

# IHP news 478 : Global citizenship, SDGs & the World Cup

( 12 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,

This year's [SDG High-Level Political Forum](#) in New York coincides with “the endgame” at the **World Cup** in Russia. SDG fans might agree with me that in many ways the World Cup has been a wonderful exercise in “**global citizenship**”, even if ostensibly everything seems to be about supporting one's own national team (*and if everybody has at least one other national team you want to “go down” in the tournament sooner rather than later !* ).

Sure, when the Belgian national team suffered a sorry defeat against the French earlier this week, the ‘Global Citizen’ in me didn't exactly go in overdrive. I'm not Justin Trudeau. But you can't deny that the World Cup does show people around the world each other's humanity, both on and off the pitch (including no doubt also in the streets of Moscow and other hosting cities).

The World Cup featured fair play (Kompany, Lukaku,...), “Vanity Impersonified” (Ronaldo), a teenager's somewhat funny/provocative antics (Mbappé in the dying moments of the French-Belgian game, trying to win time), stars endlessly rolling over (and now [copied](#) around the globe by little kids who “wannabe like Neymar”), or trying to trick the referee (and the VAR) into yellow and red cards, free kicks, penalty's, ... We also witnessed horrible tackles, coaches sometimes cynically trying to outfox each other, and intimidating referees; overpaid football stars singing aloud (or just mumbling) national anthems, very focused or instead looking slightly distracted, a bit melancholic even (*thinking of their mistress perhaps*); or shedding bitter tears after they had been eliminated, and/or holding their little toddlers in their arms, hugging their team mates and opponents ... Not everybody will [agree](#), but I reckon it's all part of being human. The good, bad & ugly.

The same goes for the crowds in the stadiums: we could all witness the scenes of tremendous joy in the stands, the eyes of disbelief at a rather unexpected turnaround, or the utter grief when one's team is out – the Argentinian fans were my personal favorites in terms of how they wholeheartedly ‘experienced’ the game of their team. People from around the world could recognize each other's deep felt emotions over the past weeks, and “mirror neurons” were – hopefully – firing happily all around the world. Social media were naturally also all over the world cup, including the jokes and memes going viral – both for better and for worse. No doubt there's more than a bit of escapism about the global event, in a world that increasingly seems to be dominated by brutes and bullies. But even that is only human.

All in all, even if we know these football players just do their ( [ridiculously overpaid and in more than a few cases, “tax optimized”](#) ) jobs, the World Cup does manage “to leave no one really behind”. To some extent we all care - well, bar the cricket fans perhaps. That’s a rare thing.

As for Sunday, I was going to root for that silly ‘*It’s coming home*’ team – for one half, they actually played like a half-decent team on Wednesday. But I’m afraid I’ll have to reconsider. Will eat my shoes some other time : )

Enjoy your reading.

Kristof Decoster

## Featured Article

### Five reasons we aren’t talking about corruption in health systems – and why we need to start

Eleanor Hutchinson, Martin McKee and Dina Balabanova

(The authors are staff members at LSHTM and are all involved in the health sector component of the SOAS [Anti-Corruption Evidence \(ACE\) programme](#) .)

Once, such things were only talked of in private. But this time it was different. Those present, coming from government, universities, civil society, and international agencies, were speaking openly about what they all knew was one of the main barriers to providing high quality healthcare to those in need - corruption. A dedicated World Health Organization meeting in Geneva in March 2018 focused on **anti-corruption, transparency and accountability in the health sector**. And all those attending were united in their determination to find ways to make these tricky concepts into a reality.

Large bureaucracies are not known for their willingness to confront controversial and difficult issues, as is apparent from even a quick skim of the anthropology literature on international organizations, but thankfully this meeting felt different. There was a shared sense that something must and could be done, no matter how difficult it would be. Corruption could no longer be swept under the carpet. There was also a sense of relief, as everyone understood that this was the beginning of a conversation we should have been having years ago.

Although the topic could easily have generated despair, there was optimism. We saw the Sustainable Development Goals, with their commitments to Universal Health Coverage and to Leave No One Behind, as creating an imperative to tackle corruption throughout the health system. And many offered examples of excellent, innovative anti-corruption work, albeit in isolated pockets. It seemed that sharing experiences and mutual support offered hope for lasting changes in health systems. Crucially, there was a real sense of urgency and a recognition that action was needed at all levels, from the Ministry of Health to the individual community worker.

Back in London, we reflected on the meeting and kept coming back to the same question: why has the international community been relatively silent on corruption in health systems? We identified five main reasons:

1. We find it hard to define corruption. We are not alone; the United Nations Convention against Corruption does not even try. Instead, it identifies discrete corrupt practices.
2. Corruption may allow some fragile health systems simply to keep going. If we remove corruption without addressing the other weaknesses in the health system, will we threaten the delivery of care further and hurt the most vulnerable?
3. Blame shifting - those involved in graft often identify other, less powerful actors as corrupt and deflect attention from themselves. If we engage in anti-corruption research will we just be colluding with corrupt officials?
4. Some people view concerns about corruption as a manifestation of the neoliberal attack on the state. It was prioritized by development agencies in the 1980s during the Reagan-Thatcher era, when many public health systems were being dismantled.
5. The big one: We still don't know how to tackle corruption. Despite years of investment in good governance, levels of corruption remain high and, in some places, growing. A Cochrane review found little good evidence on what to do in health systems – something we are now addressing through our work as part of the [Anti-Corruption Evidence research consortium](#).

So, can we overcome these problems and begin the debate on corruption in health systems? A good start is to ask **what and who we should focus on**, even if we lack agreed definitions and tried and tested strategies?

First, policy makers, frontline health staff and NGOs must come together to identify corruption in *their* health system. Yet they cannot do this alone. They need support and, in some cases, protection, to expose corrupt practices that are clearly detrimental to the health system. Some corrupt practices undermine the system - but others may be essential to keep it going. Others may not actually matter much. If those concerned can focus on what matters, and what is damaging patient care, we can maximise our chances of success and minimize risks.

Second, we must focus on corrupt practices that can actually be changed. We can't expect health workers to eliminate high-level graft but we can discover what drives rule breaking and elicits rent seeking by health workers and their managers and then formulate strategies to tackle them.

Thirdly, we need to look from many perspectives. We have found that corruption in health is explored in the anthropology and political economy literature but poorly recognized within the health community. In our Anti-Corruption Evidence research consortium we are conducting a series of [projects](#) on what encourages corruption among health workers. However, what has been written is largely missed by the main databases covering health systems, Pubmed and EconLit, as it is in other fields or in the grey literature. What we do know is that there is never one single factor but many. Consequently, there are no silver bullets. Instead, we will have to devise strategies based on an understanding of how different drivers interact with one another, with what effect, and who within the system can support policy makers as they promote adherence to rules.

It is striking that corruption remains largely absent from the international health systems agenda. It has failed to engage global policymakers, who seem to put it in the "too difficult" tray. Except for a few groups, such as Transparency International, no-one is pressing for it to receive attention. Nobody has defined a research agenda. It barely features at major conferences. Yet, within countries, there is widespread recognition that addressing corruption is the first, and not the last task when strengthening health systems.

Corruption is finally edging into the spotlight – what we do next is the real question.

*To discuss these issues, please join us at the satellite session at the Fifth Symposium for Health Systems Research in Liverpool, 'Anti-corruption by design: understanding and tackling health system corruption on the road to Universal Health Coverage' convened by David Clarke (WHO), Dina Balabanova and Eleanor Hutchinson (LSHTM), on 9 October 2018, 08:00 - 11:30 in conference room 11A, <http://healthsystemsresearch.org/hsr2018/>*

For more information on this subject, see **The Conversation** - [Corruption in the Nigerian health sector has many faces. How to fix it.](#)

## Highlights of the week

### Alma Ata 2.0 preparations

**New Draft of the Astana Declaration (3-pager, released late last week)**

[http://www.who.int/primary-health/conference-phc/DRAFT\\_Declaration\\_on\\_Primary\\_Health\\_Care\\_28\\_June\\_2018.pdf](http://www.who.int/primary-health/conference-phc/DRAFT_Declaration_on_Primary_Health_Care_28_June_2018.pdf)

You can comment on this new draft **till 22 July**.

As for me, I'm missing the bit on 'A New Economic Order' (*which seems to have disappeared in the mist of time, compared to 40 years ago*), and anticipation of catastrophic climate change (and how to (still) try avoid it). Kind of wonder what PHC would amount to in a world of +3 degrees.

**Draft programme (25-26 October, Astana)**

<http://www.who.int/primary-health/conference-phc/Draft-Programme-Summary.pdf?ua=1>

The preliminary programme.

Hope they also give a slot to Alexander Vinokourov (on how to boost your health & wellbeing when cycling). The politically correct version, preferably.

### High-Level Political Forum on the SDGs (9-18 July, New York)

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

This Forum meets annually under the auspices of ECOSOC.

As already mentioned last week:

***“The high-level political forum on sustainable development is meeting from Monday, 9 July, to Wednesday, 18 July 2018. The ministerial meeting of the forum is from Monday, 16 July, to Wednesday, 18 July 2018. The theme is: “Transformation towards sustainable and resilient societies”.***

*The HLPF is also reviewing progress towards the SDGS and focusing in particular on:*

*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; Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development, that will be considered each year...”*

***“The first week includes numerous panel and roundtables on the theme and on the SDGs under review.”***

Technically, as **SDG 3 is not under review** this year, perhaps the global health community is a bit less interested than in 2017, but as you know, the whole idea of the SDG agenda is that it’s supposed to be ‘universal’ and ‘holistic’. So what happens in the world on for example SDG 11 (cities), SDG 12 (sustainable consumption & production), ... is, as you can imagine, extremely important also for ‘health for all’ in the 21<sup>st</sup> century.

The expectation is also that ***“the Declaration – an outcome document to be adopted at the end of the Forum – will encapsulate a strong political message on the international community’s unwavering commitment to realizing the aspirations of the 2030 Agenda.”***

Fortunately, The Donald is not around.

## Coverage of the HLPF

For coverage, we refer mostly to **UN News** and **IISD coverage**.

## UN News - ‘Laser-sharp focus’ needed to achieve Global Goals by 2030, UN political forum told

<https://news.un.org/en/story/2018/07/1014232>

*“Progress has been made on achieving global goals to end poverty and hunger but **meeting the targets by the deadline of 2030 will require a laser-sharp focus and a true sense of urgency**, a key United Nations forum on sustainable development heard on Monday.”*

*“... In the **opening day’s keynote speech, Professor Jeffrey Sachs**, Director of the Center for Sustainable Development at Columbia University, said that there were enough resources in the world for everyone to live free of poverty and it should not require a big effort on the part of large developed countries, to profoundly help those struggling in poverty. Presenting league tables produced by his team and the Sustainable Development Solutions Network, he said Sweden was the country most on course to achieving the SDGs, and that Europe is “by far” the region doing best so far. Moreover, **the list of the top 10 countries closest to achieving the SDGs mirrors a complementary ranking of the world’s happiest countries**. “It is literally the truth”, that **sustainable development is the path to happiness**, he said. **The happiest countries are the ones that tax themselves the most**, he added, noting that Swedes think it is a good thing to pay half their national income to finance quality education and healthcare. ...”*

## **UN News - UN forum spotlights cities, where struggle for sustainability ‘will be won or lost’**

<https://news.un.org/en/story/2018/07/1014461>

*“Although **cities** are often characterized by stark socioeconomic inequalities and poor environmental conditions, they also offer growth and development potential – making them central to the 2030 Agenda for Sustainable Development and a main focus of the third day of the United Nations High-Level Political Forum (HLPF) on Wednesday.”*

## **IISD coverage of various days & highlights**

<http://enb.iisd.org/hlpf/2018/about.html>

Coverage for [9 July](#) ; [10 July](#) ; [11 July](#) etc.

See also [IISD](#) for more coverage.

## **Some Reports**

### **UN Secretariat - 2018 SDG progress report**

<https://unstats.un.org/sdgs/files/report/2018/TheSustainableDevelopmentGoalsReport2018-EN.pdf>

40 p. The “official” UN SDG progress report.

*“The Sustainable Development Goals Report 2018 highlights progress being made in many areas of the 2030 Agenda.... However, the report also shows that, in some areas, progress is insufficient to meet the Agenda’s goals and targets by 2030. This is especially true for the most disadvantaged and*

marginalized groups. ... ... **With just 12 years left to the 2030 deadline, we must inject a sense of urgency.**"

## SDSN & Bertelsmann Stiftung - SDG Index & Dashboard report

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

*"The SDG Index and Dashboards Report provides a report card for country performance on the historic Agenda 2030 and the 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**. In order to achieve the ambitious goals, immediate and comprehensive action is needed."*

476 p. This year also with a focus on **G20 countries** & SDG implementation.

**Some of the (additional) findings of this year:** Most G20 countries have started SDGs implementation, but important gaps remain; No country is on track towards achieving all SDGs; Conflicts are leading to reversals in SDG progress; Progress towards sustainable consumption and production patterns is too slow; High-income countries generate negative SDG spillover effects; Inequalities in economic and social outcomes require better data.

## Global coalition of Civil Society & trade unions - Spotlight on sustainable development 2018

<https://www.2030spotlight.org/en>

As you can imagine, this stance is rather different from the 'official' UN view.

*"The world is off-track in terms of achieving sustainable development and fundamental policy changes are necessary to unleash the transformative potential of the SDGs." This is the **main message of the Spotlight Report 2018**, the most **comprehensive independent assessment of the implementation of the 2030 Agenda**. The report is launched on the opening day of the High Level Political Forum at the United Nations in New York **by a global coalition of civil society organizations and trade unions**. When UN Member States adopted the 2030 Agenda, they signaled with the title **'Transforming our World'** that it should trigger fundamental changes in politics and society, argues the report. Yet, **"three years after its adoption, most governments have failed to turn the vision of the 2030 Agenda into real policies. Even worse, policies in a growing number of countries are moving in the opposite direction, seriously undermining the spirit and the goals of the 2030 Agenda."** The Spotlight 2018 report focuses on policies that are needed and, as the authors underline, **"possible"**: **"There is a need for more coherent fiscal and regulatory policies and a whole-of-government approach towards sustainability."** **"Governments should promote policies that are genuinely coherent in the interest of sustainable development, human rights and gender justice."** **"The implementation of the 2030 Agenda and the SDGs must not be hidden in the niche of environment and development policies but must be declared a top priority by all heads of government."** **"The national strategies for sustainable development should not be regarded as one among many but constitute the overarching framework for all policies."** The 160-page report is supported by a broad range of civil society organizations and trade unions, and informed by the experiences and reports of national and regional groups and coalitions from all parts of the world.... "*

## ODI (Briefing paper) - 'Leave no one behind' index 2018

<https://www.odi.org/publications/11159-leave-no-one-behind-index-2018>

*“This index reviews the readiness of 86 countries to ‘leave no one behind’, monitoring the extent to which government systems are set up and ready to meet their leave no one behind commitment. It covers all the countries that are presenting Voluntary National Reviews at the 2018 High-level Political Forum as well as those that presented last year. **Building on ODI’s 2017 ‘leave no one behind’ index, this year’s index adds an additional policy indicator on resilience.** It also includes a new ‘leave no one behind’ outcome score for each country that captures the extent to which real-world outcomes on leaving no one behind are improving. **The index measures governments’ readiness in three areas: Data.** Are countries undertaking the necessary surveys to identify those at risk of being left behind? **Policy.** Do countries have key policies in place that address the needs of those at risk of being left behind – in particular, in relation to: women’s access to land and employment; and universal access to health, which previous ODI research identified as critical areas to support leaving no one behind? **Finance.** Are governments investing enough in education, health and social protection – the three key sectors that are well recognised to be critical for supporting those at risk of being left behind?”*

## The World in 2050 - Six transformations needed to achieve the UN Sustainable Development Goals: major report launched

<http://www.iiasa.ac.at/web/home/about/news/180710-twi2050-launch.html>

*“The World in 2050 (TWI2050) initiative has launched a new report, setting out six key transformations that will enable the world to meet the SDGs.”*

*““The transformations presented in the report, Transformations to Achieve the Sustainable Development Goals... ... encompass all the major drivers of societal change, including human capacity, consumption and production, decarbonization, and the digital revolution. They provide a way to achieve the SDGs in a manageable way.””*

## New York City – Local Voluntary Review: NYC is First City in the World to Report to UN on Local Steps Toward Global Goals

<https://www1.nyc.gov/site/international/programs/voluntary-local-review.page>

As Kent Buse would put it, kudos to NYC!

On Twitter, it was pointed out this shows the **usefulness of SDGs at sub-national level**, to stimulate progress on SDGs even in countries where governments aren’t very “SDG-minded”.



## Further analysis

### Global Policy Watch - UN SDG progress reports: how statistics play favorites

<https://www.globalpolicywatch.org/blog/2018/07/07/sdg-indicators-how-play-favorites/>

Must-read analysis by **Roberto Bissio**.

*"As key instruments to assess implementation of the 2030 Agenda, the **UN secretariat** has published **The Sustainable Development Goals Report 2018 and a report on Progress Towards Sustainable Development Goals** that should inform the ministers attending the High Level Political Forum of ECOSOC to be held mid-July in New York. Both publications aim to "provide a global overview of the current situation" of the SDGs, "based on the latest available data for indicators in the global indicator framework" and they include the same set of numbers and indicators, only differing in their presentation, the latter being more wordy and text-only and the former a collection of bullet points with ample use of graphs. While reiterating that "the availability of quality, accessible, open, timely and disaggregated data is vital for evidence-based decision-making and the full implementation of the 2030 Agenda" **the emphasis on some indicators while ignoring others, an arbitrary management of disaggregation and an inconsistent use or disregard of trends results in a message that fails to convey the "sense of urgency" that UN Secretary-General António Guterres speaks about in his foreword.** Even worse, the **principle of "common but differentiated responsibilities" of all countries is absent**, and the report **systematically ignores or downplays evidence of developed countries' contribution to the present un-sustainability of the planet or unfair appropriation of its resources...."***

### Global Policy Watch (Briefing) – SDG shadow implementation – hidden in plain sight

<https://www.globalpolicywatch.org/blog/2018/07/12/sdg-shadow-implementation/>

*"...The **2030 Agenda is universal**: its vision is inclusive of all countries, all policies, and all sectors of society. But **evidence to date shows a pick-and-choose approach among some Member States, UN agencies, civil society and the business sector according to their priorities and interests.** Efforts at implementation have not only privileged these diverse priorities and competencies but also have **neglected accountability**, deliberately or otherwise. ... Some laud the interest and involvement of the major economies / G20 and the corporate sector in the search for the trillions not billions needed to implement the SDGs, but closer attention suggests **the trillions may serve the needs of institutional investors and mitigate against the transformation needed to bring justice for people and planet.** ... Currently the dynamics around measurement and finance are re-shaping the Agenda. Its bold vision is being undermined not only by what is and is not being measured and financed but also by a failure to focus on strengthening democratically accountable institutions as well as cross-goal, cross-pillar and cross-policy streams...."*

**"This briefing introduces some of the recent developments in the areas of UN reform, funding and financing, partnership promotion and the measurement of "progress" on SDG indicators."**

The briefing concludes:

*"The **HLPF** has become a magnet and a marketplace for all manner of initiatives. It will meet in 2019 at summit level and will be confronted with the growing evidence of being off-course for 2030. This is an essential occasion to address the obstacles to achieving the SDGs. If the Heads of State and Government do not chart a correction course, it is time to consider what really lies behind their championship of the SDGs."*

## Breastfeeding & Trump

### NYT – Opposition to breastfeeding resolution by US stuns WHO officials

<https://www.nytimes.com/2018/07/08/health/world-health-breastfeeding-ecuador-trump.html>

*"If you can't agree on health multilateralism, what kind of multilateralism can you agree on?" (I Kickbusch)*

In a revelation that stunned the global health community earlier this week, it was reported the US threw a spanner in the works, with the passing of the *"breastmilk is best"* resolution at last spring's World Health Assembly. Ecuador, the country which proposed the resolution was threatened with punishing trade measures and the withdrawal of US military aid, and bullied into acquiescence.

In a bid to protect the infant formula industry, the US balked at the language that was used in the resolution which focused on promoting breastfeeding and limiting marketing of baby formula. The threats continued, with other countries being warned not to show support for the resolution. Russia stepped in to save the day, and in an interesting twist to the story, were not threatened by the US. It seems that the only thing that is predictable about the current administration is its lack of predictability.

See also the Guardian - [Trump administration's opposition to breastfeeding resolution sparks outrage](#).

### Some more reads related to this contentious issue

[Associated Press](#): **Trump says U.S. had opposed formula limits, not breastfeeding**

*"The U.S. opposed a World Health Assembly resolution to encourage breastfeeding because it called for limits on the promotion of infant formula, not because of objections to breastfeeding, President Donald Trump tweeted Monday..." (7/9).*

See also Vox - [The Trump administration isn't defending women's choices on breastfeeding. It's attacking them.](#)

[The Atlantic](#): **The Epic Battle Between Breast Milk and Infant-Formula Companies**

*Some info on the historical background, over the past few decades. "...This latest tussle in Geneva follows a decades-long battle by infant-formula makers to promote themselves as essentially on par with breast milk. And while health experts instead say 'breast is best,' as this incident shows, policymakers aren't always willing to put legislation behind that message..." (Khazan, 7/10).*

**Vox:** The next frontier of Trump's defence of baby formula

*"...[I]t turns out that global health resolution was just one of a few battlefronts in Trump's fight against policies that support breastfeeding, as the administration increasingly aligns itself with the U.S. infant formula industry. A key policy the industry hopes to influence next is a forthcoming United Nations guideline for 'follow-up' formulas or 'growing-up milks,' baby formula marketed for children over six months of age. ... But formula companies want to head off regulation through global food guidelines of these follow-up formulas, which are virtually indistinguishable from their infant counterparts when it comes to their packaging and labeling. These products represent the fastest-growing category in the ... baby formula market..."*

## HP&P supplement - Experiences of African health system leadership and its development

[https://academic.oup.com/heapol/issue/33/suppl\\_2](https://academic.oup.com/heapol/issue/33/suppl_2)

Do start with the Editorial by Lucy Gilson & Irene Agyepong - [Strengthening health system leadership for better governance: what does it take?](#)

*"This editorial provides an overview of the six papers included in this special supplement on health leadership in Africa. Together the papers provide evidence of leadership in public hospital settings and of initiatives to strengthen leadership development. On the one hand, they demonstrate both that current leadership practices often impact negatively on staff motivation and patient care, and that contextual factors underpin poor leadership. On the other hand, they provide some evidence of the positive potential of new forms of participatory leadership, together with ideas about what forms of leadership development intervention can nurture new forms of leadership. Finally, the papers prompt reflection on the research needed to support the implementation of such interventions."*

## Migration

Guardian - 'Toxic narrative' on migration endangers lives, report finds

<https://www.theguardian.com/global-development/2018/jul/11/toxic-narrative-migration-endangers-lives-red-cross-report>

Coverage of a new IFRC report, brilliantly titled, "[New Walled Order](#)" "The *"criminalisation of compassion"*, with countries introducing laws that restrict help to those in need, endangers lives and risks pushing humanitarian standards back by a century. A report claims migrants around the world are facing a *"new walled order"* as barriers to aid and vital services are raised, with children and the elderly most likely to suffer the *"dire consequences"* as a result. The International Federation of the Red Cross and Red Crescent Societies (IFRC) warns that when organisations are legally prevented from helping people in need, 100 years of progress could be undermined. **The federation also criticises the "toxic narrative", in which aid groups that rescue migrants have been accused of colluding with smugglers and thus endangering lives."**

*“... The research, published ahead of the first round of negotiations on the UN’s global compact on migration, cites examples of the “criminalisation” of individual and organisations delivering humanitarian assistance. ...”*

## IISD – Co-facilitators Release Final Draft of Migration Compact

[IISD](#);

*“Co-facilitators from Switzerland and Mexico have circulated the final draft of the Global Compact for Safe, Orderly and Regular Migration, inviting UN Member States and all relevant stakeholders to conclude the negotiations on 13 July. **The compact is based on a set of “cross-cutting and interdependent” guiding principles, namely: people-centered; international cooperation; national sovereignty; rule of law and due process; sustainable development; human rights; gender-responsive; child-sensitive; whole-of-government approach; and whole-of-society approach.** The last round of negotiations is taking place from 9-13 July at UN Headquarters in New York, US.”*

## NYT – Migrants are on the Rise Around the World, and Myths About Them Are Shaping Attitudes

<https://www.nytimes.com/interactive/2018/06/20/business/economy/immigration-economic-impact.html?mtrref=t.co&gwh=13926C79DF41E66BE3D31DF8C2AD5B30&gwt=pay>

Must-read. With plenty of interesting **stats, graphs & figures**.

## Project Syndicate - The Migration Dilemma

Peter Singer; <https://www.project-syndicate.org/commentary/migration-moral-dilemma-europe-america-by-peter-singer-2018-07>

Well worth a read, even if I don’t agree entirely with what Singer argues here. *“Political leaders who want to act humanely towards asylum-seekers and other migrants now face a moral dilemma. Either they pursue border control that is strict enough to undercut public support for far-right parties, or they risk allowing those parties to gain more power – and challenge the West’s most fundamental values.”*

## Devex - 'Play the long game:' US must continue aid in Central America, analysts say

<https://www.devex.com/news/play-the-long-game-us-must-continue-aid-in-central-america-analysts-say-93081>

*“The Trump administration has threatened to cut U.S. aid to the **Northern Triangle**, but doing so will only exacerbate root causes of migration, analysts say.”*

*“... In 2014, the unaccompanied minor crisis overwhelmed the southern United States border, prompting a government response to discourage people from the violent and economically*

*underdeveloped “Northern Triangle” from crossing unauthorized into the U.S. Then-President Barack Obama tasked his vice president, Joe Biden, with leading the international response to the crisis. Biden engaged directly that summer with the leaders of **El Salvador, Guatemala, and Honduras** to craft a plan to reduce migration....”*

Find the 7 similarities with the EU migration crisis, including in terms of the political backlash of these crises.

## ODI (paper) – Migration and the 2030 Agenda for Sustainable Development

<https://www.odi.org/projects/2849-migration-and-2030-agenda-sustainable-development>

*“Migration is one of the defining features of the 21st century and significantly contributes to economic and social development everywhere. As such, migration will be key to achieving the SDGs. **In a series of briefings**, ODI, with the support of the Swiss Agency for Development and Cooperation (SDC), **explains the relationship between migration and critical development issues that are central to the SDGs**. The briefings provide a set of recommendations for governments and policymakers tasked with delivering the 2030 Agenda for Sustainable Development.”*

For the **synthesis paper**, see [Migration and the 2030 Agenda for Sustainable Development \(by M Foresti et al\)](#)

*“...This synthesis collates, and draws out key findings from, a series of eight ODI policy briefings which analyse the interrelationship between migration and key development areas. Each briefing explores how the links between migration and these different development issues affect the achievement of the SDGs, and offers pragmatic recommendations to incorporate migration into the 2030 Agenda to ensure it contributes to positive development outcomes.”*

## World Population Day – 11 July

### Thomson Reuters - 10 facts about the world's population

<http://news.trust.org/item/20180710155439-tqykh/>

“World Population Day, a United Nations' initiative celebrated every year on July 11 to raise awareness about the exploding world population, **focuses on reproductive rights** this year to **mark 50 years since family planning won recognition as a human right**.

In this article, you find **10 key facts**.

### UN News - World Population Day: ‘A matter of human rights’ says UN

<https://news.un.org/en/story/2018/07/1014371>

*“**Family planning was affirmed to be a human right 50 years ago**, leading to what would become the annual observation of World Population Day, which focuses attention on the impact the number*

of children born, has on the world. In her message for the Day, **UN Population Fund (UNFPA) Executive Director Natalia Kanem** took that a step further, saying: **“Family planning is not only a matter of human rights; it is also central to women’s empowerment, reducing poverty and achieving sustainable development.”** Yet, in developing regions, the UNFPA chief pointed out that **some 214 million women still lack safe and effective family planning**, for reasons ranging from lack of information or services, to lack of support from their partners or communities....

See also **Devex** (by C Kalvin (UN Foundation) & N Kanem (UNFPA)) - [Family planning gives women a future. It shouldn't be up for debate.](#)

The road ahead is still arduous, though, see this **sad story from Kenya** for example:

**Guardian** - [Teenager at centre of Kenyan court case over botched abortion has died.](#)

*“A teenager whose botched abortion was at the centre of a high court case in Kenya has died. The girl, who was raped aged 14 and then left with horrific injuries after a backstreet termination, had been the subject of a controversy over whether the Kenyan government was to blame for her death. **The girl’s mother and a group of campaigners had filed a case against the government, claiming it had failed to offer the girl – known as JMM – adequate post-abortion care and are calling for the government to reinstate guidelines on safe abortions....”***

## Lancet – Study on the Mosaic HIV-1 vaccine

[Lancet](#);

*“A phase 1/2a trial in humans and rhesus monkeys shows that a mosaic adenovirus serotype 26 (Ad26)-based HIV-1 vaccine induces robust immune responses in humans and monkeys.”*

Coverage for example in **Science Daily** - [Novel HIV vaccine candidate is safe and induces immune response in healthy adults and monkeys](#)

*“**New research published in The Lancet shows that an experimental HIV-1 vaccine regimen is well-tolerated and generated comparable and robust immune responses against HIV in healthy adults and rhesus monkeys.** Moreover, the vaccine candidate protected against infection with an HIV-like virus in monkeys. Based on the results from this phase 1/2a clinical trial that involved nearly 400 healthy adults, a phase 2b trial has been initiated in southern Africa to determine the safety and efficacy of the HIV-1 vaccine candidate in 2,600 women at risk for acquiring HIV. **This is one of only five experimental HIV-1 vaccine concepts that have progressed to efficacy trials in humans in the 35 years of the global HIV/AIDS epidemic.** Previous HIV-1 vaccine candidates have typically been limited to specific regions of the world. **The experimental regimens tested in this study are based on 'mosaic' vaccines that take pieces of different HIV viruses and combine them to elicit immune responses against a wide variety of HIV strains....”***

See also a related **Lancet Comment** - [A new step towards an HIV/AIDS vaccine.](#)

Let's hope that indeed turns out to be the case.

## WHO guide to planning healthy and sustainable meetings

[WHO Euro:](#)

*"WHO is releasing a new guide for employers and meeting organizers to promote healthier working environments. "Planning healthy and sustainable meetings", initially developed for WHO's own employees, **applies established health promotion principles to meetings and events.** ... The guide touches upon **4 major elements of a healthy and environmentally friendly lifestyle:** a healthy diet, physical activity, a tobacco-free environment and sustainable practices. It gives concrete suggestions on how to apply them when planning a meeting to create a culture of health, well-being and sustainability."*

## Rebalance Day/Leave

What this Australian company learnt from giving its staff unlimited paid leave

<https://www.theage.com.au/business/workplace/what-this-australian-company-learnt-from-giving-its-staff-unlimited-paid-leave-20180712-p4zqzg.html>

Surely an innovative idea for the "SDG / doughnut economics" era.

*"...Two years ago, at an all-staff meeting, I announced that we would be introducing unlimited annual leave. To be clear, I wasn't talking about unlimited unpaid leave. Rather, staff would now be able to take as much leave as their hearts desired and every single day of it would be paid. I had made the decision because I felt that employment law around leave in Australia was fundamentally unfair. It is heavily biased towards employers. ..."*

*"...To rectify this imbalance, and help bring more balance into my team's lives, unlimited leave was launched. We called it **Rebalance Leave**, because it wasn't about more leave for leaves' sake, it was **intended to help staff lead more balanced lives.** And two years on, I can confirm that it has made a huge difference...." It's intended to compensate for regular overtime.*

## FT - Wellcome launches £250m Leap Fund to back risky research

<https://www.ft.com/content/8f98c154-8066-11e8-bc55-50daf11b720d>

*"The Wellcome Trust, Britain's wealthiest foundation, is setting up a £250m fund to place **"big bets"** on risky research that could transform science and health. Wellcome wants to support bold ideas from universities or businesses around the world that would be unlikely to win grants from its*



own life sciences funding system or from public agencies such as the UK Medical Research Council. Their chances of success would not be high enough to convince the “peer review” panels who normally assess research applications....”

See also Wellcome’s (Jeremy Farrar) announcement - [Director's update: taking risks on bold ideas](#)

Or Stat News - [Research charity launches \\$330M initiative to fund high-risk life sciences projects](#)

## AMR

### Interagency Coordination Group on Antimicrobial Resistance (ICAG) (Discussion paper) – Future global governance for antimicrobial resistance

[http://www.who.int/antimicrobial-resistance/interagency-coordination-group/IACG\\_Future\\_global\\_governance\\_for\\_AMR\\_120718.pdf?ua=1](http://www.who.int/antimicrobial-resistance/interagency-coordination-group/IACG_Future_global_governance_for_AMR_120718.pdf?ua=1)

Based on discussions in a small group that took place in April 2018.

Some of the key messages: “... ***This is a discussion paper*** and should not be considered a fully comprehensive account of the discussions nor a consensus statement by the IACG but a first step to move the discussions forward; • At this meeting, consensus was reached that the status quo was not delivering and we must build on and strengthen existing governance mechanisms; • ***Ten requirements for effective AMR governance mechanisms emerged*** and based on the identified needs, the experts together built a ***draft model for discussion and debate that provides an outline of the possible future global governance of AMR...*** “

“...Initial findings suggested that a ***future global, multi-stakeholder agreement is urgently needed*** to provide a sufficient mandate to act in accordance with the needs identified, providing the authority to coordinate resource, engage stakeholders, and secure binding commitment for action; • The above goal might best be achieved by the ***development of a multisector, multi-stakeholder Global Steering Board to be hosted in an existing organisation, led by a time-limited High-Level AMR Commission;***...”

### Novartis joins the Big Pharma exodus out of antibiotics, dumping research, cutting 140 and out-licensing programs

<https://endpts.com/novartis-joins-the-big-pharma-exodus-out-of-antibiotics-dumping-research-cutting-140-and-out-licensing-programs/>

***“Another Big Pharma is retreating from the antibiotics field.*** Novartis today says its early-stage research group at NIBR is dropping antibacterial and antiviral research programs based in Emeryville, CA. And they’re doing it at a time that drug-resistant strains of bacteria are spreading around the world — an issue that once commanded considerable attention at Novartis....”



Cfr a tweet by Jeremy Farrar: ***“Novartis pull out of antibiotics & antiviral research-incredibly bad news & more to come -modern medicine depends on controlling infection -R&D anti-cancer therapies meaningless if cannot prevent/treat infection same with routine surgery, safe child birth.”***

You might want to read together with last week's **Letter in the FT** (by Thomas Cueni, DG of the International Federation of Pharmaceutical Manufacturers & Associations) [“Drugs companies are rising to the challenges of research into superbugs”](#).

***“I respectfully disagree with Jim O'Neill's comments on pharmaceutical companies' inaction on combating antimicrobial resistance ... ..”*** *“...As published in the AMR Industry Alliance's progress report, in 2016 companies invested at least \$2bn in research and development to counter AMR. This figure, despite not representing the total industry investment, is substantial. A 2017 Boston Consulting Group report for the German government estimated that over the same period, governments made available a total of \$500m for R&D for new antibiotics. Ten large R&D biopharmaceutical companies have reported to have relevant R&D activities. Pharmaceutical companies are not only active in R&D, but are taking many other tangible steps across the continuum of care — from prevention, monitoring and screening to treatment....”*

Etc. #AMRwashing

**Another tweet from Jeremy Farrar** to wrap up this item: *“Much thought since O'Neill AMR Review - but not enough action - GARDP, CARBX progress but Stewardship, Human & Agriculture, Push & Pull Incentives Political will - lagging. Worth reminding of the Review & ask as a community what have we really changed?”*

## **BMJ Opinion – The modern era must end: antibiotic resistance helps us rethink medicine and farming**

C de Lima Hutchinson et al ; [BMJ opinion](#);

Brilliant blog. Whether it will be listened to in time is another story.

*“... A dramatic reduction in the use of antibiotics goes beyond targeting individual behaviour. It must involve engaging with new approaches to understanding and addressing the connections between humans, animals (including microbes) and environmental health, including careful analysis of how these connections reflect current political and economic values. **If we understand the current predicament of antibiotic resistance as emblematic of modern livestock-production, meat consumption, and distribution of economic profits, then we must be prepared to envision futures in which these configurations are as much at stake as individual antimicrobial use behaviour.** Calls for the scaling back of excess antibiotics, as well as for the drawing of connections across sectoral and disciplinary lines, provide an **opportunity to shift away from, and rethink modern farming and medical practices.** The rise in antibiotic resistance can therefore be understood less as a catastrophic end and more as an invitation to conceive alternative configurations of medicine, farming and life beyond the modern era.”*

# Lancet - Equity in the gender equality movement in global health

C Jones et al (for the Francophone WGH working group);

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31561-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31561-7/fulltext)

*"... an equity challenge remains embedded within the [Women Leaders in Global Health] movement to increase the visibility and recognition of women leaders and experts in global health. Women in Global Health's analysis of the organisational locations of 300 women leaders collected through an open nominations process on Twitter shows considerable regional disparities..."*

*"... Building on the increasing momentum and a desire to extend the scope and reach of international visibility for women leaders in global health, **WGH wishes to expand the list to include five hundred women (#WGH500)**. To promote gender equality in global health leadership within this initiative, we must pay careful attention to diversity and recognise women from under-represented countries and language groups. For this reason, **we initiated a WGH project to profile French-speaking women working in global health, and we are seeking nominations of francophone women from LMICs in particular....**"*

## Global health governance

A few tweets related to global health governance from this week:

- Robert Marten: *""Can the @GlobalFund survive asks @richardhorton1-->how it will reinvent itself in an SDG era? One needs to ask the same question for other MDG-era #globalhealth institutions like @GAVI, @UNAIDS and even @UNICEF ""*

Also quite enjoyed **Andrew Harmer's** pertinent remark: *"The question is rather whether the Global Fund can survive Peter Sands."*

- **Anders Nordström** (I guess in response to a tweet by dr. Tedros): *"We do not only need health systems focusing on keeping people healthy but we need healthy societies providing more healthy choices; food, physical activity, clean energy. **Time for a Global Commission on Healthy Societies?**"*

+ **Kent Buse's** reply - *"Agree @NordstrmAnders - such a Commission could join health-related dots across #SDGs, drive forward @WHO #GPW13 & inform development of Global Health Plan for #SDG3+"*

## Guardian - Robot workers will lead to surge in slavery in south-east Asia, report finds

<https://www.theguardian.com/global-development/2018/jul/12/robot-workers-will-lead-to-surge-in-slavery-in-south-east-asia-report-finds>

From the global health twitter sphere back to the real world, then:

***“Robots will slash millions of jobs and create an upswing in trafficking and slavery across south-east Asia, research claims. In a report launched on Thursday, supply-chain analyst firm Verisk Maplecroft predicts that the rise in robot manufacturing will have a knock-on effect that results not only in lost livelihoods but in a spike in slavery and labour abuses in brand supply chains. Earlier this year, the UN International Labour Organisation predicted that in south Asia’s key manufacturing hubs in Thailand, Cambodia, Indonesia, the Philippines and Vietnam 56 % of workers could lose their jobs over the next two decades due to automation...”***

It’s becoming very clear that if we don’t dare to think of a post-capitalist future, the future will be very bleak for billions.

## NCDs

### BMJ (blog); NCDs—it’s time to embrace the evidence, not industry

J Hanefeld & B Hawkins; [BMJ blog](#);

**“Embracing actors from any health harming industry is misguided given the scale of the current NCD crisis, argue Johanna Hanefeld and Benjamin Hawkins.”**

*“The recent report of the WHO’s Independent High Level Commission on noncommunicable diseases (NCDs) should be welcomed in so far as it recognises the political importance of this issue, and the need for cross-government approaches and political buy-in at the highest levels. However, the measures it advocates for tackling NCDs are completely inadequate to reverse current trends.... The report is remarkable in the extent to which it reproduces a pro-business agenda. Indeed, the authors openly admit they were unable to reach consensus on the most controversial issues, namely those involving taxation and curtailing corporate influence...”*

And the killer paragraph: **“...Increasingly, the exclusion of the tobacco industry is being used not as an example for policy makers and global health actors to follow in relation to other health harming industries, but as a rationale for their continued engagement. The tobacco industry are the bad “other” against which the alcohol and food industries differentiate themselves as legitimate participants in policy forums. For policy makers, the exclusion of “big tobacco” is often held up to counter suggestions of industry influence. Yet we should not be complacent on this point. Embracing actors from any health harming industry is misguided given the scale of the current NCD crisis and their role within this....”**

# Tobacco control

## Lancet (Comment) – Denicotinised cigarettes

John Britton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31358-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31358-8/fulltext)

*“... In March, 2018, the US Food and Drug Administration (FDA) issued an advanced notice of proposed rule making, as part of its comprehensive plan on tobacco and nicotine regulation, that proposes a radical approach: reducing the nicotine content of combustible cigarettes to minimally or non-addictive levels. Will it work?”* Britton explores the question in this very nice viewpoint.

Among others, he reckons *“... It is concerning, therefore, that WHO is considering denicotinisation as a global tobacco control strategy while discouraging the availability of alternative nicotine products.”*

## Lancet – Offline: The UK's child health emergency

Richard Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31614-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31614-3/fulltext)

Another reflection, linked to the 70<sup>th</sup> NHS anniversary. He wonders why the debate is only about money, and ends like this: *“...The UK is facing nothing less than a national emergency regarding the health of its children and young people. This emergency is a scar on the moral body of our country. Who will take responsibility for addressing it? So far, silence from the medical community. Shame on us.”*

## NEPAD's transformation into the African Union Development Agency

<http://www.nepad.org/content/nepad%E2%80%99s-transformation-african-union-development-agency>

See also **Devex** - <https://www.devex.com/news/un-reform-plans-germany-s-aid-budget-and-harassment-safeguards-this-week-in-development-93111>

*“...The CEO of the New Partnership for Africa's Development is “enthusiastic” about the transformation of the NEPAD Agency into the African Union Development Agency, according to a statement released this week. “A core aspect of the current reforms is to streamline and improve effectiveness and efficiency in delivery in the implementation of AU decisions, policies and programmes across all AU organs and institutions,” Ibrahim Mayaki said. **During the African Union Summit, which concluded earlier this month, heads of state approved the creation of the African Union Development Agency as the technical body of the African Union.** The new agency has until the January 2019 summit to present itself as an organization with its own legal identity and mandate. The creation of the AUDA is **part of wider AU reforms led by Rwandan President Paul Kagame.**”*

## Lancet World Report – African Union launches a pan-African anti-malaria campaign

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31606-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31606-4/fulltext)

*“African leaders launch a continent-wide Zero Malaria Starts with Me campaign to spur response in the face of a setback in progress in the fight against the disease. John Zarocostas reports. The African Union (AU) Commission and the RBM Partnership to End Malaria launched on July 2 a continent-wide anti-malaria campaign, in a bid to add momentum to the fight against the disease. The “Zero Malaria Starts with Me”, campaign—inspired by Senegal's nationwide campaign of the same name launched in 2014—... [was unveiled during the latest AU summit]. It seeks to empower communities to take a greater stake in malaria prevention and care and in generating additional resources. Malaria experts say that what distinguishes this campaign from other campaigns centred around donors is that this is the first Pan-African initiative focused on African countries and what they can do to fight the disease on every level, down to every village....”*

## Publications of the week

### BMJ Global Health – Addressing the tensions and complexities involved in commissioning and undertaking implementation research in low- and middle-income countries

T Doherty et al; <https://gh.bmj.com/content/3/4/e000741>

*Summary: ““Rapid scale-up of new policies and guidelines, in the context of weak health systems in low/middle-income countries (LMIC), has led to greater interest and funding for implementation research. Implementation research in LMICs is often commissioned by institutions from high-income countries but increasingly undertaken by LMIC-based research institutions. Commissioned implementation research to evaluate large-scale, donor-funded health interventions in LMICs may hold tensions with respect to the interests of the researchers, the commissioning agency, implementers and the country government. We propose key questions that could help researchers navigate and minimise the potential conflicts of commissioned implementation research in an LMIC setting.”*

### Gendered health systems: evidence from low- and middle-income countries

Rosemary Morgan et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0338-5>

*In a multi-study synthesis paper “focusing on four health systems domains, namely human resources, service delivery, governance and financing,” Morgan et al. explore how gendered and/or intersectional gender approaches “can be applied by researchers in a range of low- and middle-income settings (Cambodia, Zimbabwe, Uganda, India, China, Nigeria and Tanzania) to issues across the health system and demonstrates that these types of analysis can uncover new and novel ways of viewing seemingly intractable problems.”*

The publication was also co-authored by some EV alumni. Among others **Charles Ssemugabo, Sreytough Vong, ..**

## **Plos Med (Policy Forum) – Climate change and women's health: Impacts and policy directions**

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002603>

*“In a Policy Forum for the special issue on Climate Change and Health, **Cecilia Sorensen** and colleagues discuss the implications of climate change for women's health.”*

## **CGD - Projected Health Financing Transitions: Timeline and Magnitude - Working Paper 488**

Rachel Silverman; <https://www.cgdev.org/publication/projected-health-financing-transitions-timeline-and-magnitude>

*“In recent years, many global health institutions have adopted eligibility and transition frameworks for the countries they support, generating questions about how these frameworks apply in practice—and whether global health progress will be put at risk through premature or poorly planned transition processes. **This paper builds on previous work in this space by mapping an indicative timeline of transition through 2040 across five global health financing mechanisms—Gavi, the Vaccine Alliance (Gavi); the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund); the World Bank’s International Development Association (IDA); the Global Polio Eradication Initiative (GPEI); and the US President’s Emergency Plan for AIDS Relief (PEPFAR)—with granularity by year and stage of transition.** It contextualizes the magnitude of fiscal transition for each country with reference to overall government expenditure on health. Finally, it identifies countries and specific time periods of high transition risk based on cumulative fiscal impact. By 2040, it finds that Gavi and IDA will each see major transformations of their funding portfolios, while few large or aid-dependent countries will transition from Global Fund support. **The countries in most fiscal jeopardy from anticipated transition are not those “transitioning” based on GDP per capita or disease burden, but instead those that are likely to be impacted by the near-term winddown of GPEI and reallocations of PEPFAR financing.** A handful of countries face many major transitions within a very narrow time window—and the cumulative fiscal effect may be substantial, even if each individual transition should be manageable. Global health donors should build upon these results, working cooperatively at the country level, to ensure countries have a realistic understanding of transition processes to enable appropriate planning, budgeting, and prioritization.”*

Or read her accompanying **CGD blog** - [What You Should Know About Global Health Financing Transitions: Five Key Takeaways](#) (recommended!!!!)

## Some other key articles & blogs of the week

### Jason Hickel – The problem with the Human Development Index in an era of ecological breakdown

<https://www.jasonhickel.org/blog/2018/7/5/the-problem-with-the-human-development-index-in-an-era-of-ecological-breakdown>

The **HDI approach is self-defeating**, Hickel argues. *“...As long as income counts as 33% of HDI, achieving very high HDI by definition requires growth to the point of outstripping biocapacity. If all nations in the world were to pursue the highest HDI (which is of course presently the plan), we would “develop” ourselves into ecological collapse....”*

Time for a better measure, better suited to the Anthropocene. (PS: some don't like the term 'Anthropocene' – as it seems to blame all human beings to the same extent -, and prefer instead 'Capitalocene'; I quite agree)

### Guardian - It's time to burst the biomedical bubble in UK research

<https://www.theguardian.com/science/political-science/2018/jul/12/its-time-to-burst-the-biomedical-bubble-in-uk-research>

*“A new study calls for a rebalancing of research and innovation funding to better meet the UK's economic, social and health needs.”*

Make that the entire world.

### O'Neill institute – UNICEF: implementing human rights for child health

B M Meier et al ; <http://oneill.law.georgetown.edu/unicef-implementing-human-rights-for-child-health/>

Part of the excellent **O'Neill Institute blog series on Human rights in global health**, which explores the **implementation of HR law in Global health governance**. So far there were posts on WHO, ILO. Now it's the turn of UNICEF.

### Bliss – Exploring masculinities: being a man in the #MeToo era by ISS Counselling Team members

B R Cortez et al ; <https://issblog.nl/2018/07/09/exploring-masculinities-being-a-man-in-the-metoo-era/>

HT my colleague Willem van de Put. *“A recent workshop on masculinities hosted by the ISS Counselling Team focused on ‘being a man in the #MeToo era’, drawing participants from the ISS and beyond. The workshop provided a space for reflection on lived experiences regarding masculinity, for the exploration of the ways in which masculinities have been constructed and performed, and for*

*the examination of some of the ideals of masculinity across different cultures. This article briefly details some of the workshop's highlights."*

The best antidote against a mid-life crisis: turns out we men don't just have one masculinity but several! Granted, now we still need to learn how to "navigate" them all : )

## Plos (blog) - Windows of opportunity for SSB taxation

B Sinclair et al; <http://blogs.plos.org/globalhealth/2018/07/windows-of-opportunity-for-ssb-taxation/>

SSB taxes are building momentum globally.

*"... Part of our research for World Cancer Research Fund International's new **Building Momentum series** involves interviewing policymakers, academics and advocates from around the world. In our first report, **Building Momentum: lessons from implementing a robust SSB tax**, we highlight several common challenges that have attempted to derail the policy process. Our research shows that many key lessons can be learned from countries and jurisdictions who have attempted, and in most cases, succeeded in implementing an SSB tax. These key lessons can be used by countries and applied to their local context. **After writing the report, and in light of recent events, we've reflected further on the political nature of the nutrition policy process.** Many theories of political process help explain how certain policies make it onto the political agenda and are implemented. **Here we outline Kingdon's three stream policy window model (problem stream, politics stream and policy stream) to illustrate our reflections...."***

## Global health events

### Coming up – AIDS 2018 (23-27 July, Amsterdam)

Stay tuned, in particular, for the IAEN pre-event "**Sustainable AIDS Response Results in the Era of Shrinking Donor Funding.**" (20-21 July)

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

*"The **International AIDS Economics Network (IAEN)** provides a mechanism to debate and inform the vital economic and policy steps necessary to address HIV and AIDS globally. With over 7,000 members (IAEN is one of the largest AIDS-related group on LinkedIn), IAEN aims to assist AIDS and health economists to share results of cutting-edge research on the economics of HIV across the countries and inform HIV responses. **The aim of this joint initiative from IAEN, UNAIDS, Avenir Health, Bill & Melinda Gates Foundation, and the World Bank, in collaboration with other partners is to focus on "Sustainable AIDS Response Results in the Era of Shrinking Donor Funding,"** including a range of topics related to HIV programs and economics, the broader interface with Health Financing and development frameworks. **The IAEN pre-conference is one of the only dedicated global events that convenes economists and health and AIDS response policy makers to focus on***



*accelerating progress in countries towards sustainable financing of the HIV response. It provides a strategic platform where economists engage with a wide range of stakeholders on new economic evidence, encourages cross-country learning of novel research findings, and promotes optimal utilization of economic intelligence in shaping cost-effective responses to the global HIV and AIDS pandemic. Participants identify strategic emerging issues related to the economics of the HIV response and key policy issues that will require further research and novel approaches to ensure sustainable AIDS response results.”*

In other upcoming news, on 24 July [Sir Elton John and the Duke of Sussex will launch a new global coalition focused on treating HIV infections in men](#) (in Amsterdam).

See also Reuters Health - [Prince Harry, Elton John to launch coalition against HIV in men](#).

## Coming up – Bridging Financing Gaps For Greater Health Equity and Impact: The 2018 Global Financing Facility Annual Report (24 July)

<https://www.cgdev.org/event/bridging-financing-gaps-greater-health-equity-and-impact-2018-global-financing-facility>

This event will be **live webstreamed**.

*“...The **Global Financing Facility (GFF) in support of Every Woman Every Child** is a new approach to sustainable global health financing that is supporting countries’ approaches to financing and investing in the health of their people. To understand the impact of this innovative program, the GFF is launching its 2018 annual report four months before its replenishment event in November. **The Center for Global Development (CGD) and the GFF invite you to the co-hosted launch of the GFF annual report for 2018.** Through presentations by key global health leaders and a moderated panel discussion, this event will discuss on-the-ground progress in countries receiving GFF support, share how these countries are transforming and financing their own health and development, and provide participants with an opportunity to ask questions and engage in discussion.”*

## Coming up - BRICS summit (25-27 July, South Africa)

The Conversation - [How to judge the success of the BRICS summit? Three questions will do the trick](#)

Some analysis ahead of the BRICS summit. Doesn't look as if global health (incl governance) will be very important at the meeting, though.

## Global governance of health

### Lancet (Letter) – Canadian Women in Global Health #CWIGH: call for nominations

J Clark, S Hussain et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31501-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31501-0/fulltext)

On behalf of the Canadian branch of “Women in Global Health”.

### South Centre (Policy brief) - Collaboration or Co-optation? A review of the Platform for Collaboration on Tax

M F Montes et al; [https://www.southcentre.int/wp-content/uploads/2018/06/PB48\\_Collaboration-or-Co-optation-A-review-of-the-Platform-for-Collaboration-on-Tax\\_EN.pdf](https://www.southcentre.int/wp-content/uploads/2018/06/PB48_Collaboration-or-Co-optation-A-review-of-the-Platform-for-Collaboration-on-Tax_EN.pdf)

*“The **Platform for Collaboration on Tax (PCT)**, launched in April 2016, is an effort to intensify cooperation on tax issues among the staff of the OECD, IMF, World Bank and the United Nations. The PCT’s stated objectives include the production of joint outputs, strengthening interactions between standard setting, capacity building and technical assistance and sharing information. PCT has since produced toolkits on issues such as tax incentives, transfer pricing, and taxation of offshore indirect transfers. **The PCT also held its first global conference in February 2018 at the UN** where a concluding ‘conference statement’, negotiated among the four secretariats, was produced. In a political context where a majority of UN Member States continue to contest international tax standard setting led by the OECD and call for a global negotiation process based within the UN, **this collaboration between the four institutions requires a closer look**. Increased technocratic cooperation when the process is challenged by a political deficit in norm setting raises critical questions for the institutions involved and the constituencies they represent. This policy brief, a joint publication of the South Centre and the Global Alliance for Tax Justice, will unpack some of these issues pertaining to the Platform for Collaboration on Tax (PCT).”*

### Global Challenges – Systematic Analysis of Evidence and Sound Expert Assessment: Two Enablers of Evidence-Based Decision-Making in Health

MP Kieny et al; <https://onlinelibrary.wiley.com/doi/abs/10.1002/gch2.201800022>

*“This commentary discusses attributes, membership, and modus operandi of **advisory committees in the health sector**, taking examples of a few committees operating internationally. It concludes on the importance of transparency and legitimacy for the credibility of their outcomes.”* Focus here on WHO advisory committees, Wellcome Trust Advisory committees and EC Horizon 2020 advisory committees.

## Chevron donates \$1 Million to Friends of the Global Fight against AIDS, TB & malaria

<https://www.theglobalfight.org/chevron/>

Gosh. With friends like that... *“the grant will help expand Friends’ work to mobilize private sector, faith, youth and other partners for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and other programs aimed at ending these epidemics...”*

## #Aidtoo

### Guardian - Save the Children chief accused of being part of ‘cosy boys’ club’

[https://www.theguardian.com/global-development/2018/jul/12/save-the-children-chief-accused-of-being-part-of-cosy-boys-club?CMP=twl\\_a-global-development\\_b-gdnddevelopment](https://www.theguardian.com/global-development/2018/jul/12/save-the-children-chief-accused-of-being-part-of-cosy-boys-club?CMP=twl_a-global-development_b-gdnddevelopment)

As the scandal of sexual exploitation and abuse of children in humanitarian settings drags on, **Kevin Watkins, the head of Save the Children, was questioned by MPs** about the failure *“to investigate claims of sexual misconduct by senior charity staff.”* Amid accusations that he is part of a cosy boys’ club, Watkins was forced *“to defend his position as chief executive of the charity,”* as well as the *“decision to use £114,000 in charity funds on lawyers ‘to try and stop reports [of inappropriate behaviour] coming out.’”*

### Code Blue - Spotlight on: UNAIDS

<https://static1.squarespace.com/static/514a0127e4b04d7440e8045d/t/5abfacb91ae6cf734d670f17/1522511033843/Partial+Catalogue+of+Errors.pdf>

**Code Blue**, the campaign which works *“to end impunity for sexual abuse by UN personnel”* recently released a series of documents including its own [analysis of the WHO/UNAIDS investigation](#) as well as *“an audio recording, leaked to the Code Blue Campaign, of UNAIDS’ Executive Director Michel Sidibé addressing UNAIDS staff at a ‘Town Hall’ on sexual harassment on February 27, 2018”* and *“internal investigation reports by the World Health Organization’s (WHO) Office of Internal Oversight Services, regarding allegations of sexual assault and sexual harassment by UNAIDS’ Deputy Executive Director, Luiz Loures against a UNAIDS staff member.”*

## CEPI now eligible for Official Development Assistance

Cfr CEPI’s latest newsletter issue: <https://mailchi.mp/cepi/cepi-newsletter-july-2018?e=c69e7c5164>

*“In June, CEPI was notified—by the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD)—that **contributions to CEPI may be counted as Official Development Assistance (ODA)**. ODA, often referred to as aid, is the internationally agreed criteria for funds provided to developing countries or multilateral institutions to fight poverty and*

*promote development. The OECD adopted ODA as the “gold standard” of foreign aid in 1969 and it remains the main source of financing for development aid. **CEPI’s eligibility for such aid funding is an important step in our organisational development.** This designation officially recognises that CEPI’s work actively promotes the economic development and welfare of developing countries as its main objective. Specifically, the diseases that we have prioritised mainly affect developing countries and the vaccines we fund will be made available and affordable to low-income and middle-income countries.”*

## Devex – Future of partnerships

[Devex](#);

Devex launched **Focus on: Future of Health partnerships**. “This focus area, powered by **MSD for Mothers**, explores private sector solutions and collaborations for tackling global health challenges.”

Bet I’ll love this news section as much as the Three Lions team.

## Global Fund Appoints Philippe François as Head of Sourcing & Supply Chain

<https://www.theglobalfund.org/en/news/2018-07-09-global-fund-appoints-philippe-francois-as-head-of-sourcing-supply-chain/>

Not Claude. Philippe.

## GFF - new FAQs online

<https://www.globalfinancingfacility.org/faq>

Updated Q&A on the GFF. Nice resource.

## FT Health newsletter last week – Short interview with Chris Elias (President global development division at Gates Foundation)

From our FT colleagues: see the [FT Health newsletter \(6 July issue\)](#)

“Three questions to Chris Elias:

“*What are your current priorities?*

***We're gearing up for the \$2bn replenishment in Oslo in November of the Global Financing Facility to fund women's and children's health.*** As it matures, it's going to be a powerful complementary tool. Ministers of health are very keen because it forces a discussion with finance ministers on funding, raises accountability and increases support for the social sector. There have been 16 countries so far and there is interest from 40 [in borrowing money from the scheme].

***What progress are you making on support for family planning?***

*There is good progress we will report at the Kigali family planning conference from countries like Myanmar and Kenya. But some big countries like India and Nigeria are keeping the numbers down. Take up is better in urban than rural areas, and among married women than unmarried adolescents. We have supported the collection of data to track impact: national data is interesting but sub-national data is more useful.*

***Are you focused on "vertical" support of particular diseases and commodities at the expense of health systems?***

*We're impatient when there are opportunities to save lives fast. But there is less tension that sometimes people think. Things get easier with a strong primary healthcare system and we are strengthening our focus on that, with offices in Africa and India. We are trying to bring different things together in a more integrated way. Primary healthcare can provide vaccines, contraception, nutrition. We're trying to do it in a more intentional way. It's happening in Ethiopia, India and Nigeria. We're helping with improved collection and analysis of data, and better procurement. That aligns with national health systems and helps others' grant making."*

## **UHC**

### **The Conversation - Corruption in the Nigerian health sector has many faces. How to fix it**

O Onwujekwe et al; <https://theconversation.com/corruption-in-the-nigerian-health-sector-has-many-faces-how-to-fix-it-99043>

***"... We were part of an anti-corruption consortium led by the School of Oriental and African Studies that looked at corruption in the health sector in Nigeria. As part of our study we set out to find the five corrupt practices that most affected the delivery of health care services. We identified them as: absenteeism, procurement-related corruption, under-the-counter payments, health financing-related corruption and employment-related corruption. The list of corrupt practices all affect the standard of care that patients received. Based on these findings, we believe that it's perfectly feasible for government to put policies in place to tackle all five practices. All it requires is the political will to put the necessary policy and regulatory frameworks in place...."***

Nice piece, even though I think we should ban the term 'political will' altogether.

## BMJ Global Health (Analysis) - The Brazilian health system at crossroads: progress, crisis and resilience

A Massuda, R Atun et al; <https://gh.bmj.com/content/3/4/e000829>

*“The **Unified Health System (Sistema Único de Saúde (SUS))** has enabled substantial progress towards Universal Health Coverage (UHC) in Brazil. However, structural weakness, economic and political crises and austerity policies that have capped public expenditure growth are threatening its sustainability and outcomes. **This paper analyses the Brazilian health system progress since 2000 and the current and potential effects of the coalescing economic and political crises and the subsequent austerity policies.** ... We find that, despite a favourable context, which enabled expansion of UHC from 2003 to 2014, structural problems persist in SUS, including gaps in organisation and governance, low public funding and suboptimal resource allocation. Consequently, large regional disparities exist in access to healthcare services and health outcomes, with poorer regions and lower socioeconomic population groups disadvantaged the most. These structural problems and disparities will likely worsen with the austerity measures introduced by the current government, and risk reversing the achievements of SUS in improving population health outcomes. The speed at which adverse effects of the current and political crises are manifested in the Brazilian health system underscores the importance of enhancing health system resilience to counteract external shocks (such as economic and political crises) and internal shocks (such as sector-specific austerity policies and rapid ageing leading to rise in disease burden) to protect hard-achieved progress towards UHC.”*

## Lancet World Report – Prospects for health in Mexico after the presidential election

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31604-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31604-0/fulltext)

*“The country's President-elect faces a tough challenge to redress the health system, but his tough stance on corruption might help. Stephen Woodman reports from Mexico City.”*

## International Growth Centre – Value Added Tax in developing countries: Lessons from recent research

F Gerard et al; <https://www.theigc.org/publication/value-added-tax-developing-countries-lessons-recent-research/>

*“The Value Added Tax has become one of the most important instruments of revenue mobilisation in the developing world. A recent and growing body of research highlights its strengths and some of the challenges it faces.”*

The VAT now accounts for **1/ 4 of tax revenue raised in Sub Saharan Africa.**

## University of California – Global Health institute: In health research, local efforts have global benefit

[UCGHI:](#)

*“... Low-income countries ... show ways to provide public health with fewer dollars and how to mobilize communities of caregivers. UCSF’s Preterm Birth Initiative and UC Riverside’s HIV + Aging Research Project-Palm Springs are just two of many UC projects that demonstrate the idea that global is local and local is global...”*

## Re-watch webinar - Why quality of health services matters for achieving universal health coverage. Organised by WHO, World Bank and OECD, 9 July 2018

<http://www.who.int/servicedeliverysafety/quality-report/en/>

*“As countries commit to achieving universal health coverage by 2030, there is a growing acknowledgement that optimal health care cannot be delivered by simply ensuring coexistence of infrastructure, medical supplies and health care providers. Improvement in health care delivery requires a deliberate focus on quality of health services. This is highlighted in the first-ever global report on quality co-authored by WHO, OECD and the World Bank, entitled “Delivering Quality Health Services: A Global Imperative for Universal Health Coverage” . ...”* Speakers were:

**Tim Evans** – Senior Director - Health, Nutrition and Population Global Practice - World Bank Group

**Francesca Colombo** – Head of Health Division – OECD

**Ed Kelley** – Director - Department of Service Delivery and Safety – World Health Organization

The Presentation is available here: <http://www.who.int/servicedeliverysafety/quality-report/webinar9July2018.pdf?ua=1>

Recording: [here](#).

## Planetary health

## Devex – At the UN's Green Climate Fund, the honeymoon is over

<https://www.devex.com/news/at-the-un-s-green-climate-fund-the-honeymoon-is-over-93093>

“GCF failed to approve almost a billion dollars in proposed projects during a critical year for climate action with the rule book of the Paris Agreement expected to be finalized by the end of the year. Then its executive director, Howard Bamsey, resigned in a shock...”

## Coming up in September: Second “one planet summit” (Sept 26, New York)

<https://www.oneplanetsummit.fr/en/>

*“In December 2017, the President Macron, the Secretary-General of the United Nations Antonio Guterres, and the President of the World Bank Jim Yong Kim launched the **One Planet Summit** to accelerate the implementation of the Paris agreement and engage public and private actors in the race against global warming. Facing the emergency of the ecological, social, and economic impacts of climate change, **members of the One Planet Coalition called for concrete initiatives and solutions to address climate change through 12 international commitments**. Climate action needs a shared responsibility and requires cooperation between governments, leaders from the public and private sectors and civil society. In a continued effort to spur global leaders on the next steps necessary to avert climate disruptions, **the One Planet event 2018 will take place on the afternoon of the 26th of September 2018 in New York City**, alongside the 73rd session of the United Nations General Assembly. On September 26th, Heads of State, business leaders, and other non-state actors, will once again come together to account for the implementation of commitments made at the One Planet Summit and build trust and collaboration for ongoing multilateral climate action. We will celebrate progress made and further engage public and private actors to raise our ambition.”*

By way of preparation, “planetary health champion” Macron is flying **twice** this week to Moscow : )

## IISD - Sovereign Wealth Funds Publish Framework to Help Meet Paris Agreement Goals

[IISD](#);

*“To help achieve the goals of the Paris Agreement on climate change, **six sovereign wealth funds (SWFs) representing more than US\$3 trillion in assets have committed to only invest in companies that incorporate climate risks into their strategies, and have published a framework to this end**. The funds comprise the **One Planet SWF Working Group**, which was established in December 2017 at the One Planet Summit in Paris, France. These efforts come during a July of record-breaking extreme heat and disastrous precipitation in the northern hemisphere....”*



## Guardian - Mysterious source of illegal ozone-killing emissions revealed, say investigators

<https://www.theguardian.com/environment/2018/jul/09/mysterious-source-of-illegal-ozone-killing-emissions-revealed-say-investigators>

*"A mysterious surge in emissions of an illegal ozone-destroying chemical has been tracked down to plastic foam manufacturers in China, according to an **on-the-ground investigation published on Monday**. The chemical, trichlorofluoromethane or CFC-11, has been banned around the world since 2010 and is a potent destroyer of ozone, which protects life on Earth from UV radiation, and strong greenhouse gas. A shock rise in the gas in recent years was revealed by atmospheric scientists in May, but they could only narrow the source to somewhere in East Asia. The Environmental Investigation Agency, a non-governmental organisation, has now identified widespread use of CFC-11 factories in China that make insulating foams. The EIA's investigators identified factories that sold the chemicals needed for foam-making, then contacted and visited them...."*

## Global Policy - Catastrophic Climate Change and Forest Tipping Points: Blind Spots in International Politics and Policy

J C Pereira et al; <https://onlinelibrary.wiley.com/doi/abs/10.1111/1758-5899.12578>

*"Scientists believe that humanity has already crossed the core planetary boundary for climate change, and is closer to crossing thresholds that trigger abrupt and irreversible environmental changes. Consequently, **academia and the international political community should not disregard the prospect of a catastrophic environmental event**. However, discussions about climate change usually assume the resilience of potentially deteriorating terrestrial-biosphere carbon sinks and rarely acknowledge catastrophic climate risk. Reviewing the latest scientific evidence on anthropogenic climate change, as well as the current and projected threats to the resilience of key large forest biomes, and combining them with the profound political frailties of the Paris Climate Agreement, **this article argues that catastrophic climate risk is much more serious and likely than most of humanity is able to perceive and should thus be seriously considered**. It emphasizes the massive gap between science and political action and how cognitive, cultural, institutional, and political limitations hinder our capacity to envisage, prevent, and ultimately manage catastrophic climate change. The article concludes by briefly raising awareness regarding the role that academia should play in catastrophic climate risk reduction."*

Your catastrophic read of the week.

## Guardian - Pope Francis warns against turning Earth into vast pile of 'rubble, deserts and refuse'

<https://www.theguardian.com/world/2018/jul/07/pope-francis-warns-against-turning-earth-into-vast-pile-of-rubble-deserts-and-refuse>

If you prefer it in more biblical terms.

Late last week, “Pope Francis urged governments on Friday to make good on their commitments to curb global warming, warning that climate change, continued unsustainable development and rampant consumption threatens to turn the Earth into a vast pile of “rubble, deserts and refuse”. **Francis made the appeal at a Vatican conference marking the third anniversary of his landmark environmental encyclical “Praise Be.”** The **document**, meant to spur action at the 2015 Paris climate conference, **called for a paradigm shift in humanity’s relationship with Mother Nature.** In his remarks, Francis urged governments to honor their Paris commitments and said institutions such as the IMF and World Bank had important roles to play in encouraging reforms promoting sustainable development....”

## Global Policy - The Market is Valuing Climate Risk All Wrong

Jeff Colgan; <https://www.globalpolicyjournal.com/blog/06/07/2018/market-valuing-climate-risk-all-wrong>

Interesting piece. “Economists and policymakers tend to believe that markets are fairly rational in how they evaluate assets and risks. In the case of climate change, that just isn’t so. **Climate change creates risks for three distinct asset classes: fossil fuels, insurance, and property values. The market might be correctly valuing any two of the three asset classes, but not all three, creating what we might call the “climate-value paradox.”**”

Sounds a bit like the Rodrik trilemma, but this one for climate value risks.

## Lancet Editorial - Food security in the Middle East and north Africa

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31563-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31563-0/fulltext)

“Early civilisations emerged in conjunction with agriculture and the food security that crops provided. In Mesopotamia (now Iraq), agriculture and science flourished symbiotically. But the agriculture of Iraq that once nourished thinkers who shaped the ancient world is no longer able to feed the population. **Agricultural Outlook 2018–2027**, published on July 3 by the **OECD and the UN Food and Agriculture Organization**, explains why. The report focuses on the Middle East and north Africa, where unsustainable farming practices are widespread. When combined with conflict, political instability, and climate change, these practices mean that, overall, half of the food and beverages consumed are imported....”

“Agricultural Outlook 2018–2027 describes farming trends and trade that will influence health and societies over the next decade. **The findings provide an opportunity to align agricultural policies more closely with health, including planetary health...**”

And a few quick links:

Guardian - [Burnt out: heatwaves can lead to poor decisions and thinking, studies say](#)

*"A new study by Harvard researchers found students without air conditioning showed 13% longer reaction times on tests."*

You really need Harvard for breakthrough research. Still, remarkable, as it seems to affect even supposedly 'resilient populations'...

Guardian - [Ireland becomes world's first country to divest from fossil fuels.](#)

## Infectious diseases & NTDs

### Lancet – Vulnerability to snakebite envenoming: a global mapping of hotspots

J Longbottom et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31224-8/fulltext?utm\\_campaign=lancet&utm\\_content=74242272&utm\\_medium=social&utm\\_source=twitter](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31224-8/fulltext?utm_campaign=lancet&utm_content=74242272&utm_medium=social&utm_source=twitter)

*"Snakebite envenoming is a frequently overlooked cause of mortality and morbidity. Data for snake ecology and existing snakebite interventions are scarce, limiting accurate burden estimation initiatives. Low global awareness stunts new interventions, adequate health resources, and available health care. Therefore, **we aimed to synthesise currently available data to identify the most vulnerable populations at risk of snakebite, and where additional data to manage this global problem are needed....**"*

*"**We provide a map showing the ranges of 278 snake species globally.** Although about 6·85 billion people worldwide live within range of areas inhabited by snakes, about 146·70 million live within remote areas lacking quality health-care provisioning. Comparing opposite ends of the HAQ Index, 272·91 million individuals (65·25%) of the population within the lowest decile are at risk of exposure to any snake for which no effective therapy exists compared with 519·46 million individuals (27·79%) within the highest HAQ Index decile, showing a disproportionate coverage in reported antivenom availability. Antivenoms were available for 119 (43%) of 278 snake species evaluated by WHO, while globally 750·19 million (10·95%) of those living within snake ranges live more than 1 h from population centres. **In total, we identify about 92·66 million people living within these vulnerable geographies, including many sub-Saharan countries, Indonesia, and other parts of southeast Asia....**"*

Read also the accompanying **Comment in the Lancet** - [Addressing the global challenge of snake envenoming.](#)

*“ Joshua Longbottom and colleagues<sup>1</sup> highlight once again that snake envenoming is a major health issue affecting remote and rural regions of the tropics. They use information about venomous snake distribution, health-care access, and availability of antivenom to identify the most vulnerable populations to snakebite....”*

## Lancet (Editorial) – Indonesia disavows “unity in diversity”

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31564-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31564-2/fulltext)

*“A new report by Human Rights Watch, published on July 1, lays bare Indonesia's “crackdown” on the rights of lesbian, gay, bisexual, and transgender (LGBT) people to live free from intimidation and discrimination... .. Intolerance and the behaviour of the country's police force have exacerbated an existing HIV crisis.”*

## Scidev.Net – Call for global coalition against malaria

<https://www.scidev.net/asia-pacific/malaria/news/call-for-global-coalition-against-malaria.html>

Short report on last week's conference in Australia. *“The inaugural Malaria World Congress (2—5 July) in Melbourne has called on the global community to work unitedly to enhance political and financial support to combat the debilitating disease.”*

Highlights: *“WHO says controlling malaria costs a minimum of US\$6.5 billion annually; Investment against malaria has plateaued, with US\$2.7 billion spent in 2016; Donor countries must meet commitments to multilateral groups fighting malaria [like the Global fund for example].”*

## CNN - Australian experiment wipes out over 80% of disease-carrying mosquitoes

[CNN;](#)

*“In an experiment with global implications, Australian scientists have successfully wiped out more than 80% of disease-carrying mosquitoes in trial locations across north Queensland. The experiment, conducted by scientists from the Commonwealth Scientific and Industrial Research Organization (CSIRO) and James Cook University (JCU), targeted Aedes aegypti mosquitoes, which spread deadly diseases such as dengue fever and Zika....”*

## Nature – Controversial CRISPR ‘gene drives’ tested in mammals for the first time

<https://www.nature.com/articles/d41586-018-05665-1>

*“A controversial technology capable of altering the genomes of entire species has been applied to mammals for the first time. In an article posted<sup>1</sup> on the bioRxiv preprint server on 4 July, researchers describe developing ‘gene drives’ — which could be used to eradicate problematic animal populations — in lab mice using the CRISPR gene-editing technique. Gene drives ensure that chosen mutations are passed on to nearly all an animal’s offspring. They have already been created in mosquitoes in the lab, as a potential malaria-control strategy. Researchers have raised the possibility that the technology could help to kill off invasive rats, mice and other rodent pests. **But the latest study dashes hopes of that happening any time soon, say scientists. The technique worked inconsistently in lab mice, and myriad technological hurdles remain before researchers could even consider releasing the tool in the wild....”***

## Lancet Respiratory Medicine - Effect of bedaquiline on mortality in South African patients with drug-resistant tuberculosis: a retrospective cohort study

[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(18\)30235-2/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(18)30235-2/fulltext)

New study on the effect of bedaquiline on mortality in tuberculosis.

*“A retrospective cohort study finds that bedaquiline-based treatment regimens were associated with a large reduction in mortality in patients with drug-resistant tuberculosis, compared with the standard regimen.”*

See also CIDRAP for coverage - [South African TB study finds lower death rate with bedaquiline](#) *“In a study that could have an impact on the treatment of drug-resistant tuberculosis (TB), a team of South African researchers report that the novel TB drug bedaquiline was associated with a significant reduction in mortality for patients with multidrug-resistant (MDR), rifampicin-resistant, and extensively drug-resistant (XDR) strains of the infection.”*

## CSIS (resource) - Building Global Health Capacity Through Polio Eradication

N Bristol et al; <https://www.csis.org/programs/global-health-policy-center/building-global-health-capacity-through-polio-eradication>

*“...While preventing an estimated 16 million polio infections, the GPEI has at the same time developed networks of disease surveillance, laboratories, and vaccine-delivery systems providing needed public health infrastructure in the countries most at risk of disease outbreaks. In addition, it*

*has provided training to thousands of health workers who are improving a range of disease prevention activities in their home countries. **Public health officials at the country, regional, and global levels are now taking stock of the valuable “assets” created by the polio program.** They are calculating how polio-funded networks and new staff currently are contributing to public health systems and how to expand and sustain them into the future to help improve health in low-resource countries and advance global health security. ... “*

*“... **This website contributes to that process by exploring public health interventions for which the U.S. government provided significant backing, either financially or through technical support. Each section examines an individual asset, explaining what it is, how it is contributing to polio eradication and to addressing other health issues, and what some of the challenges are to their continuation.** Overall, the site will highlight the formidable leadership and support CDC and USAID have offered toward eradication. **It also will illustrate how polio assets already are aiding countries in preventing, detecting, and responding to disease outbreaks** and what would be needed for them to be sustained into the future....”*

For more detail, see:

[Polio emergency operations centers](#)

[Social mobilization for polio eradication](#)

['Stopping' poliovirus with dedicated volunteers.](#)

## **BMJ Global Health – Risk factors and risk factor cascades for communicable disease outbreaks in complex humanitarian emergencies: a qualitative systematic review**

C C Hammer, Paul Hunter et al ; <https://gh.bmj.com/content/3/4/e000647?cpetoc>

*“Communicable diseases are a major concern during complex humanitarian emergencies (CHEs). Descriptions of risk factors for outbreaks are often non-specific and not easily generalisable to similar situations. This review attempts to capture relevant evidence and explore whether it is possible to better generalise the role of risk factors and risk factor cascades these factors may form....”*

## **Science Daily - Ebola survivors suffer from severe neurological problems**

[Science daily;](#)

*“Researchers have shed new light on the psychiatric and neurological problems that Ebola survivors can suffer from, and call for more specialist support for the most severely affected patients.” Based on a new study by Liverpool researchers.*

In other Ebola news, check out also (MSF) - ["Congolese health workers have shown an amazing commitment to fighting Ebola"](#).

And a quick link:

[World-first live hookworm vaccine for humans could be first step towards eradication](#)

*"A Queensland scientist has developed the first ever live vaccine against hookworm, a parasitic disease that causes anaemia in children and pregnant women in many developing countries. Fifteen Queenslanders are taking part in the **world-first human trial of the live hookworm vaccine**, which is underway in Q-Pharm Pty Ltd at QIMR Berghofer Medical Research Institute...."*

## NCDs

### Economist - As rich children slim down, poor ones are getting fatter

<https://www.economist.com/britain/2018/05/31/as-rich-children-slim-down-poor-ones-are-getting-fatter?src=scn/tw/te/bl/ed/asrichchildrenslimdownpooronesaregettingfatterbiglittleones>

Hear, hear, this is the Economist saying this: *"If you want to solve the obesity problem, you have to solve the inequality problem first"*.

### Some more analysis of the interactive civil society meeting on NCDs in New York last week (in preparation of HL meeting on NCDs in Sept)

#### Health Policy Watch - Civil Society Called Upon To Be 'Less Civil' At UN Interactive Hearing On NCDs

<https://www.healthpolicy-watch.org/civil-society-called-upon-to-be-less-civil-at-un-interactive-hearing-on-ncds/>

*"The United Nations General Assembly held a hearing on 5 July to engage civil society in the preparatory process toward the third High-Level Meeting on Non-Communicable Diseases to be held at the UN in New York on 27 September. Civil society made many recommendations to the UN and heads of state at the Interactive Hearing on NCDs in the areas of scaling up prevention and control, financing, promoting multi-sectoral partnerships, and ensuring political leadership and accountability. Amid these recommendations, one counter-recommendation to civil society stood out. **James Chau**, renowned broadcaster in China, writer and **WHO goodwill ambassador for the UN Sustainable Development Goals (SDGs) and health** addressed the audience, saying, **"Civil society, with respect, can you please be a little less civil?"** This call to civil society was contextualized by*

*Chau in reference to the massive civil society mobilizations of the anti-apartheid and AIDS movements of the 1980s that demanded change. Such action, according to Chau, will be needed in the civil society movement around NCDs...."*

## **IP-Watch - UN Urged To Emphasize Health Over Profit At Upcoming UN High-Level Meeting On NCDs**

<http://www.ip-watch.org/2018/07/06/un-urged-emphasize-health-profit-upcoming-un-high-level-meeting-ncds/>

*"An **open letter sent by 242 organisations and individuals** to key United Nations and World Health Organization representatives on 4 July demanded that **high prices limiting access to medicines and effective treatment be addressed** at the upcoming UN High-Level Meeting on Non-Communicable Diseases." (see also last week's IHP newsletter)*

Make sure you also read **Katie Dain** (CEO NCD Alliance)'s speech at the hearing - [ENOUGH of pitiful investments: Katie Dain's message to Governments on financing for NCDs](#)

*"This speech was delivered by Katie Dain, CEO of NCD Alliance, during a panel on NCD financing at the Interactive Hearing in Preparation for the 2018 High-Level Meeting on NCDs. **"What does civil society see as being the opportunities for countries to scale up financing for NCDs?"**"*

## **World Cancer Research Fund International (Policy brief) - Driving action to prevent cancer and other non-communicable diseases**

<https://www.wcrf.org/int/policy/our-publications/driving-action-to-prevent-cancer>

*"A new policy framework for promoting healthy diets, physical activity, breastfeeding and reducing alcohol consumption."*

*"Our [policy brief](#), **Driving action to prevent cancer and other non-communicable diseases: a new policy framework for promoting healthy diets, physical activity, breastfeeding and reducing alcohol consumption**, highlights the latest research on the links between diet, nutrition, physical activity and cancer, outlines why public policy is critically important to preventing cancer and other diet-related NCDs and presents a new policy framework to support governments to take action. We developed the new policy framework, using our **NOURISHING framework** as a foundation, to address physical activity, breastfeeding and alcohol consumption, in addition to diet. **The new policy framework modifies NOURISHING's 10 policy areas, expanding them to 11 areas, adding 'Healthy urban design'**, and broadens NOURISHING's policy domains to health-enhancing environments, systems change and behaviour change communication...."*



## Globalization & Health (Debate) - Incorporating a structural approach to reducing the burden of non-communicable diseases

J Yang et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0380-7>

*"...We suggest the need for a structural approach to addressing the NCDs epidemic that integrates social science and public health theories. We evaluate two overarching principles (empowerment and human rights) and three social determinants of health (labor and employment, trade and industry, and macroeconomics) addressed in the 2013 Global Action Plan for the Prevention and Control of NCDs to demonstrate how a structural approach to NCDs can be incorporated into existing NCD interventions. For each area considered, theoretical considerations for structural thinking are provided and conclude with recommended actions..."*

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

### WHO – INSPIRE Handbook: action for implementing the seven strategies for ending violence against children

[http://www.who.int/violence\\_injury\\_prevention/violence/inspire-package/inspire-handbook/en/](http://www.who.int/violence_injury_prevention/violence/inspire-package/inspire-handbook/en/)

*"The INSPIRE handbook: actions for implementing the seven strategies explains in detail how to choose and implement interventions that will fit your needs and context. The seven strategy-specific chapters address the Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills. The handbook concludes with a summary of INSPIRE's implementation and impact indicators, drawn from the companion INSPIRE indicator guidance and results framework."*

### Lancet World Report – Proposed regulation of oxytocin in India causes concern

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31605-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31605-2/fulltext)

*"Misuse of the synthetic hormone has prompted the government to propose strict regulations, but some worry about potential consequences on women's health. Sophie Cousins reports. Maternal and public health experts and activists across India have expressed concern about plans to restrict the production and retail sale of oxytocin, a life-saving drug on WHO's Essential Medicine List. Earlier this year, India banned imports of oxytocin to prevent its widespread misuse in the livestock industry..."*

## Apolitical - Structural reform, the magic bullet for chronic child malnutrition in Peru

[https://apolitical.co/solution\\_article/since-2007-peru-saved-350000-kids-stunted/](https://apolitical.co/solution_article/since-2007-peru-saved-350000-kids-stunted/)

Some good news from Peru which managed to halve its child stunting and chronic malnutrition rates between 2008 and 2016, **through structural reform**. *“At the heart of this was a Conditional Cash Transfer program (CCT) known as “Juntos”, however, “cash transfers were just one part of a much wider effort.” “A shift of this scale could not be achieved with any one intervention, but only with systemic reform to government itself. From the structural reform of social sector spending, to the powerful use of data for targeting resources, Peru shows how structural changes can lead to huge impact.”* Perhaps something for other countries to emulate.....

## From evidence-based medicine to populism-based medicine

### Guardian - Rise of Italian populist parties buoys anti-vaccine movement

[https://www.theguardian.com/world/2018/jul/11/rise-of-italian-populist-parties-buoys-anti-vaccine-movement?CMP=share\\_btn\\_tw](https://www.theguardian.com/world/2018/jul/11/rise-of-italian-populist-parties-buoys-anti-vaccine-movement?CMP=share_btn_tw)

This week, the debate on child vaccination children in Italy heated up a bit, as Giulia Grillo, the health minister, said *“parents no longer had to provide schools with a doctor’s certificate proving their children had been vaccinated”*. That this decision was taken in spite of the fact that Italy has recently been experiencing a surge in the number of measles cases, is certainly a timely reminder of the dangers that populist discourses can pose to health and science in general.

Cfr a tweet by **Laurie Garrett**: *“The intimate ties between right-wing nationalist movements & anti-[#vaccine](#) parents is extremely disconcerting. Will rising populism spawn epidemics of [#measles](#) [#mumps](#) [#pertussis](#) etc? Why is immunizing your kids a partisan issue?”*

Tweet **Peter Hotez**: *“Scary to watch the antivaccine [#antivax](#) movement gain strength and size in [#Italy](#) and [#Europe](#) - and now many Western US states [@guardian](#)”*

## Access to medicines

### Lancet (Viewpoint) – Health, transatlantic trade, and President Trump's populism: what American Patients First has to do with Brexit and the NHS

H Jarman, M McKee et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31492-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31492-2/fulltext)

*“During Donald Trump's presidential campaign, he promised to stand up to pharmaceutical companies and, once in office, to adopt measures that would reduce drug prices. After inauguration, he repeated these claims. In May, 2018, the US Department of Health and Human Services published American Patients First, a blueprint for how President Trump might achieve his goals via a series of regulatory and policy actions....”*

Cfr the press release: *The Lancet: UK-US post-Brexit trade deal risks increased drug prices, and may threaten the NHS*

*“A trade deal between the UK and USA could risk increasing drug prices in the UK, which could diminish the affordability and accessibility of the NHS, according to a Viewpoint published in **The Lancet**. “*

This viewpoint nicely coincided with the Donald's visit to the UK.

### Health Policy Watch - Study Shows Pharmaceutical Industry Investing In Basic Research, Some Questions Remain Open

<https://www.healthpolicy-watch.org/study-shows-pharmaceutical-industry-investing-in-basic-research-some-questions-remain-open/>

*“Basic research in health is often conducted by public universities or institutions, and public health activists have underlined the view that because research is funded by public money, medicines should not be so highly priced. **A new study by an independent economic research institute shows that the pharmaceutical industry is a substantial partner in research activities and its investment in basic research is growing.** The study, however, **falls short of providing answers to key questions** such as what is included in research and development figures, or what kind of basic research is conducted....”*

### FT Health – China vows to accelerate cancer drug price cuts

<https://www.ft.com/content/51204cb2-8354-11e8-96dd-fa565ec55929>

Trump probably thinks: time for a new episode in the trade war with China. He might even get some help from the Swiss this time : )

*“China has vowed to speed up cuts to the cost of cancer drugs in a move that threatens to dent revenues in the country for multinationals such as Eli Lilly, Roche and Novartis...” “...Officials will “accelerate price cuts” for cancer treatments, the Communist party-run People’s Daily reported over the weekend. The news comes after China slashed the cost of dozens of overseas drugs by as much as 70 per cent after price negotiations last year. The report coincided with the release of a box office-topping film about patients forced to smuggle cheap generics, adding to pressure on drugmakers in the country....”*

## International Journal of Health Services - How Does Stronger Protection of Intellectual Property Rights Affect National Pharmaceutical Expenditure? An Analysis of OECD Countries

Y Jung; <http://journals.sagepub.com/doi/full/10.1177/0020731418786095>

*“Intellectual property rights (IPR) protection for pharmaceuticals has been comprehensive and strict since the establishment of the World Trade Organization in 1995 and the subsequent implementation of the TRIPS Agreement. **This study investigated the relationship between the level of IPR and national pharmaceutical expenditure using panel data of 22 OECD countries from 1970 to 2009....”** “...The regression analysis results showed that **the level of IPR protection was significantly correlated with pharmaceutical spending** even after controlling for various factors that affect pharmaceutical expenditure. The results were consistent in OLS regression and GLS regression. However, the effect of IPR was stronger and more significant in countries with a relatively small-sized pharmaceutical market than in those with big market. **Many developed countries incur a financial burden due to rapidly growing pharmaceutical expenditure; therefore, the results of this study present the possibility that stronger IPR would produce welfare loss in developed countries.**”*

## Human resources for health

### International Journal for Equity in Health - Setting the agenda for nurse leadership in India: what is missing

Joe Varghese, J Porter, Kabir Sheikh et al;  
<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-018-0814-0>

*“Current policy priorities to strengthen the nursing sector in India have focused on increasing the number of nurses in the health system. However, the nursing sector is afflicted by other, significant problems including the low status of nurses in the hierarchy of health care professionals, low salaries, and out-dated systems of professional governance, all affecting nurses’ leadership potential and ability to perform. Stronger nurse leadership has the potential to support the achievement of health system goals, especially for strengthening of primary health care, which has been recognised and addressed in several other country contexts. **This research study explores the process of policy***

*agenda-setting for nurse leadership in India, and aims to identify the structural and systemic constraints in setting the agenda for policy reforms on the issue....”*

## Miscellaneous

### Devex – A vision of UN development reform takes form, amidst funding concerns

<https://www.devex.com/news/a-vision-of-un-development-reform-takes-form-amidst-funding-concerns-93073>

*“The United Nations is moving toward implementing a development reform strategy that will revamp in-country coordination, but experts and former U.N. officials say financing is still an issue ahead of the January 2019 reform launch.”*

### Devex – German aid minister slams proposed cuts as 'completely incomprehensible'

<https://www.devex.com/news/german-aid-minister-slams-proposed-cuts-as-completely-incomprehensible-93086>

*“The budget for Germany’s Ministry of Economic Cooperation and Development, also known as BMZ, will be increased by just €284 million (\$333 million) in 2019 to an overall amount of €9.7 billion, politicians finally agreed last week, up from €8.4 billion in 2017 and €9.4 billion in 2018....”*

*“...However, according to a draft medium-term financial plan, which has not yet been approved but was released at the same time, the budget for BMZ — which is usually responsible for up to 50 percent of Germany’s official development assistance — will be reduced significantly from 2020 onward, dropping back to around 2017 levels by 2021. German Federal Development Minister Gerd Müller described the plan as “completely incomprehensible.” ...”*

### Washington Post – India is no longer home to the largest number of poor people in the world; Nigeria is

[https://www.washingtonpost.com/news/worldviews/wp/2018/07/10/india-is-no-longer-home-to-the-largest-number-of-poor-people-in-the-world-nigeria-is/?utm\\_term=.a8cccd44634f](https://www.washingtonpost.com/news/worldviews/wp/2018/07/10/india-is-no-longer-home-to-the-largest-number-of-poor-people-in-the-world-nigeria-is/?utm_term=.a8cccd44634f)

Well worth a read. And not only if you’re Nigerian.

## Nature (Comment) - Grand challenges in humanitarian aid

<https://www.nature.com/articles/d41586-018-05642-8>

*“Fund and study these priorities for natural and social sciences to meet a gaping need, urge **Abdallah S. Daar, Trillium Chang, Angela Salomon and Peter A. Singer.**”*

*“The gap between the magnitude of humanitarian need and the global capacity to respond is massive and growing. Here we describe an attempt to map ways in which that gap might be closed (see ‘**Top 10 Humanitarian Grand Challenges**’).”*

## Devex - Can IFC rise to its next challenge?

<https://www.devex.com/news/can-ifc-rise-to-its-next-challenge-92746>

*“Having pulled off a surprise victory to secure a large chunk of the World Bank Group’s capital increase earlier this year, the International Finance Corporation is now gearing up to tackle the “huge challenges” involved in **meeting the terms** of the deal, **especially around upping its investments in fragile and conflict-affected countries....**”*

*The World Bank's private sector lending arm just received its biggest budget boost in years — but it comes with **strings attached.** ...”*

## Stat News - Brett Kavanaugh, Trump’s pick for court, has left trail of opinions on health care and pharma issues

[Stat News:](#)

*“Brett Kavanaugh, President Trump’s nominee for the Supreme Court, has left a trail of rulings and opinions concerning the Food and Drug Administration, pharmaceutical companies, and medical device manufacturers in his dozen years on the District of Columbia circuit court....”*

Also worth knowing: he’s quite close to George W Bush. That used to be not much of a distinction, nowadays though (with the GOP hijacked by Trump & even worse sujets) it might not be the worst thing. Anyway, hope the Democrats can put up a fight on his nomination, at least till the parliamentary elections.

## T20 (Argentina) - Policy brief: Advancing the G20’s Commitment to the 2030 agenda

<https://t20argentina.org/publicacion/advancing-the-g20s-commitment-to-the-2030-agenda/>

*“This policy brief proposes an approach for the G20 to commit meaningfully to the implementation of the 2030 Agenda. It documents substantial shortcomings in G20 member countries’ approaches to agenda setting, implementation, and monitoring. This applies both to domestic goals as well as to those that relate to collective action. The policy brief recommends a number of key actions G20 members could take to strengthen their strategies for (1) domestic implementation of the 2030 Agenda, and (2) collective action regarding management of the global commons.”*

## IP-Watch - UN Launches High-Level Panel On Digital Cooperation, Led By Melinda Gates And Jack Ma

<http://www.ip-watch.org/2018/07/12/un-launches-high-level-panel-digital-cooperation-led-melinda-gates-jack-ma/>

Also news from New York, this week. *“The United Nations [today] announced it has launched a high-level panel on digital cooperation, co-chaired by Melinda Gates (wife of Bill Gates of software titan Microsoft), and Jack Ma, head of China’s e-commerce titan Alibaba Group. The 20-member panel will “identify policy, research and information gaps, and make proposals to strengthen international cooperation in the digital space,” according to a release.”*

## Apolitical – How to value unpaid care work: the \$10 trillion question

[https://apolitical.co/solution\\_article/how-to-value-unpaid-care-work-the-10-trillion-question/](https://apolitical.co/solution_article/how-to-value-unpaid-care-work-the-10-trillion-question/)

Another fundamental question for the 21<sup>st</sup> century. *“... “The ground is starting to shift, as aging populations, plummeting birth rates, and stalled or declining female labor force participation have forced societies to examine the care burden that falls overwhelmingly on women. Japan, Hawaii and, at the international level, the UN, are all experimenting with ways to better value unpaid work, or alleviate the burden of it. But how should governments approach the problem? Diane Elson, former chair of the U.K.’s Women’s Budget Group (WBG), a network of researchers and advocates, has advocated a three-pronged strategy. For Elson, the goals are: “recognise, reduce, redistribute” ....”*

## Lancet (Editorial) – Is digital medicine different?

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31562-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31562-9/fulltext)

*“...Without a clear framework to differentiate efficacious digital products from commercial opportunism, companies, clinicians, and policy makers will struggle to provide the required level of evidence to realise the potential of digital medicine. **The risks of digital medicine, particularly use of AI in health interventions, are concerning.** Continuing to argue for digital exceptionalism and failing to robustly evaluate digital health interventions presents the greatest risk for patients and health systems.”*

## Emerging Voices

### IJHPM - The Making of a New Medical Specialty: A Policy Analysis of the Development of Emergency Medicine in India

Veena Sriram (EV 2016) et al;

[http://www.ijhpm.com/article\\_3515\\_0.html?utm\\_source=dlvr.it&utm\\_medium=twitter](http://www.ijhpm.com/article_3515_0.html?utm_source=dlvr.it&utm_medium=twitter)

*“Medical specialization is an understudied, yet growing aspect of health systems in low- and middleincome countries (LMICs). In India, medical specialization is incrementally, yet significantly, modifying service delivery, workforce distribution, and financing. However, scarce evidence exists in India and other LMICs regarding how medical specialties evolve and are regulated, and how these processes might impact the health system. The trajectory of emergency medicine appears to encapsulate broader trends in medical specialization in India – international exchange and engagement, the formation of professional associations, and a lengthy regulatory process with the Medical Council of India. **Using an analysis of political priority setting, our objective was to explore the emergence and recognition of emergency medicine as a medical specialty in India, from the early 1990s to 2015.**”*

## Research

### Global Health: Science and Practice (Editorial) ... 5 Years In

<http://www.ghspjournal.org/content/6/2/228>

*“Five years after launching **Global Health: Science and Practice**, we are seeing signs that we are helping to fill an important gap in program-related evidence. Looking forward, we seek to offer better coverage for topics that are relatively neglected in the global health literature and to publish more papers by authors based in low- and middle-income countries. We invite authors to submit manuscripts on global health programs grounded in evidence from research, evaluation, monitoring data, or experiential knowledge, and encourage readers to access and share our free articles to find scalable approaches and important lessons to inform programs and policy.”*



## Global Health: Science and Practice (Methodologies) - Monitoring Progress in Equality for the Sustainable Development Goals: A Case Study of Meeting Demand for Family Planning

Y Choi et al; <http://www.ghspjournal.org/content/6/2/387>

*“As **demand for family planning** has increasingly been satisfied, disparities between groups within a country have also generally declined but persist. To monitor disparity across countries and over time, **we recommend comparing met demand by wealth quintile** because it is most comparable to interpret and highly correlated with disparity by education, residence, and region. Within country, comparing disparity in met demand across geographic region can identify populations with greater need for programmatic purposes.”*

Also from the new issue of Global Health: Science and Practice.

## Global Health Promotion – June Issue

<http://journals.sagepub.com/toc/pedb/25/2>

Check out for example the Editorial - [Is health promotion culturally competent to work with migrants?](#)

## BMJ Global Health – Accountability mechanisms and the value of relationships: experiences of front-line managers at subnational level in Kenya and South Africa

N Nxumalo, L Gilson, S Molyneux et al; <https://gh.bmj.com/content/3/4/e000842>

*“Resource constraints, value for money debates and concerns about provider behaviour have placed accountability ‘front and centre stage’ in health system improvement initiatives and policy prescriptions. **There are a myriad of accountability relationships within health systems, all of which can be transformed by decentralisation of health system decision-making from national to subnational level.** Many potential benefits of decentralisation depend critically on the accountability processes and practices of front-line health facility providers and managers, who play a central role in policy implementation at province, county, district and facility levels. However, few studies have examined these responsibilities and practices in detail, including their implications for service delivery. **In this paper we contribute to filling this gap through presenting data drawn from broader ongoing research collaborations between researchers and health managers in Kenya and South Africa.** These collaborations are aimed at understanding and strengthening day-to-day micropractices of health system governance, including accountability processes....”*

# Journal of Human Rights Practice – The Populist Challenge to Human Rights

P Alston; <https://academic.oup.com/jhrp/article/9/1/1/3772736>

“The nationalistic, xenophobic, misogynistic, and explicitly anti-human rights agenda of many populist political leaders requires human rights proponents to rethink many longstanding assumptions. There is a need to re-evaluate strategies and broaden outreach, while reaffirming the basic principles on which the human rights movement is founded. Amongst the challenges are the need to achieve more effective synergies between international and local human rights movements and to embrace and assert economic and social rights as human rights rather than as welfare or development objectives. It will be crucial to engage with issues of resources and redistribution, including budgets, tax policy, and fiscal policies. There is a need for collaboration with a broader range of actors, to be more persuasive and less didactic, and to be prepared to break with some of the old certainties. Academics should pay attention to the unintended consequences of their scholarship, and everyone in the human rights movement needs to reflect on the contributions each can make.”