that **even small price hikes are enough to motivate consumers to change their buying habits....**" "...Commenting on the PLOS study, Dr Rachel Nugent of RTI International who chaired the Lancet team said that: "**What we are seeing in this study is what best we can understand from a very different tax implemented in Chile.**" "**Chile did something very***

*different to Mexico and the UK. It's still early days so we're doing some learning by doing and trying to socialise people and governments about the risks of sugar, sugar-sweetened beverages and unhealthy diets." said Dr Nugent. "SSB taxes are not optimal but they're sending a signal there's a concern here," she added...."*

Or cfr a tweet by R Nugent: "Compared to Mexico, very different tax design, very different results, but still effective at reducing SSB".

## **Lancet Editorial – Cervical cancer prevention in Thailand—a model of success**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31483-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31483-1/fulltext)

*"On June 23, the Provincial Health Office of Roi Et, Thailand, received the 2018 UN Public Service Award for its cervical cancer prevention programme and promoting gender responsive public services...."*

*"T...he programme is an inspiration for other countries striving to implement low-cost, evidence-based public health interventions and shows how partnership efforts can advance women's health and equality."*

## **ECOSOC adopts resolution on the work of the UN Inter-agency Task Force on NCDs (27 June)**

<http://undocs.org/E/2018/L.16>

Cfr a tweet:

**"Resolution adopted on 2 July 2018: ECOSOC "calls upon @un\_ncd and its members to support the capacity of Member States for improved regulatory and legal frameworks that promote favourable health outcomes for #NCDs" (OP11)"**

& does much more.

## **Enact (report) – Tackling heroin trafficking on the East African coast**

S Haysom et al; [Enact](#);

*"In recent years, the volume of heroin shipped from Afghanistan along a network of maritime routes in East and Southern Africa appears to have increased considerably. An integrated regional criminal*

market has developed; shaping and shaped by political developments. **Africa is now experiencing the sharpest increase in heroin use worldwide, and a spectrum of criminal networks and political elites in East and Southern Africa are substantially enmeshed in the trade.** New policy approaches are urgently needed.”

## Study reveals the tactics soft drink companies use to market to young people

<http://www.abc.net.au/radio/adelaide/programs/worldtoday/study-reveals-the-tactics-companies-use-to-market-soft-drinks/9944180>

“A new study from the University of Adelaide and the South Australian Health and Medical Research Institute (SAHMRI) found sugary drink companies **are using Facebook** to market their products directly to Australian young people. **It found the companies paint themselves as cool and fun, encouraging young people to like and share the advertisements to their friends....**”

A few links:

[Philippines primed to put in place cigarette-style health warnings on sweet drinks.](#)

Lancet – “... [An action group called Action on Salt China \(ASC\) has been set up to develop and implement an evidence-based, comprehensive, effective, and sustainable national salt reduction programme to help achieve WHO's recommended salt intake in China.](#) “

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

### NYT – Bulwark Against an Abortion Ban? Medical Advances

[NYT](#);

“As partisans on both sides of the abortion divide contemplate a Supreme Court with two Trump appointees, one thing is certain: America even without legal abortion would be very different from America before abortion was legal. **The moment Justice Anthony M. Kennedy announced his retirement, speculation swirled that Roe v. Wade, the landmark 1973 ruling that legalized abortion, would be overturned.** Most legal experts say that day is years away, if it arrives at all. A more likely scenario, they predict, is that a rightward-shifting court would uphold efforts to restrict abortion, which would encourage some states to further limit access. Even then, a full-fledged return to an era of back-alley, coat-hanger abortions seems improbable. **In the decades since Roe was decided, a burst of scientific innovation has produced more effective, simpler and safer ways to prevent pregnancies and to stop them after conception** — advances that have contributed to an abortion rate that has already plunged by half since the 1980s....”

Still, there's a big risk, especially for the immigrant women already under siege, low-income women, women of color, transgender and queer women.

## NYT - U.N. Reports Sharp Increase in Children Killed or Maimed in Conflicts

[NYT](#);

Also news from last week. ***“More than 10,000 children were killed or maimed in armed conflicts last year, the United Nations reported on Wednesday in an annual survey that is closely examined because it names and shames countries that fail to protect children. The suffering occurred across the world...”*** See also [UN News](#). *“...The report covers 20 countries, including hotspots such as Syria, Yemen and Afghanistan, but also situations in countries such as India, the Philippines and Nigeria...”*

## The Conversation - Uganda's new sex education framework will do more harm than good

B De Haas; <https://theconversation.com/ugandas-new-sex-education-framework-will-do-more-harm-than-good-98634>

***“Uganda has launched its first ever guideline on sex education. The National Sexuality Education Framework 2018 aims to provide a formal, national direction for sex education within Uganda's schools, ensuring that all programmes adhere to the same approach. The problem is that Uganda's society holds very traditional values.... ... This formalises what has already been happening. Uganda has taken an abstinence-only approach in schools for a long time. The framework just makes it a matter of national policy.... ”***

*... To understand what policies would make more sense for the sexual and reproductive health of young people, I conducted research among students and sex education teachers in secondary schools in Kampala, Uganda's capital, between 2008 and 2013. My findings confirm that Uganda's abstinence-only approach is problematic for a number of reasons...”*

## BMJ Global Health – The magnitude and severity of abortion-related morbidity in settings with limited access to abortion services: a systematic review and meta-regression

C Calvert et al; <https://gh.bmj.com/content/3/3/e000692>

*“Defining and accurately measuring abortion-related morbidity is important for understanding the spectrum of risk associated with unsafe abortion and for assessing the impact of changes in abortion-related policy and practices. This systematic review aims to estimate the magnitude and severity of*

*complications associated with abortion in areas where access to abortion is limited, with a particular focus on potentially life-threatening complications....”*

## **Guardian - Breakthrough made in fight to end virginity testing in Afghanistan**

[https://www.theguardian.com/global-development/2018/jul/05/breakthrough-fight-to-end-virginity-testing-afghanistan?CMP=tw\\_t\\_a-global-development\\_b-gdndevelopment](https://www.theguardian.com/global-development/2018/jul/05/breakthrough-fight-to-end-virginity-testing-afghanistan?CMP=tw_t_a-global-development_b-gdndevelopment)

*“In a prison in the Balkh province of Afghanistan, more than 200 girls and young women are crammed into dirty prison cells. Many have been here for months – and some for more than a year. When they are eventually released, they face a future defined by shame, exclusion and destitution. Their crime is that they all failed a virginity test performed by a health professional at a clinic or hospital. **Last year, under increasing pressure from human rights campaigners, Ashraf Ghani, the Afghan president, promised that forensic virginity tests – invasive examinations to check whether the hymen is intact – would be banned as an official procedure.** The tests nonetheless remain widespread, and the implications for girls and women who are deemed to have failed them are both immediate and catastrophic....”*

*“...Now, after a long and bitter fight, Marie Stopes Afghanistan, along with a coalition of civil society and religious leaders, believes a major breakthrough has been secured in the form of an **official public health policy that will stop the practice from being performed in every clinic and hospital in Afghanistan....** ... With funding from the Swedish government, the organisation will work with doctors and nurses in health facilities in every Afghan province to make sure the new policy is understood and communicated....”*

## **Global Health Action - The development of a global Midwifery Education Accreditation Programme**

Andrea Nove et al; <https://www.tandfonline.com/doi/full/10.1080/16549716.2018.1489604>

*“This paper describes the process of developing and pilot testing the International Confederation of Midwives’ Midwifery Education Accreditation Programme (ICM MEAP), based on global standards for midwifery education, and discusses the potential contribution it can make to building capacity and improving quality of care for mothers and their newborns....”*

## Access to medicines

### Lancet Global Health (blog) - India's Pfizer litigation: balancing patentability and access to medicines?

S Rajam et al; <http://globalhealth.thelancet.com/2018/06/29/indias-pfizer-litigation-balancing-patentability-and-access-medicines>

*“Despite India’s attempts to fight pneumonia, 20 children die of the disease each hour. Although the Indian Government has initiated several programmes such as the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea, the issue of access to medicines lies at the heart of the problem. In order to understand the issues involved in these challenges, we take a closer look at the Indian patent litigation against the backdrop of the global accessibility debate.”*

### Xinhua News - Pan African scientific body to finance research on new drugs

[Xinhua](#);

News from late last week. *“The Nairobi-based African Academy of Sciences (AAS) will partner with foundations and academic institutions to finance research and development of new drugs aimed at tackling the continent's high disease burden. AAS said in a statement issued on Thursday that a partnership with University of Cape Town Drug Discovery and Development Centre (H3D), Medicines for Malaria Venture (MMV) and Bill & Melinda Gates Foundation will stimulate research on new drugs to treat diseases endemic in Africa.”*

### Globalization & Health – Medical device landscape for communicable and noncommunicable diseases in low-income countries

A S Sarvestani et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0355-8>

*“This study characterized the landscape of commercially available medical devices specifically designed for use in low-income countries (LICs)....”*

And a link:

Reuters Health - [Drugmakers try evasion, tougher negotiations to fight new U.S. insurer tactic](#)

*“In the escalating battle over U.S. prescription drug prices, major pharmaceutical companies are scrambling to limit the economic damage from a new U.S. insurer tactic that coaxes patients away from expensive drugs....”*

## Human resources for health

A tweet: “The link between #SDoH, #UHC, #healthworker burnout and collective action is critically missing. #NCDs in underserved communities will only pressure the system further. #EnoughNCDs @FHWCcoalition @ncdalliance”

## Miscellaneous

### Social Europe series of blogs - The Crisis of Globalisation

A series of 8 blogs: we recommend, among others:

[The Globalization Backlash: It's Both Culture And The Economy, Stupid](#) (by Catherine de Vries)

[The Overlapping Crises Of Democracy, Globalization And Global Governance](#) (by David Held)

We already want to flag here also an **upcoming event at the Graduate institute** in Geneva (3-4 December), “**How do the Overlapping Crises Of Democracy, Globalization And Global Governance impact globalhealth?**”

### The Economist – Why the world should adopt a basic income

Guy Standing; <https://www.economist.com/open-future/2018/07/04/why-the-world-should-adopt-a-basic-income?fsrc=scn/fb/te/bl/ed/>

UBI improves lives, enhances freedom and is a matter of social justice, writes Guy Standing.

### Nature (Comment) - A better measure of research from the global south

[https://www.nature.com/articles/d41586-018-05581-4?utm\\_source=twit\\_nnc&utm\\_medium=social&utm\\_campaign=naturenews&sf193126132=1](https://www.nature.com/articles/d41586-018-05581-4?utm_source=twit_nnc&utm_medium=social&utm_campaign=naturenews&sf193126132=1)

*“Funders Jean Lebel and Robert McLean describe a new tool for judging the value and validity of science that attempts to improve lives.” Piece linked to a **new IDRC tool**.*

## **Oxfam (blog) - Internal battles within partner governments are what determine change. That has big implications for aid.**

A Whaites; <https://oxfamblogs.org/fp2p/internal-battles-within-partner-governments-are-what-determine-change-that-has-big-implications-for-aid/>

*“Alan Whaites argues that aid workers should abandon their blueprints and focus instead on understanding internal reform battles within governments and trying to help those fighting poverty from within.”*

## **Uber may be the next big Tech Company breaking into the Healthcare Market**

[https://www.marktechpost.com/2018/05/15/uber-may-be-the-next-big-tech-company-breaking-into-the-healthcare-market/?utm\\_campaign=Articles&utm\\_content=73468317&utm\\_medium=social&utm\\_source=twitter](https://www.marktechpost.com/2018/05/15/uber-may-be-the-next-big-tech-company-breaking-into-the-healthcare-market/?utm_campaign=Articles&utm_content=73468317&utm_medium=social&utm_source=twitter)

Let's hope not. Short article on Uber Health. *“As one of the largest ridesharing companies in the world, Uber is also putting its name into the running for joining healthcare organizations that want to improve patient care. Under the newest focus on the Uber Health program that was launched in March, healthcare organizations would be able to order rides directly for patients that are receiving care at their facilities. These would be specialty vehicles launched through their API that were ready to accept patients in various conditions...”*

## **Uganda ranked seventh poorest country in Africa, 14.2m living in extreme poverty**

<http://matookerepublic.com/2018/06/27/uganda-ranked-seventh-poorest-country-in-africa-14-2m-living-in-extreme-poverty/>

*“A new report has ranked Uganda in the top 10 countries with extreme poverty in Africa. The report is titled ‘The Start of a New Poverty Narrative’.” Nigeria, DRC & Ethiopia top the list.*

## Guardian - UN snubs Trump by rejecting US pick for migration agency

<https://www.theguardian.com/world/2018/jun/29/un-trump-migration-agency-snob-nomination-rejected-iom>

See also **Devex** - [Funding fears as US loses IOM leadership](#)

*“Washington's candidate to head the International Organization for Migration was rejected Friday for the first time in decades, raising fears of retaliation from the agency's largest donor.”*

## Guardian - UN to investigate Tory record on poverty and human rights

<https://www.theguardian.com/society/2018/jun/28/united-nations-tory-record-poverty-human-rights>

*“The United Nations has launched an investigation into poverty and human rights in the UK which will examine the impact of the austerity policies of Theresa May and David Cameron over the past eight years. The **inquiry will be led by Prof Philip Alston, the UN's special rapporteur on extreme poverty and human rights**, who this month when he concluded **after a similar visit to the US** that the White House's contempt for the poor was driving “cruel policies”. The fact-finding trip is scheduled for this autumn and will be the first visit to a western European country by a representative of the UN's rapporteur's office since a trip to Ireland in 2011....”*

## Branko Milanovic (blog) - On growth and people: my reply to Kate Raworth's reply

<http://glineq.blogspot.com/2018/07/my-reply-to-kate-raworths-reply.html>

The latest episode in an interesting discussion. Milanovic zooms in here on **growth & people** ( i.e. the issue of issue of human behavior under conditions of hyper-commercialized global capitalism.)

*Excerpt: “...Globalized capitalism has to create new goods and services and it moves into what was hitherto a personal sphere (homes, cars, leisure hours). It pushes us to exploit these in order to make more money (because money is the sole indicator of success). Thus marketization (and numeracy which goes together with marketization) is greater than ever in history, and the more developed a society, the more marketized and money-conscious it is. What we observe is that people have become ever more aware of small differences in incomes and prices.... “*

## Guardian - Brexit: EU accused of making false claims over aid contracts

<https://www.theguardian.com/politics/2018/jul/01/brexit-eu-accused-of-making-false-aid-funding-claims>

*“The EU has been accused of putting the lives of the world’s poorest at risk after warning off British development organisations from involvement in its humanitarian aid programmes by claiming they would lose all funding in the event of the a no-deal Brexit...”*

## CGD - The Rise of the Robot Reserve Army: Working Hard or Hardly Working?

L Schlogl & A Sumner; <https://www.cgdev.org/blog/rise-robot-reserve-army-working-hard-or-hardly-working>

*“The rise of a new global “robot reserve army” will have profound effects on developing countries, but will it mean people will be working hard or hardly working?”*

Based on a new [CGD working paper](#).

## Brot Für die Welt - Analysis 81: Sustainably Financing Social Protection Floors

Barry Herman; <https://shop.brot-fuer-die-welt.de/entwicklungspolitik/Menschenrechte-und-Frieden/analysis-81-sustainably-financing-social-protection-floors.html>

Discussion paper. *“Social protection systems must be fiscally sustainable so they will provide all residents with adequate social protection in all the challenging situations over the life cycle that pose a risk to livelihood security now and in the future. This is often not the case. Tax-based financing is needed to pay for “social protection floors” (SPFs), which are the parts of social protection that seek to provide at least a basic level of protection for all residents against each of the main contingencies along the life cycle, as defined in the 2012 Social Protection Floors Recommendation 202 of the International Labour Organization. To help address that challenge, **the present paper focuses on how countries may assure the sustainable financing of social protection floors toward a permanent role in national development, planning and taxation.**”*

## DFID – Exclusive: What are DFID's new country diagnostic pilots?

<https://www.devex.com/news/exclusive-what-are-dfid-s-new-country-diagnostic-pilots-93028>

*“Devex explores the new Country Development Diagnostics being piloted internally by the U.K. Department for International Development.”*

## WB - New country classifications by income level: 2018-2019

<http://blogs.worldbank.org/opendata/new-country-classifications-income-level-2018-2019?cid=SHR BlogSiteShare XX EXT>

Updated country income classifications for the World Bank’s 2019 fiscal year. Always happens on the 1<sup>st</sup> of July.

## Project Syndicate - Trump’s Psychopathology Is Getting Worse

J Sachs & B Lee; <https://www.project-syndicate.org/commentary/trump-psychological-problems-getting-worse-by-jeffrey-d-sachs-and-bandy-x-lee-2018-07>

Jeff Sachs is losing it a bit here. *“...Trump shows signs of at least three dangerous traits: paranoia, lack of empathy, and sadism.”* I’d just say Trump embodies our wonderful economic system there, certainly at the top (among the 0.01 % - who also know a thing or two about lack of empathy & sadism towards workers around the globe).

*“Most pundits interpret the US president’s outbursts as playing to his political base, or preening for the cameras, or blustering for the sake of striking future deals. In fact, Trump suffers from several psychological pathologies that **render him a clear and present danger to the world.**”* On the latter, I agree though. The man has to go. Sooner rather than later.

## Oxfam (blog) - Public Pressure + League Tables: Oxfam’s campaign on food brands is moving on to supermarkets.

<https://oxfamblogs.org/fp2p/public-pressure-league-tables-oxfams-campaign-on-food-brands-is-moving-on-to-supermarkets/>

**“Tim Gore** explains the evolving theory of change behind Oxfam’s new supermarkets campaign.”

## Research

### Scientists on Twitter: Preaching to the choir or singing from the rooftops?

I Côté et al; <http://www.facetsjournal.com/doi/10.1139/facets-2018-0002#toc-supplementary-material-2>

Some are even shouting it from the rooftops : ) *“There have been strong calls for scientists to share their discoveries with society. Some scientists have heeded these calls through social media platforms such as Twitter. **Here, we ask whether Twitter allows scientists to promote their findings primarily to other scientists (“inreach”), or whether it can help them reach broader, non-scientific audiences (“outreach”).** We analyzed the Twitter followers of more than 100 faculty members in ecology and evolutionary biology and found that their followers are, on average, predominantly (~55%) other scientists. However, **beyond a threshold of ~1000 followers, the range of follower types became more diverse and included research and educational organizations, media, members of the public with no stated association with science, and a small number of decision-makers.** This varied audience was, **in turn, followed by more people**, resulting in an exponential increase in the social media reach of tweeting academic scientists. Tweeting, therefore, has the potential to disseminate scientific information widely after initial efforts to gain followers. These results should encourage scientists to invest in building a social media presence for scientific outreach.”*

### International Journal of Qualitative Methods - The Mental Health of People Doing Qualitative Research: Getting Serious About Risks and Remedies

A Clark et al <http://journals.sagepub.com/doi/pdf/10.1177/1609406918787244>

Recommended (short read).

### IJHPM (Editorial) – Disease Control Priorities Third Edition Is Published: A Theory of Change Is Needed for Translating Evidence to Health Policy

Ole Norheim; [http://ijhpm.com/article\\_3509.html](http://ijhpm.com/article_3509.html)

*“How can evidence from economic evaluations of the type the Disease Control Priorities project have synthesized be translated to better priority setting? This evidence provides insights into how investing in health, particularly through priority interventions and expanded access to health insurance and prepaid care, can not only save lives but also help alleviate poverty and provide financial risk protection. The article discusses some of the relevant factors needed to develop a Theory of Change*

*for translating economic evidence to better priority setting within countries, and proposes some key strategic choices that are necessary to achieve the desired outputs and outcomes.”*

Have to admit that these days, all ‘Ole’s’ sound like football players.

## **IJHPM – Stakeholder Participation for Legitimate Priority Setting: A Checklist**

M Janssen, R Balthussen et al;

[http://www.ijhpm.com/article\\_3514\\_0.html?utm\\_source=dlvr.it&utm\\_medium=twitter](http://www.ijhpm.com/article_3514_0.html?utm_source=dlvr.it&utm_medium=twitter)

*“Accountable decision-makers are required to legitimize their priority setting decisions in health to members of society. **In this perspective we stress the point that fair, legitimate processes should reflect efforts of authorities to treat all stakeholders as moral equals in terms of providing all people with well-justified, reasonable reasons to endorse the decisions.** We argue there is a special moral concern for being accountable to those who are potentially adversely affected by decisions. Health authorities need to operationalize this requirement into real world action. In this perspective, **we operationalize five key steps in doing so, in terms of (i) proactively identifying potentially adversely affected stakeholders; (ii) comprehensively including them in the decision-making process; (iii) ensuring meaningful participation; (iv) communication of recommendations or decisions; and (v) the organization of evaluation and appeal mechanisms. Health authorities are advised to use a checklist in the form of 29 reflective questions, aligned with these five key steps, to assist them in the practical organization of legitimate priority setting in healthcare...”***