

IHP news 480 : Heatwaves, meltdowns and the passing on of metaphoric batons

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

Dear Colleagues,

You will notice that the newsletter is much lighter and shorter than usual. This is because we know that for many of you, the end of the academic year normally ushers in a quiet couple of months, and with that comes a switching of gears and embracing of a slower pace of life.

Kristof, our editor-in-chief, has decided that he wants some of that relaxing lifestyle too, and he is currently on holiday somewhere in the sun (although to be fair, these days, everywhere is “somewhere in the sun”). In order to keep IHP ticking and ensure that you lovely people get a weekly roundup of global health events and happenings, I have been promoted temporarily from co-editor to chief editor for a few weeks.

After working in the background for a few months, it is exciting to be a “front of house staff” and I feel like a kid that has been given a whole new responsibility by her designated adult. I am definitely planning to take on the role with gusto! However, since the heatwave in Europe has made doing even the most ordinary things a gargantuan task, I know it may be difficult sometimes. Still I hope I am able to “maintain my cool” in the face of such extreme conditions, do a great job and fill Kristof’s very big boots. I will certainly do my hardest to please, over the next couple of weeks.

On that note, welcome to the summer edition of the newsletter!

Enjoy your reading.

Clara Affun-Adegbulu

Featured Article

Progress on HIV goes off-track as donor commitments continue to shrink.

Mit Philips (MSF and previously at ITM)

This week the AIDS2018 Conference in Amsterdam kicked off with an explicit focus on diversity, key populations and young people. AIDS conferences are always a bit of a celebration, bringing together scientists and activists, politicians and social society, donors and implementers in an invigorating combination of evidence, practice and protest. This time however, things are different. Expanding needs, diminishing means, the emergence of populist, increasingly hostile and regressive policies, and the disengagement of rich countries from the fight against AIDS is causing worry in many quarters. In private conversations, you sense discouragement and sometimes even outright panic.

Where previously, the discourse was around mobilising domestic funds as additional resources for advancing progress on HIV and health, now the objective is to replace dwindling international funds. Challenged by the HIV community, donors were asked if now 'flat-lining is the new increase' and 'reducing is the new flat-lining'. Yet, after years of assuming more can be done with less, the limits have been reached. UNAIDS, normally optimistic, says it is concerned. The GFAN more explicitly, says 'we're off track'. A surge in HIV transmission and the plateauing of mortality has already been reported.

The health economists' pre-conference 'Sustainable AIDS Response Results in the Era of Shrinking Donor Funding', reflected this concern. Excellent presentations on political economy, including from the Netherlands and PEPFAR as bilateral donors, previous and current leaders of the Global Fund, UNAIDS and others, highlighted how transition away from international resources is now inevitable. Others focused on cost-effectiveness analyses and economic modelling, as possible instruments for optimising decision-making with a restricted resource envelope. However, the difficult choices that would be in real life the consequence of such theoretic modelling and investment comparisons were rarely touched upon, and nobody questioned the shrinking international and overall funding as a given. Some people were perhaps happy that sustainability was finally taking centre stage again, after 20 years of ignoring the reality of poor countries and weak health systems.

So what does planning for shrinking the AIDS response to a sustainable level really imply?

We know that restricted resources can result in competition between health issues, unhelpfully pitting diseases against each other, and leading to 'Peter being robbed to pay Paul'. Within the HIV response, similar tensions are arising. More people surviving, means that ARV expenditure is increasing, creating fears about insufficient funds for other important expenses such as prevention or improved adherence measures. Stopping treatment initiation, in order to protect those who are already on treatment, is also under consideration, although it is known that doing so increases morbidity, pre-ART mortality and eventually costs. Are we willing to reverse recently adopted test and treat policies which show undeniable evidence of improved survival and viral suppression?

Take West & Central Africa, which lags behind on coverage and is facing a one third reduction of Global Fund (GF) allocations compared to the previous funding period. In Guinea, insufficient room for planned ARV scaleup within the current GF envelope and no other donors, means initiation will be restricted. The government is expected to take over the funding and procurement of ARVs for 14,000 PLHIV by 2020, yet uncertainty around the disbursement for ARV purchase and repeated experiences with ARV shortages, raise concerns around the country's capacity to ensure the availability of ARVs at optimal prices and quality outside the pooled and prequalified circuit. In Mali and Sierra Leone too, ARV purchase is expected to shift from GF to government. If you think premature transition is only happening in Upper Middle Income countries, think again!

HIV/AIDS is rarely portrayed as the deadly epidemic and global health threat that it still is, and the Holy Grail of Sustainability has replaced Survival. In planning for the "end of AIDS" and modelling its economic feasibility, an insidious shift in political and practical commitment has occurred. Overconfident claims and international fatigue has led to early disengagement and a return to business as usual, breaking the momentum towards goals which were supposedly within reach. Yet, how 'normal' is an epidemic that causes nearly a million deaths per year?

In many countries the global response revolution has not begun, and in places like West and Central Africa, PLHIV face the continued burden of systemic barriers that delay, deter and discourage patients from accessing early and continued treatment. In Eastern Europe and Central Asia incidence is growing unchecked. Pre-treatment mortality is compounded by death among long-term users of ARV who experience treatment failure. AIDS still claims many lives, with recurring disease being detected late or not acted upon.

The conversation is shifting from the smart use of every dollar for effective scale-up, to the question of how to reduce harm for every dollar that is taken away, and little attention is given to the clinicians and health providers who must ration ARV, in a situation that is reminiscent of the early days when treatment availability in Africa was limited. Of course, death can be cost-effective, and the lives of vulnerable people can be sacrificed to broader political and economic considerations, however, this is a dangerous way of thinking.

This is no time to become complacent and we should not accept the idea that economic sustainability is more important than life!

Highlights of the week

AIDS 2018 – 22nd International AIDS Conference

Criminalization of HIV High on Agenda

“For the first time since [Edwin Cameron’s call to action](#) at AIDS 2008 in Mexico City, HIV criminalisation is on the agenda during a main morning plenary session, [‘Breaking barriers of inequity in the HIV response’](#) on Tuesday 24th July.”

In addition to highlighting the impact of HIV criminalisation on individuals, the session [alerted delegates](#) to the ‘Expert Consensus Statement on the Science of HIV in the Context of Criminal Law’ which was published on Wednesday 25 July 2018 in the Journal of the International AIDS Society (JIAS). Authored “by a global panel of leading scientists, supported by IAPAC, IAS and UNAIDS in consultation with HIV JUSTICE WORLDWIDE”, the statement is “expected to be a key reference for clarifying important issues of HIV science in the context of criminal law and is aimed at expert witnesses, but likely to be useful for police, prosecutors, lawyers, judges, lawmakers and advocates.”

Warnings Against Complacency

<https://www.npr.org/sections/goatsandsoda/2018/07/19/630518320/report-warns-of-dangerous-complacency-in-the-fight-against-hiv>

Last week’s Lancet included a report warning, ahead of the conference, that declining funding has stalled efforts to stop the spread of HIV: “the HIV pandemic is not on track to end, and the prevailing discourse on ending AIDS has bred a dangerous complacency and may have hastened the weakening of global resolve to combat HIV.”

Delegates Protest UNAIDS Chief

<https://www.iol.co.za/news/world/aids2018-delegates-walk-out-in-protest-as-un aids-boss-opens-conference-16203459>

UNAIDS chief Michel Sidibé faced protests and walkouts when he took the stage at the conference opening, in response to his poor handling of [bullying and sexual harassment allegations](#) at the UN agency.

Hijacking the opening of the conference, [the protesters declared](#): “We feel strongly that there is a lack of respect that individuals such as UNAIDS General-Secretary Michel Sidibé, who has been an enabler and protector of sexual harassment, continues to be invited into women’s spaces, into spaces we occupy and fought hard to be in.”

Sidibé has resisted calls to step down, but UNAIDS has appointed an Independent Expert Panel to address the problems, as detailed elsewhere in this newsletter.

Antibiotic Resistance

A Sobering Progress Report on Addressing Antibiotic Resistance

<https://www.ft.com/content/a77d9554-8c07-11e8-b18d-0181731a0340>

Despite widespread attention in recent years for the need to reduce antibiotics use to avoid development of drug resistance, a recently published [FAO-WHO-OIE progress report](#) found that “fewer than 100 countries have a national action plan in place.” Many moreover fail to address the use of antimicrobials in agriculture, and [Auta et al.](#) highlight that community pharmacies globally continue to supply antibiotics without prescription, despite government classification as prescription-only.

UNAIDS Independent Expert Panel on Prevention of and Response to Harassment

UNAIDS has announced an [Independent Expert Panel](#) on the prevention of and response to harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat. This comes after extensive allegations of bullying and sexual assault published [earlier this year](#).

“I am very conscious that the concerns that the Panel has been asked to address are pressing, and that we need to move ahead quickly. I give my personal commitment that the Panel will do everything we can to deliver a final report by December.” – Professor Gillian Triggs, Chair

High-level Political Forum on Sustainable Development (9-18 July, New York)

Summary of the 2018 HLPF

<http://enb.iisd.org/vol33/enb3345e.html>

The theme of the meeting was “Transformation towards sustainable and resilient societies.” The forum reviewed progress on the implementation of the 2030 Agenda, paying particular attention to SDGs 6 (water and sanitation), 7 (energy), 11 (sustainable cities), 12 (sustainable consumption and production), 15 (terrestrial ecosystems), and 17 (partnerships for the goals). A detailed summary can be found at the link above.

Joint Statement of Concern on Shrinking Civil Society Space and Increasing Private Sector Exclusivity at UN

After the forum, IOGT International joined 45 other civil society groups from around the world in decrying the presence of “Big Alcohol, Big Oil, and Big Pharma” at the meeting. Their [joint statement](#) expressed alarm at the fact that the industry-backed International Alliance for Responsible Drinking (IARD) and GBHealth were able to host a side event about private sector sustainable development

initiatives at a premium location, while civil society groups increasingly struggle to gain similar access to UN decision-makers. The signatories found only 20% of official side events listed civil society groups as primary organizer, and argued that “harmful industries should have no place at [these] discussions.”

ESOCOC Dialogue

The United Nations Economic and Social Council (ECOSOC) followed the political forum with a panel discussion featuring, among others, UNCTAD Secretary-General Mukhisa Kituyi. The key question was: [where is sustainable development headed?](#)

Potential Shift in UK Aid Allocation

https://www.theguardian.com/global-development/2018/jul/21/nigeria-uk-relationship-should-focus-more-on-trade-says-minister?CMP=tw_t_gu

The UK’s international development secretary, Penny Mordaunt, announced on a visit to Nigeria that she would like to “move from a relationship based on aid to one of economic prosperity and trade,” particularly as the UK’s EU exit date approaches. Countries like Nigeria may experience a significant drop in British aid starting next year, when DfID factors in the World Bank’s new Human Capital Index in their assessment of how much countries invest in education and health themselves, relative to their wealth and ability to fund those services. Underinvestment could be punished.

US Pressure Dilutes Drafted UN Text on TB

<https://thewire.in/health/united-nations-tb-declaration-affordable-medicines>

In the run-up to September’s first-ever [UN General Assembly High Level Meeting on Ending Tuberculosis](#), officials drafting the text of the final declaration have been forced to drop provisions on affordable medicine via TRIPS (Trade-Related Aspects of Intellectual Property Rights) flexibilities. The US refused to sign on to any such language, and while developing countries and the EU initially resisted the pressure, the latest draft appears to have scrapped the relevant section.

New Drug for Recurring Malaria

<https://www.bbc.com/news/health-44801139>

The US Food and Drug Administration (FDA) has given the green light to tafenoquine, a potent drug for treating malaria. The new drug can wipe out malaria parasites in one dose, but to use it, “doctors and nurses need a [sophisticated test](#) that’s not available in many poor places.”

Global Financing Facility Report

<https://www.globalfinancingfacility.org/global-financing-facility-report-shows-early-results-countries>

The 2017/18 GFF report shows considerable progress among GFF supported countries over the past three years: *"Countries are increasing smart and scaled investments in high-impact interventions for women, children and adolescents' health and nutrition."*

New Zealand Becomes First Country to Introduce Paid Domestic Violence Leave

<https://www.theguardian.com/world/2018/jul/26/new-zealand-paid-domestic-violence-leave-jan-logie>

In a big win for women (and men!), New Zealand has passed legislation that grants victims of domestic violence 10 days paid leave, no questions asked. This is so they can get away from their partners, find new homes, and protect themselves and their children. The country has a particularly high rate of domestic violence, but the problem exists everywhere, so let us hope other governments follow this lead. Since severing work ties and creating economic dependence is a major factor in facilitating domestic abuse, this measure should go a long way in combatting that.

Devex - IFRC Targets 50% Female Leadership in Asia and Pacific by 2020

<https://www.devex.com/news/ifrc-vows-an-ambitious-female-leadership-target-93143>

It is somewhat sad that targeting 50% female leadership by 2020 qualifies as ambitious, but the International Federation of Red Cross and Red Crescent Societies (IFRC) is taking the lead in putting women in charge. The pledge only applies to the Asia and Pacific region, where female leadership is already at one third, but you have to start somewhere!

Global disability summit

In a first of its kind event, [delegates gathered](#) in London for a *"Global Disability Summit, hosted by the British and Kenyan governments and the International Disability Alliance with the goal of generating new commitments toward implementing the United Nations Convention on the Rights of Persons with Disabilities."*

The summit *"yielded 170 commitments to increase disability inclusion and tackle stigma in lower-income countries, according to the United Kingdom government, from financial pledges, to in-kind devices and technology, to new or amended action plans and charters. But some worried that parts*

of the disability community were left out, while others described a disconnect between large humanitarian agencies and specialist disability-focused organizations...”

Global governance of health

Lawmakers reject bids to incentivize development of new antibiotics

<https://www.statnews.com/2018/07/18/house-antibiotics-development/>

The REVAMP bill which was seeking to stimulate pharmaceutical investment in antibiotic research and development was unable to garner sufficient support for the proposed pull incentives for drug companies. The draft bill continues to stress the importance of developing new antibiotics.

Engagement or dismissiveness? Intersecting international theory and global health

Paxton and Youde; <https://www.tandfonline.com/doi/abs/10.1080/17441692.2018.1500621>

“International relations theorists and global health politics scholars largely fail to communicate with one another. We argue that drawing on insights from classic and contemporary international theory more explicitly will positively augment the study of global health politics. This paper highlights four major theoretical orientations in the international relations literature (realism, neoliberal institutionalism, constructivism, and feminism) and discusses how an understanding of these perspectives can strengthen our understanding of global health policy.”

Trade deals putting health at risk

<https://www.bangkokpost.com/opinion/opinion/1506670/trade-deals-putting-health-at-risk>

“The 23rd round of negotiations on the Regional Comprehensive Economic Partnership (RCEP) agreement taking place this and next week in Bangkok -- between 10 Asean countries and their trading partners: Korea, Japan, China, India, Australia and New Zealand -- include talks on an intellectual property rights chapter which directly impacts access to affordable medicines.”

“A leaked draft of the negotiating text has revealed some proposed harmful intellectual property provisions that could undermine access to price-lowering, generic medicines, and thus, life-saving treatment to millions of people not just in RCEP countries but potentially across the globe.”

China Tries to Quell Vaccine Scandal

<https://edition.cnn.com/2018/07/25/asia/china-vaccine-censorship-intl/index.html>

In China, national outrage has erupted after it was found that one of the country's largest vaccine makers had violated safety standards and produced faulty DPT vaccines. The furore is amplified by the fact that an estimated 250,000 of such vaccines may have been administered to children. There are suggestions that the scandal could affect China's international reputation, and with pharmaceuticals a major target industry in the country's 'Made in China 2025' plan, the government is attempting to crack down on social media chatter.

Let's Not Be Gender-Blind in Primary Health Care

<http://www.womeningh.org/single-post/2018/07/22/Forty-Years-Later-%E2%80%93-Let%E2%80%99s-Not-be-Gender-Blind-in-Primary-Health-Care>

In a statement highlighting the fact that *“the [Draft Declaration](#) fails to note the critical importance of addressing gender equality in both PHC and UHC”* Women in Global Health (WGH) proposes three additions to the Draft Astana Declaration on Primary Health Care.

Planetary health

The Future of Meat (Mitigation)

Godfray et al; <http://science.sciencemag.org/content/361/6399/eaam5324.full>

“Meat consumption is rising annually as human populations grow and affluence increases. Godfray et al. review this trend, which has major negative consequences for land and water use and environmental change. Although meat is a concentrated source of nutrients for low-income families, it also enhances the risks of chronic ill health, such as from colorectal cancer and cardiovascular disease. Changing meat consumption habits is a challenge that requires identifying the complex social factors associated with meat eating and developing policies for effective interventions.”

Heatwaves and Health

<https://www.vox.com/2018/7/24/17607722/wildfires-greece-sweden-arctic-circle-heat-wave>

Temperatures here in Antwerp have crossed from uncharacteristically summery to unpleasantly hot, and we are now in a 'code orange' situation. Sadly, the heat wave that is currently sweeping across large parts of the Northern hemisphere, particularly in Europe, has had far more devastating effects elsewhere. There are forest fires across normally cool Scandinavia, but the human toll is greatest in Greece, where a state of emergency has been declared after at least 81 deaths.

While arsonists and accidents may be responsible for individual sparks, intense heat has dried out vegetation, and across the world wildfires have become longer and more frequent. The European Environment Agency has warned that: “an expansion of the fire-prone area and longer fire seasons are projected across Europe.”

Beyond the tragic wildfire deaths and increased risk to already vulnerable populations like the elderly, a recent [study](#) also suggests a link between global warming and higher suicide rates across North America. While the causality is disputable and suicide is a complex phenomenon, it is certainly worth considering just how wide-ranging the health effects of climate change may be.

Infectious diseases & NTDs

Persistence of Ebola virus after the end of widespread transmission in Liberia: an outbreak report

Dokubo et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30417-1/fulltext?utm_campaign=lancet&utm_content=74672117&utm_medium=social&utm_source=twitter&code=lancet-site](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30417-1/fulltext?utm_campaign=lancet&utm_content=74672117&utm_medium=social&utm_source=twitter&code=lancet-site)

“Outbreak response efforts for the 2014–15 Ebola virus disease epidemic in west Africa brought widespread transmission to an end. However, subsequent clusters of infection have occurred in the region. An Ebola virus disease cluster in Liberia in November, 2015, that was identified after a 15-year-old boy tested positive for Ebola virus infection in Monrovia, raised the possibility of transmission from a persistently infected individual.”

“Investigation of the source of infection for the November, 2015, cluster provides evidence of Ebola virus persistence and highlights the risk for outbreaks after interruption of active transmission. These findings underscore the need for focused prevention efforts among survivors and sustained capacity to rapidly detect and respond to new Ebola virus disease cases to prevent recurrence of a widespread outbreak.”

NCDs

WHO Global Action Plan on Dementia: Time to Step Up

[https://www.thelancet.com/journals/laneur/article/PIIS1474-4422\(18\)30256-4/fulltext](https://www.thelancet.com/journals/laneur/article/PIIS1474-4422(18)30256-4/fulltext)

Dementia is projected to cost US\$ 2 trillion globally by 2030. One year into the WHO global action plan on dementia, the lack of progress is worrying. A straight to the point message from the Lancet is that *“governments must stop being complacent if they are to mitigate the growing personal and national costs of dementia.”*

Responding to the Corporate and Commercial Determinants of Health

McKee and Stuckler; <https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304510>

Insightful paper on the impact of (increasingly unseen) exertions of corporate power and, more importantly, how public health professions can respond

“We trace the development of the concept of the corporate determinants of health. We argue that these determinants are predicated on the unchecked power of corporations and that the means by which corporations exert power is increasingly unseen. We identify four of the ways corporations influence health: defining the dominant narrative; setting the rules by which society, especially trade, operates; commodifying knowledge; and undermining political, social, and economic rights. We identify how public health professionals can respond to these manifestations of power.”

Sexual & Reproductive / maternal, neonatal & child health

Devex - Menstrual health, while excluded from SDGs, gains spotlight at UN political forum

<https://www.devex.com/news/menstrual-health-while-excluded-from-sdgs-gains-spotlight-at-un-political-forum-93137>

“Aid and development responses to menstrual health management focus too much on supplying sanitary products, and not enough on addressing the underlying challenges of education and stigma, some development and human rights experts say.”

Access to medicines

Devex - In South Africa, ATM pharmacies help fill a massive shortfall

<https://www.devex.com/news/in-south-africa-atm-pharmacies-help-fill-a-massive-shortfall-93082>

In a bid to reduce barriers and improve access to medicines, South Africa is rolling out an innovative method of dispensing drugs. Free at the point of delivery, the goal of the service is to make filling a prescription as easy as withdrawing money from an ATM!

Miscellaneous

Gasping for Air: Doctor's death exposes inherent risks of Nigerian public hospitals

<https://nigeriahealthwatch.com/gasping-for-air-doctors-death-exposes-inherent-risks-of-nigerian-public-hospitals/#.W1nCsLRapp>

A Nigerian doctor died last week of wholly preventable causes, in the hospital where she worked. The facility had a brand new Intensive Care Unit (ICU), but lacked the appropriate medical products and technologies, which meant that health care professionals were unable to help her. This tragic story is a reminder that in health systems strengthening, every single building block matters.