IHP news 485 : Tedros' annual letter & introducing a new IHP resident

*(**24 August 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 week's intro comes from **Deepika Saluja** (EV 2016), who just started as an **IHP resident**.*

"On 15th August, when I was about to leave India for my 3-month internship at ITM Antwerp, **India's 72nd Independence Day was celebrated -** the last one for the ruling party (i.e. BJP) before the general elections scheduled in 2019. In his Independence Day speech, Prime Minister Narendra Modi launched the country's biggest National Health Insurance Scheme ever (**Pradhan Mantri Jan Arogya Abhiyan)**, dubbed as 'Modicare' and renamed multiple times since its first announcement on 1st February, 2018.

While arriving in Antwerp, I heard the news of the state of **Kerala** being hit by one of worst **floods** of the century, killing around 370 and displacing around 1.5 million people from their homes. More than just the nature's fury, unpreparedness for emergencies like this and unjustified human interventions (35 out of the state's 42 dams were opened at once for the first time in history) amplified the scale of destruction in the state. While thousands of defense troops along with the Disaster Response team are carrying out the rescue operations, disasters of this scale make me (and many others) wonder about the resilience and responsiveness of our public administrative systems. The CAG audit [*the CAG is the supreme audit institution of India*] report confirmed none of these dams had an Emergency Action Plan, Operation & Maintenance Manual or a dam-break analysis, and neither was Kerala registered for flood forecasting under the Central Water Commission's Radar.

In the coming months, during my internship, I will try to link some of these Indian events & trends with the broader global health policy agenda, architecture and paradigms (planetary health, for example). I also hope to cover a few global health events & conferences – among others, the Liverpool symposium on HSR.

Slightly overwhelmed by the amount of information I am processing for the newsletter in the first week of my internship, I am starting to realize the scale of such incidents and disasters and their perpetuating implications on the coming generations. While there seems a lot to be done to improve the situation, what gives hope is to have so many organisations, communities and individuals with shared beliefs and commitment to serve humanity. Dr. Tedros' first annual letter comes as a reminder that we stand for it together and we will do it. "

Enjoy your reading.

The editorial team.

Featured Article

From good intentions to Equitable Solutions in Health Research Collaborations – The Research Fairness Initiative (RFI)

Kirsty Kaiser *(COHRED, School of Applied Human Sciences, University of KwaZulu-Natal)* & ***Carel Ijsselmuiden*** *(COHRED, School of Applied Human Sciences, University of KwaZulu-Natal)*

Global research, large scale innovation and socio-economic development have become a product of collaborations, partnerships and networks. This applies not just to collaborations between individual scientists but also and especially to institutions, organisations and industry. Without effective collaboration, science is stifled, and impact on health, equity and development will be hard to achieve, if at all.

The economies of the 'global south' are not sufficiently strong to develop and sustain research systems capable of solving the major problems facing them – think Ebola Virus Disease, HIV/AIDS, and Zika Virus, for example. Enter funding and expertise from the 'global north' which usually provides the resources and expertise required to conduct clinical trials. While Africa is clearly the beneficiary of this global solidarity when a new vaccine, drug or technology becomes available, the increased social and economic capital resulting from research and innovation tends to remain in the 'global north'.

For this reason, it is time to substantially change the global health research narrative. The Sustainable Development Goals (SDGs) identified 'partnerships' as crucial to achieving the SDGs and created even a separate Goal for this – SDG17. It does not, however, provide a metric for "good" or "fair" partnerships, nor does it place collaboration in the context of ensuring increasing leadership by low income countries themselves – in all spheres, including global health research.

The academic literature on this topic does not provide much relief either. In general, similar problems are restated (think 'authorship' and 'overhead costs') and new problems are described (think 'data ownership', 'intellectual property rights' or 'promoting the role of women scientists'). Suggestions for change are made, but no globally accepted frameworks for research partnership conduct have resulted so far.

True – some institutions have formulated excellent guidelines for responsible practice in transboundary research (e.g. the KFPE's 11 Principles and 7 questions and the CCGHR's Principles for Global Health Research, and CCGHR's Partnership Assessment Toolkit) but these are non-enforceable and not widely known or used even within institutions and countries that developed them.

While research ethics review does, by and large, not involve itself with the partnership aspect of research, the more recent interest in 'research integrity' does, particularly through its second foundational document, the Montreal Statement that focuses explicitly on the quality of institutional collaborations in the pursuit of research integrity. This statement is also aspirational rather than pragmatic and does not provide a framework for implementing nor for assessing equitable research collaborations.

In the absence of agreed frameworks, research collaborations tend to be designed for scientific validity more than to improve low income country research systems through partnerships. Any constructive impact on research system capabilities seems 'ad hoc' instead of being explicit, consistent, systematic, and measurable.

The Research Fairness Initiative was created through wide consultation as a pragmatic instrument to deal with this lacuna in global health research. The RFI was born out of one of the Council on Health Research for Development (COHRED) 's other projects – Fair Research Contracting – after it was realised that there was a major gap when it came to dealing with issues of fairness in research partnerships – not only in terms of issues such as Intellectual Property Rights or Technology Transfer but also in other areas which produce benefits, such as local staffing or empowering women in science. What was initially called the "COHRED Fairness Index" or CFI, took two years to develop – first through a Technical Working Group and then, in 2015, a Colloquium which involved stakeholders from various different sectors in health research. Following this there was a shift in thinking, and the idea changed from an index to a reporting initiative – emphasizing transparency and improvement rather than a focus on norms and cut-off points. The Research Fairness Initiative was born, and since then has been developed over time with the RFI guides and workshops in several countries.

The concept is simple – an institution reports its current policies and practice in relation to 15 key topics – dealing with fairness of opportunity (everything that happens before research begins), fair process (everything that happens during the research process) and fair sharing of benefits, costs and outcomes (everything that happens after research has been concluded) – and states how it intends to improve over the next two years. When uptake of the RFI becomes the norm, it will finally be possible to begin systematic learning on a topic that is crucial to science, sustainable development and the capability of low income countries to take on leadership in global health. Change will not be sudden – the RFI is more likely to result in a progressive improvement of equitability and fairness. The RFI will ensure that low income country institutions are not just dependent on the goodwill of high income country institutions to implement 'responsible research conduct' guidelines. Instead, by creating transparency, the RFI will instead begin to make space for all partners to benefit from all aspects of research systems – including social and economic spin-offs.

The framework proposed by the RFI has been found useful for all stakeholders in research. It has also been used as a 'road map' for institutions in low income countries to indicate how to begin the progression towards becoming a nationally and globally competitive research organisation. A completed report enables targeted support for areas identified by partners themselves. In future, the RFI is likely to incite the development of benchmarks and standards – the inevitable and desired end-result of transparency.

While the RFI is still fairly new, uptake has been positive and three reports have been published thus far, with several more currently in preparation. The RFI has also already been promoted as a regional instrument to encourage best research collaboration practice between the Community of Portuguese Language Countries, and is being considered by other national, regional and funder groups. The RFI is unique in that it is NOT a new guideline – it is rather a reporting tool to create transparency and global learning in a key component of global health that has been taken for granted rather than developed – research partnerships. Through this, the RFI can make a major contribution to developing research system capacity in low income countries as integral part of doing research – it will make comprehensive research capacity building 'routine'.

Highlights of the week

1st Annual letter Tedros

http://www.who.int/dg/annual-letter-2018

Some readers think I'm obsessed with dr. Tedros (and Horton, and Tim Evans). I will live up to the expectations, starting off this newsletter with Tedros' first annual letter :)

In it, Tedros lays out (the many) achievements in his first year. The letter (and his track record so far) were fairly positively received in most corners, and rightly so. So far, so good. But the challenges ahead are huge.

See also **Health Policy Watch** - WHO's Dr Tedros: "It's Not Often You Get A Second Chance, But This Year, We Do".

In his letter, Tedros obviously came up again with his evergreen, "…*The outbreak in DRC illustrates once again that* ***health security and universal health coverage are two sides of the same coin****," he wrote, adding, "The best thing we can do to prevent future outbreaks is to strengthen health systems everywhere…."*

And he's rather upbeat about the future for 'Health for All': "…***If the world failed to achieve health for all so far, there is still hope****, stated Dr Tedros. "****It's not often you get a second chance, but this year, we do. In Astana, Kazakhstan this October, we will meet again to recommit to primary care as the foundation and the future of health,"*** *he said. "This time, we must not fail. Our meeting in Kazakhstan will be a vital step towards next year's High-Level Meeting on universal health coverage at the UN General Assembly.""*

Now how exactly you're going to achieve 'Health for All' on a planet increasingly in ill-health, and a destructive 'winner takes all' economic system, isn't crystal-clear to me. But then again, I'm not a politician, even if I enjoy a bit of framing now and then. So no need for me to radiate confidence ☺.

In any case, now that the respective football leagues are kicking off the season again, it's obvious that the '**global health framing season**' can't follow much behind. Although the latter never really seems to take a break (*probably because it doesn't pay very well*). One thing is sure, though: after only one year in charge, I consider Tedros as "the Messi of global health framing". Now let's hope WHO will become - once again – Barcelona (I never liked Real). (*some readers also think I'm obsessed with football*)

Preparations for UN High-Level meetings on TB & NCDs

One month from now, two High-Level meetings will take place in New York. For NCDs, it's the third time such HL meeting is organized (the first one was in 2011), for TB it's the first time.

See Third United Nations High-level Meeting on NCDs & UN General Assembly High-Level Meeting on the fight against tuberculosis.

A short update on where things stand:

Devex - The divisive issue stalling both NCD, TB negotiations

J L Ravelo; https://www.devex.com/news/the-divisive-issue-stalling-both-ncd-tb-negotiations-93295

(must-read analysis, from late last week) "*The United Nations high-level meetings on tuberculosis and noncommunicable diseases take place next month, but **member states are still at the negotiation table**. The issue slowing the discussion is the **inclusion of the flexibilities provided in the World Trade Organization's "trade-related aspects of intellectual property agreement," or TRIPS**, which allows governments to override patents for medicines in the name of public health. Countries such as South Africa, burdened with high levels of TB and NCDs, want language on TRIPS to be included in the declarations, but the United States argues against it…."*

- **On Wednesday, WHO organized a meeting (+ web-ex) for Permanent Missions, to inform them where things stand, for both HL meetings.** On drafts, programme of the day, … The respective declarations are almost finalized (*although some of the remaining contagious points: see above (Devex) weren't mentioned during the briefing*). **WHO is working very hard to get more prime ministers & other heads of state to the two events, to ensure ownership & momentum**. So far, the 'Big Shots' haven't agreed to come, it seems, certainly not for the NCDs meeting. Let's hope that'll change in the month still remaining.

  In the words of **Tedros: "*The world needs Presidents and Prime-Ministers to take ownership of reaching SDG target 3.4*."**

As for the NCD declaration, among others, 13 new commitments from heads of state are included; pollution & mental health will be added to the 4x4 (which thus becomes 5 x 5); and a mechanism will be sought to engage with heads of state AFTER the HL meeting.

- The latter was also on the programme of the **WHO Independent HL Commission on NCDs** (which **met on Thursday), to plan for the second phase of its work** & facilitate implementation of the report released in June.

Finally, **a tweet from Menno van Hilton**: "*A Health Attaché: **#NCDs agenda is disrupting the development hierarchy which emerged in beginning of 21st century with the #MDGs**. While some consider this to be a problem, coalition of 41 Presidents & Prime-Ministers is now standing up to claim political space for NCDs at #HLM3."*

And a **short report on the interactive hearing on 5 July**, in New York - as part of the preparatory process of the third HL conference on prevention & treatment of NCDs.

Finally, just in, **the latest in the TB HL Meeting negotiations**: – see **Health Policy Watch** (gated) - **Negotiators On UN TB Resolution May Have Breakthrough**

"***Negotiators for a United Nations declaration on tuberculosis, meeting intensively in New York this week, may have reached agreement today on a key sticking point related to intellectual property, innovation and access to new medicines, according to sources****. An agreement, if accepted by other delegations, could allow the text to proceed to the high-profile High-Level Meeting scheduled to take place at the UN General Assembly next month."*

Alma Ata 2.0 preparations & reads

Global Conference on Primary Health Care (25-27 October, Astana)

As already mentioned, many of us are in the framing business, and that's not exactly a bad thing as a lot in global health policy starts with the right discourse. Having said that, I can't be too excited about the fact that with every iteration, the Alma Ata 2.0 declaration seems to get woollier. Hope that vague terms like "political will" and "bold political initiatives" won't make the final cut, eventually. If we want Alma Ata 2.0 to be a milestone, like the first Alma Ata declaration was, it needs to be sharp & mince no words on the current (dire) situation in the world (& economic system). The odds don't look good, though - too many boxes to be ticked off :) But perhaps the background papers will be sharp?

David Sanders - Social determinants of health receive too little attention

https://www.medicusmundi.ch/de/bulletin/mms-bulletin/40%20Jahre%20Alma-Ata/primary-health-care-und-die-schweiz/can-primary-health-care-be-revitalised

Must-read from **David Sanders** in the MMI Schweiz newsletter. Reflecting on 40 years Alma Ata declaration & the future.

As we always try to be fair & balanced, read also Technology-enabled PHC service delivery innovations – a **request for information by the BMGF** (3 p).

"*The Bill and Melinda Gates Foundation aligns with the WHO's call for primary health care (PHC) toward Universal Health Coverage, which is the only "affordable dream" of expanding coverage to 3.8 billion additional people by 2030…. … While we recognize there are no silver bullets to the global challenge of achieving UHC, we also see optimism in today's landscape that some technology-driven solutions may be ready to drastically lower the costs of PHC, improve quality, and therefore enable greater equity in global health access and outcomes. … …* ***This request for information seeks to identify innovators who have the ability to combine several critical accelerators to dramatically scale up comprehensive PHC access in low- and lower-middle income countries (LMICs),*** *as we seek to forge new partnerships toward UHC…."*

- As a reminder: **Alma Ata pre-events** are organized at Johns Hopkins on September 12 (official anniversary of Alma Ata), and **23 October, at ITM** (just a few days before the Alma Ata 2.0 conference).

Ebola outbreak North Kivu – "Just about holding the line"

We start this section with a **tweet from Anthony Costello**, commenting on an update on Ebola for 21 August from Peter Salama:

Anthony Costello : "**Just about holding the line.....hasn't gone exponential. But DRC government and WHO need all the help they can get."**

Peter Salama's tweet: "*Update on #Ebola in #DRC for 21 August, with data up to 20 August: Total of 102 cases (75 confirmed & 27 probable), including 59 deaths. In addition, 9 suspect cases are under investigation. …"*

Unfortunately, 'holding the line' sounds nowhere near as funny in this context as John Goodman's line in 'The Big Lebowsky'.

CIDRAP - Experimental Ebola treatments OK'd in DRC as cases top 100

http://www.cidrap.umn.edu/news-perspective/2018/08/experimental-ebola-treatments-okd-drc-cases-top-100

Report as of 22 August. Excerpts:

*"**The Ebola outbreak in North Kivu province, Democratic Republic of the Congo (DRC) shows no signs of slowing down, as health officials approved the use of four additional Ebola treatments at Ebola treatment centers (ETCs) in the eastern part of the country**. As of yesterday, the DRC's health ministry reported a total of **102 cases** (6 new), with 75 confirmed; 59 people have died, and 9 additional cases are suspected. The DRC also updated information regarding immunization: Since vaccination began on Aug 8, 1,693 people have been vaccinated: 903 in Mabalako, 471 in Beni, and 319 in Mandima health zones."* Also four new treatments were approved for use by the DRC.

*"…In its latest weekly outbreak bulletin, the World Health Organization's (WHO's) regional office of Africa shared new details of the response measures being taken in North Kivu. The WHO said that, as of Aug 18, **only 59% of contacts had been successfully followed up on, but contacts in Mandima health zone were not followed up for "an apparent community resistance**." That resistance comes in a region divided among 130 rebel groups. The area is also home to more than 1 million refugees, making it one of the DRC's most dangerous places. "**The coming days are going to be critical in the evolution of the outbreak as the people who were earlier exposed to infections continue to develop the disease," the WHO said**. "It is also a defining moment in the race to contain the outbreak, during which new exposures to infections should be averted, disrupting further transmission."*

*"Today the **New England Journal of Medicine** published a Commentary on recent Ebola outbreaks, **highlighting the connection between Central Africa's population boom and an increased risk of the disease.** But as the population booms and roads expand across the continent to accommodate a growing economic infrastructure, the region is at a greater risk for disease spread that must be combatted with preventative public health spending, write the authors, led by Vincent J. Munster, PhD. Munster serves as the chief of the virus ecology unit at the US National Institute of Allergy and Infectious Diseases. **"Rather than spending exorbitant amounts reactively for control operations,***

international donors could invest in long-term public health and prevention infrastructure," *they write. Part of that investment, they say, should come in the form of human capital—**more rural health workers trained to identify Ebola, and more African scientists to strengthen research infrastructure**. … "*

Lancet World Report – DR Congo Ebola virus outbreak: responding in a conflict zone

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31981-0/fulltext

*"The DR Congo is responding to the second Ebola virus outbreak declared in the country this year, but the response implementation is proving very challenging. **Esther Nakkazi** [former IHP resident & ITM journalist in residence) reports.*

Other links:

Reuters - Congo approves more experimental Ebola treatments

Devex - 5 experimental treatments introduced in latest DRC Ebola outbreak

UN News - Child victims of DRC Ebola outbreak need 'special attention and care': UNICEF.

"*An ongoing deadly Ebola outbreak in the eastern part of the Democratic Republic of the Congo (DRC) has **particularly affected children,** the UN's children agency, UNICEF, said last week on Friday."*

CIDRAP - WHO: 13 health workers infected in DRC Ebola outbreak.

More on TB

WHO – Rapid Communication: Key changes to treatment of multidrug- and rifampicin-resistant tuberculosis (MDR/RR-TB)

http://www.who.int/tb/publications/2018/rapid_communications_MDR/en/

Late last week, after evaluating the last evidence, **WHO updated its recommendations for treatment of MDR TB**, among others calling for all patients to be treated now with **oral drugs** (instead of injectable drugs).

"*Major improvement in treatment outcomes and quality of life of patients with multidrug-resistant tuberculosis (MDR-TB) are expected, following key changes in MDR-TB treatment announced by WHO in the Rapid Communication. The first important change is a new priority ranking of the available medicines for MDR-TB treatment, based on a careful balance between expected benefits and harms. Treatment success for MDR-TB is currently low in many countries. This could be increased by improving access to the highest-ranked medicines for all patients with MDR-TB…."*

WHO will be issuing new guidelines for TB treatment by the end of the year.

See also **BMJ News** - Multidrug resistant TB: fully oral regimens should help improve compliance, says WHO

Obviously, the **new WHO recommendations were welcomed by key stakeholders such as MSF Access & the TB Alliance**.

- **MSF Access**: MSF applauds the World Health Organization's move to recommend improved tuberculosis treatment options

The organization also "**calls on Johnson & Johnson to make key drug bedaquiline affordable for all people who need it."**

- As for the **TB Alliance statement**, see here.

BMJ Analysis - Revisiting the timetable of tuberculosis

M Behr et al; https://www.bmj.com/content/362/bmj.k2738

"**Tuberculosis has a much shorter incubation period than is widely thought**, say Marcel A Behr and colleagues, and this **has implications for prioritising research and public health strategies**."

Key messages: "*The current thought is that Mycobacterium tuberculosis frequently establishes a latent infection following which there is a reactivation process that leads to active TB disease, after a long and variable incubation period. Rather, the incubation period of TB is typically several months to two years, and after that, disease is relatively infrequent. There is no evidence for a bimodal distribution of TB that distinguishes primary progressive TB from reactivation TB. Immunoreactivity to TB does not necessarily indicate the presence of live bacteria, as reactivity can persist after infection has been cleared.* ***Classifying two billion people with evidence of immunoreactivity as having latent TB infection may divert fundamental research and public health interventions away from transmissible active TB disease and newly infected people at highest risk of progression to disease*****."**

Read also, in a related **BMJ Opinion article**: **Soumya Swaminathan**: TB programmes should focus on people with highest risk of progression to disease She's the deputy director-general for programmes at the WHO.

"*…What are the* ***implications of this for global and national TB programmes****? Instead of worrying about the 1.7 billion people who have evidence of immune reactivity to TB antigens,* ***we need to focus on those at highest risk of progression.*** *Infants and young children, persons living with HIV, severely malnourished individuals, and those with immunosuppressive conditions are in this group…."*

Alcohol control

Lancet - Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31310-2/fulltext

"A Global Burden of Disease study estimating the levels of alcohol use and health effects in 195 countries, suggests that ***any health benefits from low levels of alcohol consumption are outweighed by other health-related harms****."*

See also the related **Lancet Comment** - **No level of alcohol consumption improves health** by R Burton et al.

"…The conclusions of the study are clear and unambiguous: ***alcohol is a colossal global health issue and small reductions in health-related harms at low levels of alcohol intake are outweighed by the increased risk of other health-related harms, including cancer****. There is strong support here for the guideline published by the Chief Medical Officer of the UK who found that* ***there is "no safe level of alcohol consumption".*** *The findings have further ramifications for public health policy, and suggest that policies that operate by decreasing population-level consumption should be prioritised."*

See also the **press release**: *The Lancet***: Alcohol is associated with 2.8 million deaths each year worldwide**

"Globally, one in three people drink alcohol (equivalent to 2.4 billion people), and 2.2% of women and 6.8% of men die from alcohol-related health problems each year.

Alcohol use was ranked as the seventh leading risk factor for premature death and disability worldwide in 2016, and was the leading cause for people aged 15-49 years old. In this age group, it is associated with tuberculosis, road injuries, and self-harm.

For people aged 50 years and older, cancers were a leading cause of alcohol-related death, constituting 27.1% of deaths in women and 18.9% of deaths in men.

The authors suggest there is no safe level of alcohol as beneficial effects against ischemic heart disease are outweighed by the adverse effects on other areas of health, particularly cancers.

Alcohol is a leading risk factor for death and disease worldwide, and is associated with nearly one in 10 deaths in people aged 15-49 years old, according to a Global Burden of Disease study published in ***The Lancet*** *that estimates levels of alcohol use and health effects in 195 countries between 1990 to 2016. …"*

Coverage for example in **the Guardian** - *No healthy level of alcohol consumption, says major study*.

More on Access to Medicines

WHO, UNICEF, Pharma Meet On Supply Chains And Medicines Access

https://www.healthpolicy-watch.org/who-unicef-pharma-meet-on-supply-chains-and-medicines-access/

"***The World Health Organization, UNICEF, and member companies of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)*** *[will] meet this week at WHO in Geneva to discuss global and regional supply chain strategies and initiatives related to global health. The event, titled, "**Access to medicines for the 1 billion: A supply chain consultation by WHO/UNICEF/IFPMA**," [will] take place on **23-24 August**…."* Ominously, "*It does not appear from that agenda that any nongovernmental groups or health advocates will be involved in the event*."

HPW – New Paper Looks At Debate On Generic Medicines Of Biological Origin

https://www.healthpolicy-watch.org/new-paper-looks-at-debate-on-generic-medicines-of-biological-origin/

"***Whether or not there is an adequate supply of generic biological drugs available will be crucial to ensuring the economic viability of health systems in both developing and developed countries**." So writes the **South Centre** – an intergovernmental organisation that helps developing countries to combine their efforts and expertise to promote their common interests in the international arena – in a newly published Policy Brief dedicated to the **international debate on generic medicines of biological origin**. Authored by **Germán Velásquez**, special adviser on policy and health at the South Centre, the policy brief states that **while the debate on generic medicines is not new, the difference today is that attacks levelled against biological generic products are couched in even more "technical" and abstruse language.** "The high price of biological drugs stems mainly from the introduction of barriers to the entry of generics into the market," writes Velásquez…."*

In other access to medicines news, you might also want to read Tedros' response to the letter of civil society groups on the **WHO roadmap on Access to Medicines & Vaccines 2019-2023**.

Apparently, an **informal consultation with non-state actors is planned on 10 Sept**.

AMR

BMJ Opinion - Prescription only access to antibiotics could exacerbate health inequalities in LMICs

M Khan et al; BMJ Opinion;

"*One standardised solution to antimicrobial resistance will not be appropriate across all settings, say **Mishal S Khan** and colleagues.*" Based on research in Cambodia.

*"…**On the surface, prescription only access to antibiotics**—a policy which is common in high income countries but rare in low and middle income countries (LMICs)—**seems a reasonable approach to combat AMR. However, we'd argue that this approach is both infeasible and inequitable in many LMIC settings.** This proposal fails to consider **geographical differences in the distribution of licensed providers and how this may affect population health**—a common oversight in discussions about policies to combat AMR. Yet our **ongoing research in Cambodia** offers insights into how the distribution of licensed providers could hinder a prescription only policy and patients' access to antibiotics…."*

Rohingya children – A lost generation?

Guardian - 'Lost generation': UNICEF warns on fate of Rohingya Children

https://www.theguardian.com/world/2018/aug/23/lost-generation-unicef-warns-on-fate-of-rohingya-children

The lives and future of more than 380,000 children living in the Cox's Bazaar, Bangladesh are in jeopardy, as they have been denied formal education by the Bangladesh Government to prevent them from becoming 'permanent fixture'. The informal learning centres set up by the aid agencies are for children aged 3 to 14 and the elder teenagers are not well integrated in it. Compounded by incidents of murder, rapes, sexual violence reported by several NGOs and aid workers marks a question on their safety, well-being and growth.

"*Unquestionably, **there is a danger that we might be facing a lost generation**. Sooner or later, you're going to have large groups of disaffected youth on your hands*."

Meanwhile, hundreds of thousands of Rohingya children still in Myanmar are cut off from aid, said the same **report by UNICEF**.

Global Fund Observer – Latest issue

http://www.aidspan.org/node/4688?pk_campaign=email-attrib-Word-PDF-download&pk_kwd=gfo-issue-340

The GFO is always worth reading, but the latest issue is really a wonderful read. Check out at least:

Advocates' network report underscores critical need for Global Fund to 'get back on track' to end epidemics

"*A new report from the Global Fund Advocates Network released at AIDS 2018 makes the case that the global responses to HIV, TB, and malaria are currently 'off track,' and that increased funding is needed to 'get back on track' and meet the various global disease targets for 2025 and 2030. The report outlines some key financial and political imperatives for addressing the epidemics adequately*." Overall analysis of the AIDS conference.

[France will host the conference for the Global Fund's Sixth Replenishment]

"*France has been selected as the site of the Replenishment Conference expected to be held in Autumn 2019. This article summarizes the outcomes of the Fifth Replenishment Conference in 2016; describes the steps leading up to the Sixth Replenishment Conference; and reports on the appointment of Françoise Vanni as Head of External Relations, the unit responsible for the replenishment campaign. Vanni replaces Christoph Benn who served for many years in that position. Finally, the article provides highlights from the Resource Mobilization Update submitted to the Board in May*."

[Global health leaders discuss 'ending' AIDS in context of universal health coverage]

"*Some of the leaders of the world's most influential health organizations, and of governments grappling with the challenges of reaching universal health coverage,* ***discussed in a special session at AIDS 2018 how the 'elimination' of HIV and achievement of universal health coverage should be addressed***." The session included the likes of **Tedros, Sands**, …

[Domestic financial contributions to HIV, tuberculosis and malaria responses remain low]

"***A new analysis by Aidspan shows that domestic contributions by low- and lower-middle income countries to their HIV, TB and malaria responses accounted for around one third or less of their funding to tackle these diseases over the 2015-2017 period****. The analysis also quantifies the projected gaps in overall funding for the 2018-2020 period - 24% for HIV, 49% for TB, and 44% for malaria - unless domestic and international commitments increase*."

Read also **Alan Whiteside's** account of the **pre-AIDS conference meeting** - [International AIDS Economics Network meeting in Amsterdam focuses on sustainability of global response to HIV].

Finally, many of you will also want to know that **Jesse Bumps** [has joined AIDSPAN's Board].

World Mosquito day – 20 August

For what we commemorate/celebrate on that day, see [here]:

"*Every year on the 20th August, the world comes together to celebrate the life and discoveries of the British doctor Sir Ronald Ross. You may not have heard of him but he is responsible for a revolution in malaria research. Wind back 121 years and on this day in 1887, Sir Ronald Ross found out that female mosquitoes transmit malaria to humans….*"

As you probably know, "…***mosquitos are still the world's deadliest animal****; causing carnage through deadly diseases such as Dengue, Zika, and of course, malaria….*"

You might want to read this LinkedIn blog by **Ben Rolfe** (CEO at Asia Pacific Leaders Malaria Alliance) - [Crossing the finish line: the case for innovation to eliminate malaria in Asia]

“Shit-life syndrome” in HICs

Guardian - The bad news is we’re dying early in Britain – and it’s all down to ‘shit-life syndrome’

Will Hutton; https://www.theguardian.com/commentisfree/2018/aug/19/bad-news-is-were-dying-earlier-in-britain-down-to-shit-life-syndrome?CMP=twt_gu

For the ones among you who want something else than the term ‘social determinants of health’.

“***Britain and America are in the midst of a barely reported public health crisis***. *They are experiencing not merely a slowdown in* ***life expectancy****, which in many other rich countries is continuing to lengthen, but the start of an alarming increase in death rates across all our populations, men and women alike. We are needlessly allowing our people to die early….*”

“*…* ***US doctors coined a phrase*** *for this condition:* ***“shit-life syndrome”****. Poor working-age Americans of all races are locked in a cycle of poverty and neglect, amid wider affluence. They are ill educated and ill trained. The jobs available are drudge work paying the minimum wage, with minimal or no job security. They are trapped in poor neighbourhoods where the prospect of owning a home is a distant dream. There is little social housing, scant income support and contingent access to healthcare. Finding meaning in life is close to impossible; the struggle to survive commands all intellectual and emotional resources. Yet turn on the TV or visit a middle-class shopping mall and a very different and unattainable world presents itself. Knowing that you are valueless, you resort to drugs, antidepressants and booze. You eat junk food and watch your ill-treated body balloon. It is not just poverty, but growing relative poverty in an era of rising inequality, with all its psychological side-effects, that is the killer.* ***Shit-life syndrome*** *captures the truth that* ***the bald medical statistics have economic and social roots….”***

Not sure all academics (and readers from this newsletter) escape this shit-life syndrome.

The pope & sexual abuse in the Catholic church

Guardian - Pope on sexual abuse: 'We showed no care for the little ones'

https://www.theguardian.com/world/2018/aug/20/pope-on-sex-abuse-we-showed-no-care-for-the-little-ones

Pope Francis condemned the culture of cover-ups and promised zero tolerance in a letter to Catholics.

However, as mentioned by many, **letters & words won’t suffice anymore – real action is needed**. Also if the pope wants to remain a (moral) leader in the world, and not lose all legitimacy (also on other issues).

Polio

Health Policy Watch (Brief) - Rotary Announces US$ 96.5 Million To End Polio

https://www.healthpolicy-watch.org/rotary-announces-us-96-5-million-to-end-polio/

"***Rotary,*** *a global network of community leaders dedicated to tackling the world's most pressing humanitarian challenges,* ***recently announced nearly US$100 million in grants to support the global effort to end polio****, a vaccine-preventable disease that once paralyzed hundreds of thousands of children each year. While significant strides have been made against the paralyzing disease, wild poliovirus is still a threat in parts of the world, with 10 cases in Afghanistan and three cases in Pakistan this year so far, as reported in a Rotary press release. … … To support polio eradication efforts in countries where polio remains endemic, Rotary is allocating the majority of the funds to: Afghanistan ($22.9 million), Pakistan ($21.7 million), and Nigeria ($16.1 million*)**."**

Planetary health

Without much doubt, **"Planetary health**" needs to be the **overriding paradigm of the 21st century**, as you can tell from glancing at the headlines pretty much every day. However, if this paradigm is to be useful, we better don't go for a sanitized, deradicalized and/or depoliticized version of it. At least in some corners of the Planetary Health Community, there seems to be a risk to do just that. So planetary health folks, do not fall for the siren song of the Rockefeller Foundation et al… :)

A nice example of how 'Planetary Health' should be interpreted, you find, by the way **in today's Lancet Lette**r: On Hume and planetary health

"*In a plea for justice in planetary health, Richard Horton (June 9, p 2307) cited philosopher David Hume to argue that humans have the ability to choose their own path. Hume, however, is a source of discourse in planetary health for entirely different reasons. His bigotry, racism, and references to savages are, ironically, representative of the complex issues of power, elitism, racism, xenophobia, and lack of choice that Horton outlined*."

"*…Planetary health must move beyond entrenched systems of injustice founded on select aspects of so-called enlightened philosophies, and embrace the collective wisdom of all people to ensure vitality of person, place, and planet*."

Thomson Reuters - India's flood-hit Kerala faces huge clean up, fear of disease

Thomson Reuters;

See also this week's intro on the worst floods in a century in Kerala.

As the water has now receded from most parts of the residential areas, the next important task is to clean all flood-affected houses and areas, rehabilitate the displaced people and **prevent any outbreak of water-borne diseases in the relief camps**. More than the supply of food, the state has

been facing a **drinking water crisis** as the flash floods have ruptured the pipelines supplying drinking water.

FT (long read) - Air pollution: why London struggles to breathe

https://www.ft.com/content/9c2b9d92-a45b-11e8-8ecf-a7ae1beff35b

*"The UK capital was a pioneer in limiting cars, but it is **now almost as dirty as New Delhi or Beijing**."* A bit surprising perhaps. An no, it's not because Tories breathe in, and breathe out on a daily basis in the UK capital.

Guardian - Australian PM dumps key climate policy to stave off leadership revolt

https://www.theguardian.com/australia-news/2018/aug/20/australian-pm-dumps-key-climate-policy-to-stave-off-leadership-revolt

Bad news for the Paris Agreement this week. "***Australia's prime minister has abandoned plans to rein in greenhouse gas emissions in an attempt to stave off a leadership coup from within his own party.*** *The Australian government had proposed using a broad energy policy, called the National Energy Guarantee, to bring in a carbon emissions reductions target in the energy sector of 26% by 2030, which would have helped Australia meet its obligations under the Paris climate agreement…."*

In case you're wondering, that dumbhead of a Tony Abbott seems to have something to do with it.

Meanwhile, also in **Brazil**, a Trump-alike presidential candidate (Bolsanaro) wants to get rid of the Paris agreement – see here (in Dutch).

The Conversation - Is China worsening the developing world's environmental crisis?

Jonas Gamso; https://theconversation.com/is-china-worsening-the-developing-worlds-environmental-crisis-100284?utm_source=twitter&utm_medium=twitterbutton

"*The developing world is in the midst of an environmental crisis. Simply breathing the air is a leading cause of death…. … There are many reasons behind these troubling trends, but one looms especially large: **China's booming economy**. Not only has this created an environmental crisis in China itself, but the **nature of its trade with developing nations** threatens their air, water and soil as well.*

*"… **Over the last decade, China has become the biggest trade partner to continental Africa and to several countries in Latin America**, homes to some of the world's poorest people. At the same time, **air pollution has surged in many of these countries, especially in Africa**. Are these two trends linked? **My new study [Environmental policy impacts of trade with China and the moderating effect of governance]** published in June tries to answer that question. I also wondered, could a country's governing institutions make a difference?*

*"… My findings show that **pollution levels of many developing countries rose in tandem with trade to China – but not all of them. Interestingly, the environmental impact of trading with China***

***appears to depend on characteristics of countries' governments**. Those countries with **high quality of governance**, as measured by researchers at the Quality of Government Institute, did not experience heightened air pollution or environmental illness when they traded at high levels with China…."*

The Resurgent influence of Big Formula

BMJ Editorial - The resurgent influence of big formula

N Shenker; https://www.bmj.com/content/362/bmj.k3577

"**Education on infant feeding must not be left to industry**." Focus on GB here, but with broader relevance.

"… ***Increased lobbying from infant formula manufacturers may underlie the US's new hard line approach**. The formula industry is anticipated to turn over about $70bn next year, and $60m has been spent lobbying the US government alone in the last decade. The formula industry has other links to US power—one of the companies tasked with separating children from immigrant parents at the US-Mexico border shares two board members with a formula company…"*

*"… formula companies have invested heavily in medical, nursing, and dietetic education and online tools for parents…" "…**The time to act on infant feeding is now, with investment in independent medical educational programmes**, medical advocacy for training in Unicef's initiative, and up-to-date information on prescribing, underpinned by research to fill in knowledge gaps…."*

World Humanitarian Day - #NOTATARGET – 19 August

CGD (blog) - World Humanitarian Day 2018: Remembering Why They Gave Their Lives

J Konyndyk; https://www.cgdev.org/blog/world-humanitarian-day-2018-remembering-why-they-gave-their-lives

Hard-hitting blog from Jeremy Konyndyk on the erosion of the core humanitarian imperative & erosion of US humanitarian leadership.

"**Sunday [is] World Humanitarian Day** … and a moment to commemorate the humanitarian workers there and elsewhere who have given their lives in service of others. And this year in particular, it should be a moment to reflect on **why those people gave their lives**. Because **the principle for which they died**—the core humanitarian imperative that lifesaving aid should be provided to all in need on the basis of their universal humanity rather than their particular beliefs or identities—**is increasingly under threat.** The most visible of these threats come from warring parties who feel less and less hesitant about targeting humanitarian actors and the people they help. **This**

year's World Humanitarian Day theme is #NotATarget, to **highlight the outrage of targeting those who provide aid in conflict…. "**

Devex - World Humanitarian Day: Experts speak out about mental health

https://www.devex.com/news/world-humanitarian-day-experts-speak-out-about-mental-health-93284

"*With more people in need of humanitarian assistance than ever before — increasingly in protracted crises — and as attacks against aid workers continuing to climb, **aid agencies and donors need to do more to ensure the well-being of their staff and volunteers**, starting with simple and cost-effective measures to help look after their mental health, experts said*."

"*Exposure to traumatic events and danger, long working hours, stress, and frequent, often back-to-back deployments abroad, mean that **humanitarians are at high risk of developing depression, burnout, and anxiety.** A survey run by the Guardian in 2015 found that 79 percent of respondents had experienced mental health issues, and 93 percent said they were related to work. A separate study found that only 20 percent of aid workers felt their organizations were supporting them. **Volunteers and national staff are reported as often the last to receive any treatments, perks or mental health resources**. Facing death and destruction at one end and dealing with humiliation, rough treatments and delays while crossing the checkpoints, volunteers have a relatively higher risk of experiencing mental health issues. **Speaking at a session on Thursday at the Overseas Development Institute in London to mark World Humanitarian Day on Aug. 19, experts and former aid workers said aid organizations are paying more attention to mental health but that there is a long way to go.** They also said a "**machismo" culture** meant many workers didn't feel they could speak out about mental health issues, and warned that volunteers and national staff often get less help than international staff. … … **Christine Williamson, founding director of Duty of Care International,** described existing strategies adopted by these humanitarian organisations to deal with mental health risks as 'minimalist' and **called upon them to rather go beyond just offering counselling services and use a more holistic approach in creating a 'healthy workforce'**. …"*

Tobacco control

UN News – Combat against devastating effects of tobacco can only be won 'if the UN stands united' – UN health official

https://news.un.org/en/story/2018/08/1017582

"***United Nations agencies must join forces at the policy level and refuse interference from tobacco companies in their programmes** so the destructive impact of tobacco can be effectively addressed and lives can be saved, the head of the UN tobacco control treaty watchdog (WHO FCTC Secretariat) told UN News on Wednesday*."

American mid-term elections & health care

Lancet - The 2018 US midterm elections—health in the middle

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31934-2/fulltext

Recent polls and media coverage indicate that **health care is emerging as the key determining issue in many races for the mid-term elections in the US**, taking place on Nov 6, 2018. Other health-related issues, including gun control, immigration, and the environment, will feature prominently. All this in a **very polarized political climate**, as you know.

India's mega health reform

Lancet (Editorial) - India's mega health reforms: treatment for half a billion

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31936-6/fulltext

"*Technocrats and functionaries are hastily putting the final touches to India's mega health insurance scheme following Prime Minister Narendra Modi's announcement that the programme will be launched nationwide on Sept 25. The scheme aims to provide up to 100 million poor families with approximately INR500 000 (US$7100) in annual health insurance coverage to pay for secondary or tertiary hospital care. It is one of the components of a flagship initiative known in Hindi as Ayushman Bharat or "India blessed with long life", which includes developments in primary health services and health promotion…*"

The Lancet's take on this massive health reform. The Editorial concludes: "***The implementation, running, and monitoring of the initiative will necessitate a continued commitment to ensure the fundamental right of all Indian people to adequate health care.***"

SDG financing

Opinion: 3 years since the launch of Addis Tax Initiative, what's been achieved?

Jamie Drummond & Alex Thier; https://www.devex.com/news/opinion-3-years-since-the-launch-of-addis-tax-initiative-what-s-been-achieved-93302

The two (from ONE & ODI respectively) reflect on the track record so far of the "**Addis Tax Initiative**". Three years ago, "…*More than 55 signatories — comprising countries and international institutions — **committed to catalyze significant increases in domestic revenue and to improve the transparency, fairness, effectiveness, and efficiency of tax systems***."

They also zoom in on the **recent Oxfam report** which concluded that **donors are not on track to fulfill this promise.** They largely seem to agree, though more nuanced (one of them is co-author of the Addis Tax Initiative) while also sketching a way forward.

IISD - Experts Propose Options for Aligning Financial System with 2030 Agenda

http://sdg.iisd.org/news/experts-propose-options-for-aligning-financial-system-with-2030-agenda/

Perhaps the most important thing to do, if we want this SDG agenda to have a small chance of being realized.

"The 'Think 20' group under Argentina's G20 presidency released a paper that calls on the G20 to advance the 2030 Agenda through its role in shaping international cooperation in economic and financial practice and policy. The report presents four options for the G20 to align the financial system architecture with sustainable development and climate considerations."

Science - Can China, the world's biggest pork producer, contain a fatal pig virus? Scientists fear the worst

http://www.sciencemag.org/news/2018/08/can-china-world-s-biggest-pork-producer-contain-fatal-pig-virus-scientists-fear-worst

"A nightmare is unfolding for animal health experts: ***African swine fever (ASF),*** *a highly contagious, often fatal disease of domestic pigs and wild boars,* ***has appeared in China, the world's largest pork producer.*** *As of today, ASF has been reported at sites in four provinces in China's northeast, thousands of kilometers apart. Containing the disease in a population of more than 430 million hogs, many raised in smallholder farmyards with minimal biosecurity, could be a monumental challenge…."*

New Alliance mentorship programme for early-career women to strengthen their ability to publish academic journal articles

http://www.who.int/alliance-hpsr/news/2018/publication-mentorship-meet-the-people/en/

Check out the **list of mentees & mentors**. Very nice initiative.

In related news, we also want to draw your attention to this **article in Academic Medicine**:
Mentorship Is Not Enough: Exploring **Sponsorship** and Its Role in Career Advancement in Academic Medicine

"*The authors conducted semi-structured interviews with Johns Hopkins University School of Medicine faculty in 2016. … … Five themes were identified from 23 faculty interviews (12 sponsors, 11 protégés): (1) Mentorship is different: Sponsorship is episodic and focused on specific opportunities; (2) Effective sponsors are career-established and well-connected talent scouts; (3) Effective protégés rise to the task and remain loyal; (4) Trust, respect, and weighing risks are key to successful sponsorship relationships; (5) Sponsorship is critical to career advancement…."*

They conclude: *"**Sponsorship, in addition to mentorship, is critical for successful career advancement**. Understanding sponsorship as a distinct professional relationship may help faculty and academic leaders make more informed decisions about using sponsorship as a deliberate career-advancement strategy."*

Kofi Annan's legacy in global health & development

Among others, in various media reports, **Kofi Annan's role in the formation of the MDGs, the start of the Global Fund, and his fight against the stupidity of the 'War on Drugs'** (he was a member of the **Global Commission on Drug Policy**), were commemorated. And of course, the decency and dignity of the former UN SG & Nobel Prize laureate contrast with the "statesmen" (and some women) we have these days…

See for example:

UNAIDS - Kofi Annan's AIDS legacy (by M Sidibé)

Global Fund - Remembering Kofi Annan

Finally, a somewhat more balanced article perhaps in **the Conversation** - Kofi Annan: a complicated legacy of impressive achievements, and some profound failures (by Danny Bradlow, from Pretoria)

#MeToo & Wellcome Trust sanction vs bullying

Some reads & links from this week:

Guardian - **#MeToo leaders say Asia Argento abuse claim should not discredit movement**

Chances are, however, some will capitalize (and exploit) this news. Not the least, Weinstein himself (and other pigs).

JAMA viewpoint – National Academies of Sciences, Engineering, and Medicine Report on Sexual Harassment

A Fairchild et al; https://jamanetwork.com/journals/jama/fullarticle/2697842

"*This Viewpoint summarizes the scope, perspective, and recommendations of a National Academies of Sciences, Engineering, and Medicine (NASEM) 2018 report on climate, culture, and consequences of sexual harassment of women in the academic sciences*."

'Ugly fake scientist.' Women say sexist attacks on the rise

https://www.eenews.net/stories/1060094801

Sexist attacks on female climate researchers are on the rise. "*One scientist was called Climate Barbie. Another was described as an "ugly fake scientist." … … Such is the life of many female climate scientists in 2018….*" "*All researchers face the risk of being criticized when speaking publicly about their findings. But* ***women in the field describe being attacked based on their gender****….*"

Wellcome sanctions top cancer scientist over bullying allegations

https://www.ft.com/content/bfaa9498-a231-11e8-85da-eeb7a9ce36e4

"***The Wellcome Trust has withdrawn £3.5m of research funding from Nazneen Rahman, one of Britain's most prominent cancer scientists, in response to allegations of bullying*** *by staff at the Institute of Cancer Research (ICR) in London, where she is head of genetics. Wellcome, Britain's largest independent research funder, said on Friday that information supplied by ICR to the charity "has given us considerable cause for concern . . . We have decided that her Wellcome grants will be terminated or transferred to other researchers." Prof Rahman —* ***the first person to be "sanctioned" under Wellcome's bullying and harassment policy*** *— holds grants worth £7.5m, of which £4m has already been committed. She will be banned from applying for any new Wellcome funding for two years."*

PS: if it's about (academic) bullying, you kind of wonder why the first 'bully caught' had to be a woman.

See also **Nature News** - Top geneticist loses £3.5-million grant in first test of landmark bullying policy

Trump & foreign aid

Devex - White House opens new front in war on US aid budget

https://www.devex.com/news/white-house-opens-new-front-in-war-on-us-aid-budget-93310

The Donald didn't have his best week ever, but meanwhile, his Administration seems to have opened yet another front in the war on the US aid budget.

See also **Politico** - Trump administration to attempt to **kill $3B in foreign aid**

"***The White House budget office believes it has found a way to cancel about $3 billion in foreign aid even if it is never approved by Congress****, according to a Republican aide familiar with the plan. Using an* ***obscure budget rule****, administration officials are* ***planning to freeze billions of dollars in the State Department's international assistance budget — just long enough so the funds will expire****. The current plan involves about $3 billion, though officials are said to have discussed as much as $5 billion. The White House plans to submit the package of so-called rescissions in the coming days,*

which triggers an automatic freeze on those funds for 45 days. The cuts would largely come from the U.S. funding for the United Nations, according to the aide…."

See also Devex*: "Sources with knowledge of OMB's plan say* ***the tactic of issuing a rescissions package so close to the end of the fiscal year — practically eliminating many of Congress's options to stop it — would be historically unprecedented.*** *The rescissions package under consideration is* ***rumored to only target U.S. foreign assistance money, and is expected to fall hardest on U.S. contributions to the United Nations****, as well as funding held in the Economic Support Fund account…."*

NYT - Poor Countries Have an Unlikely Ally Close to the White House

https://www.nytimes.com/2018/08/20/opinion/ray-washburne-opic.html?smid=tw-nytopinion&smtyp=cur

Back in the seventies, the United States started a new development agency, the **Overseas Private Investment Corporation, or OPIC,** which helps American companies invest in poor countries around the world.

Now, *"…****A bill making its way through Congress would create a new, better funded and more powerful agency that would effectively replace OPIC. This is perhaps the most significant shift in American development policy since the founding of the President's Emergency Plan for AIDS Relief in 2003****.*

Development experts — some of whom have pushed for years to modernize OPIC — are the most surprised. They did not expect this kind of support from a White House that has proposed slashing foreign aid budgets or a president who has made derogatory comments about countries in Africa. But ***there are concerns that under its current chief executive, a businessman and big Republican donor, the agency could lose sight of its core mission to help poor countries develop****. … …* ***The new OPIC is the result of an unlikely combination of events: concern about the influence of China and a moment of rare bipartisan cooperation in Congress.*** *The agency would combine OPIC with some elements of the United States Agency for International Development, creating a new, independent government agency with expanded authority, including a higher spending cap and the ability to make equity investments…."*

Kaiser Health News - Religious Conservatives' Ties To Trump Officials Pay Off In AIDS Policies, Funding

KHN

Our colleagues from **Global Health Now** summarized this (rather worrying) news nicely in Evangelist's "In Crowd" In the White House:

"*After decades of networking with AIDS researchers and policymakers to promote abstinence-only sex ed,* ***evangelical activist Shepherd Smith's "in crowd" of religious conservatives is infiltrating the White House and holding the purse strings on AIDS policy****, according to a Kaiser Health News investigation. Among Smith's White House recommendations was* ***Robert Redfield****, his long-time*

associate—and now the CDC chief, overseeing one of the agencies that funds PEPFAR. ***Smith's wife*** *also consults for PEPFAR….”*

And just wait till the Donald gets impeached, and Pence takes over.

UK aid

Devex - UK plans to break with international aid rules

https://www.devex.com/news/uk-plans-to-break-with-international-aid-rules-93307

“***The United Kingdom’s aid budget will be used to provide disaster relief to wealthier overseas territories despite them being ineligible under international aid [i.e. OECD] rules****, Secretary of State for International Development Penny Mordaunt has said….”*

Excerpt: “… ***The wider implications for the way donors spend aid could also be severe****, Jeroen Kwakkenbos, policy and advocacy manager at Eurodad, the European network on debt and development, told Devex. “****The naked self-interest that the U.K. is qualifying as ‘developmental’*** *does a disservice to all we have worked for in the past 60 years as the concept has been developed and refined,” Kwakkenbos said. “Casually dismissing an internationally agreed, rules-based system for the sake of expediency is the height of political arrogance and malpractice.”*

Still, *“… **Although the U.K.’s proposal for the use of ODA to support wealthier but climate-vulnerable countries was withdrawn, the DAC is currently discussing changes to the rules** which could provide a path for readmission for countries whose GNI falls back into the eligible range after a natural or humanitarian disaster, an OECD source told Devex.”*

On an entirely different note, I wish my name was ‘Kwakkenbos’ :)

In other UK related aid news, Devex reported No-deal Brexit: UK government will underwrite ejected aid contracts

“The U.K. government has committed to taking on current aid contracts after the European Union began to introduce disclaimers in February in all contracts stating that U.K.-based partners could suddenly lose funding in the event of a no-deal Brexit.”

Chinese development agency

Lancet Letter - The new face of China's foreign aid: where do we go from here?

J Liao et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31496-X/fulltext

*"China's recent constitutional changes have led to international headlines and debate. However, the founding of a new ministry-level agency—**the China International Development Cooperation Agency (CIDCA)—**has attracted little attention, despite the effect it might have on China's foreign aid policy and global health strategy…."*

*"…**CIDCA, officially established on April 18th, 2018**, will hopefully help to address these concerns and foster international cooperation. This agency has been assigned the task of establishing guidelines, plans, and policies, as well as coordinating, overseeing, and evaluating current and future Chinese foreign aid projects.5 However, it remains to be seen whether CIDCA can effectively implement change and provide increased transparency. More importantly, there are questions regarding the extent to which the agency is politically motivated. Members of the National Development and Reform Commission, as well as the Ministries of Commerce and Foreign Affairs, have been chosen for key leadership positions within CIDCA. These appointments indicate that the agency, although promoting development in general, might also serve Chinese diplomatic interests with a continued, if reduced, focus on commercial gain…."*

Nutrition

Devex - Triple threat of stunting, anemia, and obesity poses looming crisis, health experts warn

https://www.devex.com/news/triple-threat-of-stunting-anemia-and-obesity-poses-looming-crisis-health-experts-warn-93296

"***A preview of what is to come in the Food and Agriculture Organization's "2018 Global Nutrition Report" shows a growing number of people facing a triple burden of malnutrition — stunting, anemia, and obesity**. Findings presented at the **Crawford Fund's annual conference in Canberra** on Aug. 14 showed that 41 countries are dealing with major nutritional challenges in all three categories. This is an increase of 41 percent from 2017, when 29 countries were found to face the triple burden…."*

Excerpts: "… ***FAO works with health and agriculture ministers of member countries to present the best evidence showing how nutrition and agriculture can be effective in working together**, bridging the gap between the two. … … "There is times when member states come together and that is an important time to present evidence — to present the "Global Nutrition Report" including how they are doing towards ending malnutrition," Fanzo said. "It is an opportunity to work with member states and influence their decisions." … … But **there are challenges in the operation of FAO**. Fanzo explained that the **structure of FAO includes a wealth of intellect sitting in Rome to report on data**, in addition to regional and country offices. "**It is a centralized agency so you don't have a lot of people on the ground like UNICEF** or the World Food Programme," Fanzo said. "FAO is a lot thinner on the ground and it's a weakness. For me, **where we need to strengthen our work is at the country offices."** …"*

Visa issues

Guardian - Tight visa controls encourage illegal immigration, say researchers

https://www.theguardian.com/global-development/2018/aug/21/tight-visa-controls-encourage-illegal-immigration-say-researchers

With a view on the visa procedure for Liverpool, perhaps an idea :) Though it would be a dumb one.

"***The use of visa restrictions to control global migration is "counterproductive and ineffective", pushing people who want to stay within the law towards illegal channels, research has suggested***. *The study by academics from University College London (UCL), University of Birmingham, and Royal Holloway University of London, found that increased visa restrictions on migrants creates a greater need for enforcement. Researchers suggested governments should consider the wider impacts of controls, and take into account the aspirations of the individual in order to stem illegal immigration…."*

2018 HL meeting on China-Africa Health collaboration (16-17 August, Beijing)

UNAIDS Feature story – Strengthening China-Africa cooperation

http://www.unaids.org/en/resources/presscentre/featurestories/2018/august/china-africa-cooperation

Short report of the meeting. *"African ministers of health, the Chinese Minister of Health and others have examined ways in which China can be instrumental in building capacity for the local production of health commodities in Africa and in strengthening regulatory capacities. The participants met at the 2018 High-Level Meeting on China–Africa Health Cooperation, held on 16 and 17 August in Beijing, China…."*

*"…**The participants signed a six-point document, the China–Africa health cooperation 2018 Beijing initiative,** which focuses on building a strong public health surveillance and response system in Africa and supporting the response to public health emergencies. The plan also includes a special focus on strengthening cooperation on HIV prevention, in particularly among young people and key populations."*

See also **China.org.cn** - China's experiences vital for strengthening health systems in Africa.

"***China's extensive experiences in strengthening its health system and primary health care are critical for African countries. They can learn from China**, working to establish health systems based on their own needs, an official with the World Health Organization (WHO) said Friday. **China's experiences are relevant to African countries as they both "have similar diversity of geography, culture, and population," said Ren Minghui, WHO assistant director-general for communicable***

***disease**. Ren made the remarks in an exclusive interview with China.org.cn during the High-Level Meeting on China-Africa Health Cooperation in Beijing on August. 17.*"

PS: the meeting took place **ahead of the Beijing Summit of the Forum on China-Africa Cooperation in Beijing (3-4 Sept).**

And a few **tweets by Ren Minghui**:

"*Excellent week at the Chinese Centre for Disease Control with my brother @AfricaCDC Director @JNkengasong and my colleagues from other national public health institutes in Africa. #ANewPublicHealthOrder"*

"A productive discussion on China-Africa health collaboration in Beijing on 17-18 August before #FOCAC2018 Summit highlighted the key areas of cooperation, and called upon the leaders to substantively support health as one priority to achieve #SDGs.@WHO"

*"2018 **#Beijing Summit of the Forum on #ChinaAfrica #Cooperation will be Held in Beijing on Sep 3 & 4 and #ChinesePresident** #XiJinping will Host the Summit, States China's Foreign Ministry. **#ChinaAfricaCooperation "***

Tropical diseases outbreaks a growing threat in Europe

Guardian - Tropical disease outbreaks are growing threat in Europe as temperatures rise

https://www.theguardian.com/global-development/2018/aug/23/tropical-disease-outbreaks-are-growing-threat-in-europe-as-temperatures-rise?CMP=twt_a-global-development_b-gdndevelopment

*"This summer has seen a **sharp spike in West Nile virus infections in Europe**, following soaring temperatures, compared with the past four years…. "… After West Nile virus kills 22 people in heatwave, **experts warn of more mosquito and tick-borne diseases due to climate change**."*

"Europe is facing a growing threat of tropical disease outbreaks, as rising temperatures linked to climate change cause illnesses brought by travellers to spread more easily, health experts warned…."

Key publications & articles

Wellcome Open Research - The World Bank & financing tuberculosis control, 1986-2017

M Rahi, D Sridhar et al ; https://wellcomeopenresearch.org/articles/3-103/v1

New paper by Devi Sridhar's team. The authors tracked the development of the World Bank's policies and associated financial flows for tuberculosis control.

"…***We identified four periods in the World Bank's involvement in global tuberculosis control****, from the recognition of tuberculosis as a global health issue to the creation of a global coalition against tuberculosis. Between 1986 and 2017 the World Bank undertook 79 projects with financing from its core lending divisions with a tuberculosis control theme or focus. Within the 79 projects the Bank committed 19.6% of funding, or $0.9bn, towards tuberculosis control. The World Bank has been involved in increasingly vertical programming with a growing proportion of project funding invested into tuberculosis control over time. However, after the formation of private-public partnerships against tuberculosis in 2002 such as the Global Fund to Fight HIV/AIDS, TB and Malaria, the Bank's core financing decreased and private-public partnerships provided increasing levels of substitutive financing for tuberculosis control. They conclude: "****The World Bank has been pivotal in leading global financing, garnering advocacy and creating widespread coalition in the battle against tuberculosis control in recent decades****."*

Health Research Policy & Systems - Health policy and systems research: the future of the field

David Peters; https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0359-0?utm_source=dlvr.it&utm_medium=twitter

Must-read. "… *For HPSR to remain relevant, its practitioners need to re-think how health systems are conceptualised, to keep up with rapid changes in how we diagnose and manage disease and use information, and consider factors affecting people's health that go well beyond healthcare systems. The Sustainable Development Goals (SDGs) represent a shifting paradigm in human development by seeking convergence across sectors. They also offer an opportunity for HPSR to play a larger role, given its pioneering work on applying systems thinking to health, its focus on health equity, and the strength of its multi-disciplinary approaches that make it a good fit for the SDG era.* ***Globally, population health is being challenged in different ways****, from climate change and growing air pollution and toxic environmental exposure to food insecurity, massive population migration and refugee crises, to emerging and re-emerging diseases. Each of these trends reinforce each other and concentrate their harms on the most vulnerable populations. Multi-level governance, together with novel regulatory strategies and socially oriented investments, are key to successful action against many of the new challenges, with HPSR guiding their design and evolution.* ***The HPSR community cannot be complacent about its successful, yet short, history.*** *Tensions remain about how different stakeholders use HPSR such as the contrast between embedding research within government institutions versus independently evaluating and holding decision-makers accountable. Such tensions are inevitable in the boundary-spanning field that HPSR has become.* ***We should strive to enhance the influence of HPSR by staying relevant in a changing world and embracing the strength of our diversity of disciplines, the range of problems addressed, and the opportunity of the SDGs*** *to ensure that health and social benefits are more inclusive for people within and across countries*."

Critical Public Health - How does policy framing enable or constrain inclusion of social determinants of health and health equity on trade policy agendas?

B Townsend, F Baum, A Schram et al;
https://www.tandfonline.com/doi/abs/10.1080/09581596.2018.1509059?journalCode=ccph20

"*Trade agreements influence the distribution of money, goods, services and daily living conditions – the social determinants of health and health equity, which ultimately impacts differentially on health within and between countries. In order to advance health equity as a trade policy goal, greater understanding is needed of how different actors frame their interests in order to shape government priorities, thus helping to identify competing agendas across policy communities.* ***This paper reports on a study of how policy actors framed their interests for the Trans Pacific Partnership agreement****. We analysed 88 submissions made by industry actors, not for profit organisations, unions, researchers and individual citizens to the Australian government during treaty negotiations.* ***We show that policy actors' ideas of the purpose of trade agreements are shaped by competing underlying assumptions of the role of the state, market and society.*** *We identify* ***three primary framings: a dominant neoliberal market frame, and counter frames for the public interest and state sovereignty.*** *Our analysis highlights the potential enabling and constraining impact of policy frames for health equity.* ***In particular, the current dominant market framing largely excludes the social determinants of health and health equity****. We argue that advocacy needs to tackle head on the underlying assumptions of market framings in order to open up space for the social. We identify successful examples of health framing for equity as well as opportunities for engagement with 'non-traditional' allies on shared issues of concern.*"

BMJ Global Health (Practice) – Strengthening health security: an intuitive and user-friendly tool to estimate country-level costs

Rebecca Katz et al; https://gh.bmj.com/content/3/4/e000864

"***Member States of the WHO working to build capacity under the International Health Regulations (IHR) are advised to develop prioritised, costed plans to implement improvements based on the results of voluntary external assessments****. Defining the costs associated with capacity building under the IHR, however, has challenged nations, funders and supporting organisations. Most current efforts to develop costed national action plans involve long-term engagements that may take weeks or months to complete. While these efforts have value in and of themselves, there is an urgent need for a rapid-use tool to provide cost estimates regardless of the level of expertise of the personnel assigned to the task.* ***In this paper, we describe a tool that can—in a matter of hours—provide country-level cost estimates for capacity building under the IHR****. This paper also describes how the tool can be used in countries, as well as the challenges inherent in any costing process*."

BMJ Global Health – Developing a tool to measure the reciprocal benefits that accrue to health professionals involved in global health

J M Wiggle et al; https://gh.bmj.com/content/3/4/e000792

"*Research to date on global health collaborations has typically focused on documenting improvements in the health outcomes of low/middle-income countries. Recent discourse has characterised these collaborations with the notion of '****reciprocal value'****, namely, that the benefits go beyond strengthening local health systems and that both partners have something to learn and gain from the relationship.* ***We explored a method for assessing this reciprocal value by developing a robust framework for measuring changes in individual competencies resulting from participation in global health wor****k. The validated survey and evidence-based framework were developed from a comprehensive review of the literature on global health competencies and reciprocal value. Statistical analysis including factor analysis, evaluation of internal consistency of domains and measurement of floor and ceiling effects were conducted to* ***explore global health competencies among diverse health professionals at a tertiary paediatric health facility in Toronto, Canada****.*

Factor analysis identified eight unique domains of competencies for health professionals and their institutions resulting from participation in global health work. Seven domains related to individual-level competencies and one emphasised institutional capacity strengthening. The resulting ***Global Health Competency Model*** *and validated survey represent useful approaches to measuring the reciprocal value of global health work among diverse health professionals and settings. Insights gained through application of the model and survey* ***may challenge the dominant belief that capacity strengthening for this work primarily benefits the recipient individuals and institutions in low/middle-income settings***."

BMJ Global Health (Commentary) – Advancing equitable global health research partnerships in Africa

Yap Boum et al; https://gh.bmj.com/content/3/4/e000868

"*Global health partnerships between researchers in the West and in Africa are often imbalanced, supporting the careers and priorities of the former than the latter. The skew in economic and academic resources between stakeholder countries might explain the imbalance in global health research partnerships between. To successfully target the imbalance in economic and academic resources,* ***global health research partnerships should focus on equity as opposed to equality****. Equitable partnerships will require early and clear communication about goals and expectations of partnerships, and redefining academic careers and priorities.* ***Mentorship programmes and investment in Africa-based researchers and Africa-based development are also necessary for achieving equitable partnerships.***"

Lancet Correspondence – Economic sanction: a weapon of mass destruction

F Habibzadeh; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31944-5/fulltext

Poignant letter, written by an Editorial Consultant for The Lancet. *"At the time of writing, new economic sanctions are being imposed on my country."* It's very sad that he has to make this case again.

CSIS brief - The New Realism, An Uncomfortable Middle

J Stephen Morrison; https://www.csis.org/analysis/new-realism-uncomfortable-middle

Must-read analysis. "*Just recently, 16,000 gathered in Amsterdam for the International AIDS Conference—"AIDS2018." Many leading figures painted a sobering picture: goals for global HIV/AIDS treatment and prevention goals are not likely to be attained, funding has declined, high-level political will is lacking, and there is the risk of a resurgent epidemic. All of which makes for considerable discomfort and uncertainty. We are at a turning point in thinking about what comes next in controlling HIV/AIDS in the coming years."* Morrison reflects on what has happened, four broader shifts (that changed the larger context for deliberations over the future of HIV/AIDS) & the way forward.

SS&M – Understanding and misunderstanding randomized controlled trials

Angus Deaton et al; https://www.sciencedirect.com/science/article/pii/S0277953617307359

This article was warmly recommended by my colleague Werner Soors, one of my brighter colleagues (in spite of occasionally & unexpectedly showing up in lungi outfit). (*Part of the already flagged special issue in SS&M*)

Foreign Policy - The Rise and Fall of Soft Power

Eric Li; https://foreignpolicy.com/2018/08/20/the-rise-and-fall-of-soft-power/

"**Joseph Nye's concept lost relevance, but China could bring it back**." A bit of a stretch perhaps, especially that last part, but an interesting read nevertheless.

WEF - Why Rwanda could become Africa's healthcare leader

E Prichepp et al; https://www.weforum.org/agenda/2018/08/why-rwanda-could-become-africa-healthcare-leader/

"*More Africans are now dying from cancer than from malaria. Like most other nations in the world, many African countries are contending with rising rates of non-communicable diseases (NCDs)….*"

"…as part of an ambitious goal to eradicate cervical cancer by 2020, Rwanda provides free Human Papilloma Virus (HPV) immunizations to all girls between 11 and 15 years old, and has now immunized over 97% of girls. Cervical cancer is the most common cause of cancer in Africa, and it is largely preventable, so this preemptive move by Rwanda's leadership is a significant step towards protecting its population, and demonstrates how countries can quickly expand capacity to address critical health issues. … … ***Responding to growing cancer rates, Rwanda is currently developing a National Cancer Control Plan and instating a national cancer registry*** *to collect data on cancer occurrences in the country. The country also provides a national health insurance plan, making healthcare services, including cancer diagnosis, more affordable for lower-income citizens…. … Rwanda is taking a long-term view of its healthcare system and* ***building the foundations for a precision medicine approach to patient care.*** *Other emerging economies may be doing the same."*

BMJ Editorial – Assessing health systems in unrecognised states: lessons from the field

K Garber et al; https://www.bmj.com/content/362/bmj.k3403

"Good data are critical to improving the health of these overlooked populations."

"… ***Over the past quarter of a century, prolonged territorial disputes have spawned a growing number of states that are recognised neither by the international community nor by the country from which they arose****. These states, depending upon geopolitical circumstances, take a variety of labels:* ***unrecognised states, frozen conflict zones, or self-proclaimed states****, to name a few. … …*

*These territories are often **black boxes for public health researchers**, particularly those in low and middle income contexts…. "*

*"… What can public health researchers do? **Recently, our team conducted a health system assessment of Nagorno-Karabakh**, a de facto republic and "frozen conflict zone" located between Armenia and Azerbaijan (figure 1). Working with local partners and authorities, we coordinated a population representative, cluster randomised survey of more than 1000 households, as well as a systematic assessment of major health facilities. **Several aspects of this experience may be useful to researchers working in unrecognised settings where international support is limited and data gaps are large**…."*

"The Aspen consensus"

The New Yorker – The Gospels of Giving for the new Gilded Age

https://www.newyorker.com/magazine/2018/08/27/gospels-of-giving-for-the-new-gilded-age/amp?__twitter_impression=true

"**Are today's donor classes solving problems—or creating new ones**?"

Excerpts:

*"… **We live**, it is often said, **in a new Gilded Age**—an era of extravagant wealth and almost as extravagant displays of generosity. **In the past fifteen years, some thirty thousand private foundations have been created, and the number of donor-advised funds has roughly doubled**. The Giving Pledge—signed by Bill Gates, Warren Buffett, Michael Bloomberg, Larry Ellison, and more than a hundred and seventy other gazillionaires who have promised to dedicate most of their wealth to philanthropy—is the "Gospel" [i.e. from the time of Carnegie et al] stripped down and updated. **And as the new philanthropies have proliferated so, too, have the critiques**.*

*"… In 2015, when he [i.e. Giridharadas] was asked to deliver a speech to his fellow-fellows, he used it to condemn what he called "**the Aspen Consensus**." "The Aspen Consensus, in a nutshell, is this," he said. "**The winners of our age must be challenged to do more good. But never, ever tell them to do less harm."** The speech made the Times; people began asking for copies of it; and Giridharadas decided to expand on it. The result is "**Winners Take All: The Elite Charade of Changing the World**."*

*"… **Inside Philanthropy** is a **Web site devoted to high-end giving**; its tagline is "Who's Funding What, and Why." **David Callahan is the site's founder and editor**. If Giridharadas worries that the super-wealthy just play at changing the world, Callahan worries they're going at it in earnest. "**An ever larger and richer upper class is amplifying its influence through large-scale giving in an era when it already has too much clout,"** he writes in "The Givers: Wealth, Power, and Philanthropy in a New Gilded Age." "**Things are going to get worse, too." … …** "**When it comes to who gets heard in the public square, ordinary citizens can't begin to compete with an activist donor class**," Callahan writes. "**How many very rich people need to care intensely about a cause to finance megaphones that drown out the voices of everyone else?"** he asks. "Not many." … … Instead of promoting equality, Reich worries, tax subsidies for philanthropy may actually be doing the reverse. "*

For a related read, see **Dissent** - The Gospel of Wealth

"How did the "**moral economy**"*—a concept that once encompassed a radical critique of capitalism—become the province of billionaires?"*

Book review of a new book, "The Moral Economists: R. H. Tawney, Karl Polanyi, E. P. Thompson, and the Critique of Capitalism" (2018).

Coming up - Global Launch Global Launch of the Lancet Global Health Commission on High Quality Health Systems in the SDG Era report – 6 September

https://www.hqsscommission.org/events/

As you know, a long awaited report. The launch will also be **livestreamed**. *"Join Professor Margaret E. Kruk, Commission Chair, and an international panel of experts and policymakers to discuss the Commission's findings, recommendations, and actionable steps on how to redefine and radically reposition how health system quality is approached in LMICs…."*

Later, the report will also be launched at a Liverpool satellite session.

Global health events

UN News - Terrorists potentially target millions in makeshift biological weapons 'laboratories', UN forum hears

https://news.un.org/en/story/2018/08/1017352

"***Rapid advances in gene editing and so-called "DIY biological laboratories" which could be used by extremists, threaten to derail efforts to prevent biological weapons from being used against civilians, the world's only international forum on the issue has heard.*** *At meetings taking place at the United Nations in Geneva which ended on Thursday, representatives from more than 100 Member States which have signed up to the* ***Biological Weapons Convention (BWC)*** *- together with civilian experts and academics - also discussed how they could ensure that science is used to positive ends, in line with the disarmament blueprint set out by UN Secretary-General António Guterres…."*

Coming up - Lake Chad meeting to take on humanitarian-development nexus (via Devex)

https://www.devex.com/news/lake-chad-meeting-to-take-on-humanitarian-development-nexus-93305

"***Donors and NGOs working in Africa's Lake Chad region will meet in Berlin next month*** *to pledge money for humanitarian needs and to improve coordination, trying to better link short-term aid with long-term development projects in this crisis-hit region. The United Nations estimates that* ***$1.6 billion is required this year to help 10.7 million people in need of humanitarian assistance in the zone encompassing parts of Niger, Chad, Cameroon, and Nigeria.*** *Conflict continues to worsen the effects of food shortages and pasture deficits linked to climate change, with aid required to alleviate hunger and provide water and sanitation, shelter, hygiene, health care, and education.* ***The conference, co-hosted by Nigeria, Norway, Germany, and the U.N., follows the Oslo conference in 2017, which raised $672 million****…."*

Finally, a **tweet by Agnes Soucat** on an **upcoming important session on health taxes in Bali**:

"***11 Oct 2018 (Bali): @WHO will organize a session on health taxes (#TobaccoTax, #AlcoholTax, #SSBTax) on occasion of 2018 Annual Meeting of @WorldBank****. Health taxes ↓ consumption of health-harming products, ↓ health-care costs, and ↑ revenue streams for development #SDGs #NCDs."*

Speaking of Agnes Soucat, we also want to remind you of a **satellite day in Liverpool**: **WHO 2018 symposium on health financing for UHC (9 October)**

Global governance of health

Guardian - Saudi Arabia seeks death penalty against female human rights activist

https://www.theguardian.com/world/2018/aug/22/saudi-arabia-seeks-its-first-death-penalty-against-a-female-human-rights-activist

"*Saudi Arabian prosecutors are seeking the death sentence for five human rights activists, including a* ***woman who is thought to be the first female campaigner in the country facing execution, rights groups have said.*** *Israa al-Ghomgham, a Shia activist arrested with her husband in 2015, will be tried in the country's terrorism tribunal even though charges she faces relate to peaceful activism…*"

Meanwhile, **Canada still didn't get much support from other countries in its courageous stance vs the Saudis.**

As a reminder, "*…The campaign to muzzle critics has not just been domestic. Saudi Arabia dramatically cut all ties with Canada after* ***the country's foreign minister tweeted a call for the release of two jailed activists****. The Canadian ambassador was expelled, Saudi scholarship students told to leave Canada and new trade and investment suspended….*"

Women in Global Health - A Fireside Chat: The 5 'C's for Women's Leadership in Global Health - Lived Experiences Across a Generation

Roopa Dhatt & Ann Keeling; https://www.womeningh.org/single-post/2018/08/20/A-Fireside-Chat-The-5-Cs-for-Womens-Leadership-in-Global-Health---Lived-Experiences-Across-a-Generation

"*…It is critical when we think of mentoring that we don't try to change ourselves as women to fit into systems designed for men.* ***It's not women that have to change, it's the power dynamics of the patriarchal systems designed to exclude women****. This is a very important message when we are mentoring both men and women. When you find yourself excluded don't ask 'what's wrong with me?', instead ask 'what's wrong with the system and how does it need to change*?'*…*"

The **five 'Cs**'- **Competence, Commitment, Courage, Change and Compassion**. Roopa*: "And say that those five 'Cs' are what we are looking for in all leaders, all genders, to drive global health leaving no-one behind. "*

Project Syndicate - A New Model of Human Security

Javier Solana https://www.project-syndicate.org/commentary/a-new-model-of-human-security-by-javier-solana-2018-08

"*Between interventionist excesses and tragic cases of inaction, it is clear that the international community still lacks a reliable doctrine of humanitarian intervention. The problem is that* ***current security models are still based on the traditional concept of state sovereignty, rather than focusing on individual dignity***." A bit of a has been perhaps, Javier Solana, but well worth a read.

Devex - Disability mainstreaming 'will not work,' claims head of ICRC

https://www.devex.com/news/disability-mainstreaming-will-not-work-claims-head-of-icrc-93283

"*Director-General of the International Committee of the Red Cross Yves Daccord has said that, in their current form,* ***attempts to mainstream disability into humanitarian programs "will not work" and that the sector must instead focus on a broader approach to "diversity inclusion***." *Daccord told Devex on the sidelines of the Global Disability Summit in London last month that questions of inclusion are "critical," but "I would be very careful now [saying] from the top, let's mainstream*

disability. It won't work. It will not work," he said. He added: "I would much rather label it as including diversity than including people with disability …."

How China, India and the US use healthcare aid to win influence in the Pacific

http://www.abc.net.au/news/2018-08-22/china-india-us-medical-diplomacy-in-the-pacific/10147632

"*As a statement of soft power, a* ***floating hospital*** *packs a punch with a helping hand to poorer nations in need*. "

Key messages: "*China, US and India are all sending hospital ships to woo the Pacific. Australia lacks resources to match Beijing but contributes to US efforts. While popular with locals, the ships can't provide long term medical care. So much so that in the Pacific region major powers are increasingly flexing their humanitarian muscles by sending hospital ships and similar aid missions to the region*."

"…China's 10,000-ton medical ship, **the Peace Ark**, has cut a broad arc through the Pacific, stopping off in Papua New Guinea, Vanuatu and Fiji and Tonga…."

Globalization & Health - Theory and practice of social norms interventions: eight common pitfalls

B Cislaghi et al; https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0398-x

« ***Recently, Global Health practitioners, scholars, and donors have expressed increased interest in "changing social norms" as a strategy to promote health and well-being in low and mid-income countries (LMIC)****. Despite this burgeoning interest, the ability of practitioners to use social norm theory to inform health interventions varies widely.* ***Here, we identify eight pitfalls that practitioners must avoid as they plan to integrate a social norms perspective in their interventions, as well as eight learnings****. These learnings are: 1) Social norms and attitudes are different; 2) Social norms and attitudes can coincide; 3) Protective norms can offer important resources for achieving effective social improvement in people's health-related practices; 4) Harmful practices are sustained by a matrix of factors that need to be understood in their interactions; 5) The prevalence of a norm is not necessarily a sign of its strength; 6) Social norms can exert both direct and indirect influence; 7) Publicising the prevalence of a harmful practice can make things worse; 8) People-led social norm change is both the right and the smart thing to do….*"

UN SDG action database

https://sustainabledevelopment.un.org/content/unsurvey/index.html

"*The UN System SDGs action online database is the UN family's repository of actions, initiatives and plans on the implementation of the 2030 Agenda and the sustainable development goals (SDGs). It contains information made available by UN system entities. It is searchable and is regularly updated. It serves as a useful reference tool for learning about what UN system entities have been doing in support of the implementation of the 2030 Agenda and the sustainable development goals (SDGs*)."

SDG academy (short course, with Jeffrey Sachs)

https://www.edx.org/course/how-to-achieve-the-sustainable-development-goals

"*This 7-week course on How to Achieve the SDGs provides an in-depth look at planning for SDG implementation. The range of topics covers financing, policy development, roles of stakeholders, and more. A comprehensive understanding of the societal transformations needed to achieve the SDGs is conveyed. This course is for: Policy professionals who want to understand frameworks for SDG planning. Sustainable development practitioners seeking knowledge on goals-based development. Advanced undergraduates and graduate students interested in key concepts related to the SDGs*."

It doesn't always need to be 'Star Academy' :)

UHC

Newsweek – India is introducing free health care – for 500 million people

https://www.newsweek.com/india-introducing-free-healthcare-500-million-people-1075607

See also last week's IHP News. The vast project was already announced in February, but Modi now explicitly launched it in his Independence Day speech.

To be implemented from 25th September, the scheme has had quite a multi monicker run - Modicare, Ayushman Bharat Mission (ABM), National Health Protection Mission (NHPM), Pradhan Mantri Rashtriya Swasthya Suraksha Mission (PMRSSM) and now Pradhan Mantri Jan Arogya Abhiyan (PMJAA); **all in the search of coming up with a name that is acceptable to its target beneficiaries**.

PMJAA will provide free healthcare (primarily covering inpatient care) up to INR 5 lakhs (~7100 USD) to each of the 107.4 million deprived and vulnerable target households of the country. Instead of focusing on the increasing investment in public health care, Modi government has allocated around

INR 11000 cr (~1.57 bn USD) for the first year of rolling out this scheme. The program is claimed to change the healthcare landscape in the country by several key officials.

Devex - Opinion: 4 lessons for primary health care from the global response to HIV

B Tritter & J Markuns; https://www.devex.com/news/opinion-4-lessons-for-primary-health-care-from-the-global-response-to-hiv-93298

Worth a read, by two staff members from the **Primary Health Care Performance Initiative**.

"*Reflecting on the decades of successes and setbacks in the global HIV response, **we see four key lessons from the new Lancet-IAS Commission report** to guide future efforts toward strengthening primary health care and achieving health for all….*"

As you recall, "*…Last month, alongside the International AIDS Conference in Amsterdam, the **International AIDS Society-Lancet Commission** launched a groundbreaking report on the future of global health and the HIV response. While acknowledging that HIV-specific efforts have achieved remarkable success, **the authors call for "a new era of global health," focused on strengthening health systems and reaching universal health coverage as an essential strategy to maintain and further success in the fight against HIV and AIDS.** The authors recognize that this effort will succeed only if everyone can access quality integrated health care without financial hardship*."

TMIH – Stakeholder participation on the path to universal health coverage: the use of evidence-informed deliberative processes

Rob Baltussen et al; https://onlinelibrary.wiley.com/doi/abs/10.1111/tmi.13138

"*Health systems are complex, not only in the types of policy choices needed to achieve universal health coverage, but also in the range of stakeholders that need to be involved in their design and implementation. Stakeholders often have different interests by which they value and prioritise policy choices. **This viewpoint argues that the fairness of a decision-making processes, i.e. how stakeholder interests are taken into account, is critical for both the legitimacy and feasibility of strategies to achieve universal health coverage**. We spell out how **evidence-informed deliberative processes can be useful to promote stakeholder participation in policy choices around universal health coverage.** Evidence-informed deliberative processes provide a structured process for making choices and trade-offs between different policy choices, so as to reflect stakeholders' different perspectives. The way these evidence-informed deliberative process steps can be applied depends on the specific health system challenge(s) and the existing decision-making process*."

Planetary health

The Intercept – "Hothouse Earth" coauthor: The problem is neoliberal economics

https://theintercept.com/2018/08/14/hothouse-earth-climate-change-neoliberal-economics/

"***By shifting to a "wartime footing" to drive a rapid shift toward renewable energy and electrification, humanity can still avoid the apocalyptic future laid out in the much-discussed "hothouse earth" paper, a lead author of the paper told The Intercept.*** *One of the biggest barriers to averting catastrophe, he said, has more to do with economics than science. … … Yet embedded within the paper is a finding that's just as stunning: that* ***none of this is inevitable, and one of the main barriers between us and a stable planet*** *— one that isn't actively hostile to human civilization over the long term —* ***is our economic system****. Asked what could be done to prevent a hothouse earth scenario, co-author Will Steffen told The Intercept that the "****obvious thing we have to do is to get greenhouse gas emissions down as fast as we can. That means that has to be the primary target of policy and economics.*** *You have got to* ***get away from the so-called neoliberal economics****." Instead, he suggests something "****more like wartime footing****" to roll out renewable energy and dramatically reimagine sectors like transportation and agriculture "at very fast rates."…"*

Nature (News) Trump unveils plan to weaken greenhouse-gas limits on power plants

https://www.nature.com/articles/d41586-018-06018-8

Over to the real world then:

"***The US Environmental Protection Agency (EPA) has revealed its long-promised plan to relax federal limits on greenhouse-gas emissions from power plants****. The proposal, announced on 21 August, takes direct aim at former president Barack Obama's flagship climate regulation, the Clean Power Plan. But the new EPA plan faces stiff opposition from scientists, environmentalists and many progressive states…*." The **proposal would give states leeway to set their own emissions-reduction goals.**

IISD - Domestic Coalitions in Mexico, Japan and US Unite to Drive Climate Action

http://sdg.iisd.org/news/domestic-coalitions-in-mexico-japan-and-us-unite-to-drive-climate-action/

"The Alianza para la Acción Climática de Guadalajara, the Japan Climate Initiative and the We Are Still In coalition have joined forces to ***launch the Alliances for Climate Action****. UNFCCC Executive Secretary Patricia Espinosa said initiative is* ***an example of "inclusive multilateralism," in which***

***businesses, local leaders and national governments work together to achieve the long-term health of the planet**. Commitments made by non-state actors could halve the emissions gap for 2°C, and reduce the emissions gap for 1.5°C by as much as one third, according to the UNFCCC.*"

Our weekly climate horror section

Guardian - Arctic's strongest sea ice breaks up for first time on record

"***The oldest and thickest sea ice in the Arctic has started to break up, opening waters north of Greenland that are normally frozen, even in summer**. This phenomenon – which has never been recorded before – has occurred twice this year due to warm winds and a climate-change driven heatwave in the northern hemisphere….*"

Guardian - Summer weather is getting 'stuck' due to Arctic warming

"*Summer weather patterns are increasingly likely to stall in Europe, North America and parts of Asia, according to a **new climate study that explains why Arctic warming is making heatwaves elsewhere more persistent and dangerous**. Rising temperatures in the Arctic have slowed the circulation of the jet stream and other giant planetary winds, says the paper, which means high and low pressure fronts are getting stuck and weather is less able to moderate itself.*

*The authors of the **research, published in Nature Communications** on Monday, warn this could lead to "**very extreme extremes**", which occur when abnormally high temperatures linger for an unusually prolonged period, turning sunny days into heat waves, tinder-dry conditions into wildfires, and rains into floods…."*

In short, ""…**What happens in the Arctic doesn't stay in the Arctic".**

Science Alert - Strange Lakes Are Speeding Up Arctic Permafrost Melt, And That's Really Bad News

"*…now NASA-funded research has confirmed that the **expected gradual thawing of the Arctic permafrost is being dramatically sped up by a natural phenomenon** known as **thermokarst lakes**…."*

Environmental health perspectives (Brief Communication)- Pollution and Global Health – An Agenda for Prevention

P Landrigan et al; https://ehp.niehs.nih.gov/ehp3141/

"*Pollution is a major, overlooked, global health threat that was responsible in 2015 for an estimated 9 million deaths and great economic losses. To end neglect of pollution and advance prevention of pollution-related disease, **we formed the Lancet Commission on Pollution and Health**. Despite recent gains in understanding of pollution and its health effects, this Commission noted that large*

gaps in knowledge remain. To close these gaps and guide prevention, ***the Commission made research recommendations and proposed creation of a Global Observatory on Pollution and Health****. We posit that successful pollution research will be translational and based on transdisciplinary collaborations among exposure science, epidemiology, data science, engineering, health policy, and economics.* ***We envision that the Global Observatory on Pollution and Health will be a multinational consortium based at Boston College and the Harvard T.H. Chan School of Public Health that will aggregate, geocode, and archive data on pollution and pollution-related disease****; analyze these data to discern trends, geographic patterns, and opportunities for intervention; and make its findings available to policymakers, the media, and the global public to catalyze research, inform policy, and assist cities and countries to target pollution, track progress, and save lives."*

Nature (News) – The battle for the soul of biodiversity

https://www.nature.com/articles/d41586-018-05984-3?utm_source=briefing-dy&utm_medium=email&utm_campaign=briefing&utm_content=20180822

" A rift in the scientific community is threatening a crucial assessment of the world's disappearing plant and animal life. ***A conflict infecting the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES) pits north against south and science against humanities****. The heart of the question:* ***should you put a price on a species?*** *Some groups say that focusing on the economic benefits of biodiversity, and the contribution of ecosystems to human well-being, pushes a Western perspective on an issue that deeply affects non-Western people. Others say that the language of money is the one that people in power understand. At stake is a planet on the edge of an extinction crisis."*

Huffington Post – Feeling Sick? You May Have A Case Of Climate Change

Sandro Galea; https://www.huffingtonpost.com/entry/opinion-climate-change-health_us_5b770116e4b0a5b1febaf557

"… Warm weather-loving ticks and the Lyme disease they bring with them is just one example of **how our rapidly-heating planet is undermining our health**. It **operates much like a disease. Climate change's "symptoms" include storms and fires, fever and smoke, and the mental and physical health challenges that characterize the long aftermath of disasters**. It is through these hazards that climate change has gotten under our skin, into our lungs and weighed on our minds to the detriment of our wellbeing…."

Infectious diseases & NTDs

Avert - Taking responsibility: how syndemic theory could shift the HIV response

https://www.avert.org/news/taking-responsibility-how-syndemic-theory-could-shift-hiv-response

"*We know that HIV does not exist in a social, political or economic vacuum, yet we often fail to think broadly about the wider context of the life of a person living with HIV. Can* ***syndemic theory*** *provide us with an HIV response that goes deeper*?"

"*HIV epidemics are complex and don't occur in controlled environments.* ***A diverse range of social, economic and political factors can drive vulnerability not just to HIV, but multiple diseases****. This idea of* ***synergistic epidemics – known as syndemics*** *– while not a new concept, was* ***a major talking point at the International AIDS Conference (AIDS 2018) in Amsterdam in July****. Many saw 'syndemic thinking' as being a way to move away from the siloed working of 'AIDS exceptionalism', which has long characterised the HIV response…."*

Science (News) – Swapping daily pills for monthly shots could transform HIV treatment and prevention

Science ;

« *New results are raising hopes for easing one challenge of living with HIV: the need to take daily pills for life, both to ward off AIDS and to lower the risk of transmitting the virus to others. Missing doses can also foster the emergence of HIV strains with drug resistance, a danger both to the person receiving treatment and, if those strains spread, to entire populations. Now,* ***a large-scale study has shown over 48 weeks that monthly injections of two long-acting anti-HIV drugs work just as well as taking daily pills. ViiV Healthcare****, a London-based collaboration between GlaxoSmithKline and Pfizer,* ***revealed the highly anticipated findings in a press release on 15 August****. This* ***shareholder announcement, required by regulatory agencies to inform investors****, offered scant data. But it was welcome news to other researchers studying long-acting anti-HIV medication schemes—and to clinicians who think they could transform both treatment and prevention of HIV infections…."*

The Telegraph - Regional cholera outbreak threat in west Africa as cases increase eight-fold in Lake Chad basin

https://www.telegraph.co.uk/news/2018/08/22/regional-cholera-outbreak-threat-west-africa-cases-increase/?WT.mc_id=tmg_share_tw

"***Cholera outbreak is threatening to sweep further into west Africa's Lake Chad basin after the start of this year's rainy season led to an unusually high spike in cases of the disease, UNICEF has***

***warned**. Although the rainy season has just started, cases of the disease in Nigeria, Niger, Mali and Cameroon – known collectively as the Lake Chad basin – are already up eight-fold compared to the average caseload over the past four years, with more than 23,000 people affected and 388 deaths reported so far. More than 5 million people are living in outbreak areas. Nigeria is currently the most impacted country with some 90 per cent of cases…."*

Stat News - How smartphones are becoming a weapon in the global fight against tuberculosis

https://www.statnews.com/2018/08/21/tuberculosis-smartphones-disease-surveillance/

On the work of Richard Garfein, founder of San-Diego-based SureAdhere and a **pioneer in the use of mobile-phone technology to monitor TB patients**.

Resurgence Measles in Europe

BMJ (News) - Measles: Europe sees record number of cases and 37 deaths so far this year

https://www.bmj.com/content/362/bmj.k3596

"*More than 41 000 children and adults across Europe have been infected with measles in the first six months of 2018 and at least 37 people have died, show figures from the World Health Organization. The number of measles cases seen this year far exceeds the annual totals for every year this decade, which was highest in 2017 when there were 23 927 cases and lowest in 2016 when there were 5273. "Following the decade's lowest number of cases in 2016, we are seeing a dramatic increase in infections and extended outbreaks," said Zsuzsanna Jakab (WHO regional director for Europe)…*"

See also **Sarah Boseley** in the **Guardian** - Resurgence of deadly measles blamed on low MMR vaccination rates.

"… In seven countries (France, Georgia, Greece, Italy, the Russian Federation, Serbia and Ukraine) more than 1,000 children and adults have been infected in the first half of 2018 and at least 37 people have died. …"

See also another **Sarah Bosely analysis** - **Measles is on the rise in Europe – and populism could be to blame**

"*It started with Andrew Wakefield. Now politicians from Beppe Grillo to Marine Le Pen support the anti-vaccine cause*."

Global Public Health – Management and control of yellow fever virus: Brazilian outbreak January-April, 2018

D M Callender et al; https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1512144

""Yellow fever virus (YFV) has a long history of causing human disease. Today, YFV is persevered in jungle environments with occasional sporadic human outbreaks in South America and periodic intermediate human transmissions with occasional urban outbreaks in sub-Saharan Africa. The ever-present risk of outbreak is primarily controlled for via vaccination coverage to vulnerable human populations. Global vaccine supplies have been strained in the setting of recent outbreaks in Africa and Brazil. The increasingly global community of today has placed an ever-growing tension on the management and control of YFV. ***A historic outbreak of YFV in Brazil is tracked from January to April 2018 using the International Society for Infectious Diseases' (ISID) Program for Monitoring Emerging Diseases (ProMed)****. … … Significant topics addressed include urban proximity, vaccination dose sparing with 1/5th standard dose, international travellers, epizootic trends, vaccine hesitancy, and mass immunisation campaigns. These topics are reviewed in detail for the current outbreak in comparison to previous outbreaks. Through close attention to these topics the degree and extent of the current outbreak was attenuated."*

Some links:

The Conversation (by Judith Mueller) - **Africa's meningitis belt:** why there's a case for a booster vaccination drive

And one from the lab:: **Stat +** (gated) Chemists aim to develop a **new class of antimalarials**.

Daily Beast - **The Universal Flu Vaccine** Could Be Here in 2 Years: Study

AMR

Sex, drugs and superbugs: gonorrhea and the antibiotic apocalypse

T Joshi (Univ of Plymouth); https://longitudeprize.org/blog-post/sex-drugs-and-superbugs-gonorrhoea-and-post-antibiotic-apocalypse

If only for the catchy title :)

"The UK declared its first ever case of "super" resistant gonorrhoea this past March (2018)…."

NCDs

Lancet Correspondence – Selected and non-selected non-communicable diseases

N Sartorius; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31500-9/fulltext

""I was delighted to see the excellent Series paper by Melanie Y Bertram and colleagues (May 19, p 2071) dealing with economic issues related to non-communicable diseases, and read the Comments by Richard Horton and Jennifer Sargent and by the WHO Director General, Tedros Adhanom Ghebreyesus, with much admiration. However, I was ***disturbed that the titles of the Series paper and Comments all referred to non-communicable diseases instead of speaking of selected non-communicable diseases.*** *More than a third of the harm caused by non-communicable diseases comes from mental and neurological disorders—ranging from Parkinson's disease and the dementias to schizophrenia, depression, bipolar disorders, and various forms of intellectual disability…"*

*"…****Changing non-communicable diseases to selected non-communicable diseases*** *in the titles of the Series paper and related Comments is not too onerous and would have been a step in the right direction. I hope that in due course it will be possible to go further and* ***give the prevention of mental and neurological disorders, and the care of those who have them and their carers, the attention and priority that they so richly deserve.*** *I am convinced that the choice of words published in one of the world's leading medical journals makes a difference and would speed up progress in this direction…."*

A quick link:

Vox - Dark chocolate is now a health food. Here's how that happened.

Long read. "*The Mars company has sponsored hundreds of scientific studies to show cocoa is good for you*."

Having said that, I love dark chocolate!

Sexual & Reproductive / maternal, neonatal & child health

BMJ News - Brazil's child and maternal mortality have increased against background of public spending cuts

https://www.bmj.com/content/362/bmj.k3583

"Infant mortality in Brazil rose for the first time in more than a quarter of a century in 2016, the same year that an increase in maternal mortality was observed, new data show…."

Lancet Global Health (blog) - After Argentina, other Latin American and Caribbean countries should not be afraid to debate abortion legalisation

M Elder; http://globalhealth.thelancet.com/2018/08/17/after-argentina-other-latin-american-and-caribbean-countries-should-not-be-afraid-debate

"Access to safe abortion services is largely restricted in Latin America and the Caribbean and estimated numbers of abortions have increased in recent years. Laws and regulations governing the procedure differ from country to country. The nature of social activism, and the connection of religion to politics and society also vary. Despite differences, advocates, policy makers, and lawmakers across the region should study the Macri administration's response to local and international calls to action."

Access to medicines

IP-Watch - Can A Surge In Activism Defeat American Big Pharma?

V Bardwaj; http://www.ip-watch.org/2018/08/22/61135/

"… just over a month ago, at a **meeting held at Georgetown University's *O'Neill Institute for Global Health Policy*** *in Washington DC, citizens opened a new front in their efforts to lower drug prices.* ***The gathering****, convened by non-profit advocacy group* ***Public Citize****n, was held under the conference title "****Affordable Meds Now****", brought together civil society activists, physicians, lawyers, patient groups and key senators and congressmen,* ***to activate a new campaign for reforms in drug pricing. …" " … Other experiences shared by veterans of the fight for affordable HIV treatments, who brought the price of drugs from $10,000 per patient per year to $72 per patient per year, sought inspiration from international campaigns, that might inform the domestic fight to lower drug prices…."***

Let's not forget*: ""****The normal average rate of profit is 4-9 percent for any industry that's non pharmaceutical…. For pharmaceutical companies that rate of return is 20 percent****," Suraj Madoori of Treatment Action Group explained at the conference. The extraordinary profits achieved by the US drug industry is not often driven by value-added products being produced, he argued…."*

Stat News - China's first cancer immunotherapy will be priced at about half of what it costs in the U.S.

Stat+

(gated)

"***The blockbuster cancer drug Opdivo will be sold for about $84,000 per year in the Chinese market****, before discounts — meaning that China's first cancer immunotherapy will come at about half the price it costs in the U.S. The price tag for the Bristol-Myers Squibb drug, which is in line with analysts' expectations, will be an* ***early test of whether the Chinese market can support a coming wave of innovative but pricey medicines****…."*

In other news from China, Tainted heart drug from second Chinese firm [was] pulled off EU market (Reuters).

"Heart drugs containing an active ingredient from a second Chinese company are being recalled from the European market after detection of a toxic impurity that may cause cancer…."

See also the Chinese vaccine scandal (which also worries more than a few on the active ingredients used for medicine in the West). See **FT** last week - China drug scandals highlight risks to global supply chain.

Meanwhile, reassuringly, **some (of the concerned) officials in China have been fired**, among others to defuse public outrage, obviously. But as usual, nobody at the very top. *"A Chinese provincial deputy governor and the mayor of a major city were fired Thursday as the ruling Communist Party tried to defuse public outrage over revelations of misconduct by a major vaccine producer. The officials were among four people ordered dismissed following a meeting of the party's ruling Standing Committee led by President Xi Jinping. It ordered a criminal investigation of a fifth official, a former national drug regulator…."*

Human resources for health

SS&M - Community participation in general health initiatives in high and upper-middle income countries: A systematic review exploring the nature of participation, use of theories, contextual drivers and power relations in community participation

F L Hoon Chuah et al; https://www.sciencedirect.com/science/article/pii/S0277953618303769

"…The aim of this systematic review was to examine the evidence for published academic literature on community participation in relation to general, non-disease specific health initiatives, including

the use of theories to inform community participation, and the study of contextual drivers and relational issues that influence community participation, with a focus on high and upper-middle income countries…."

Miscellaneous

Bloomberg - This 27-Year-Old Launches Drones That Deliver Blood to Rwanda's Hospitals

Bloomberg;

" Abdoul Salam Nizeyimana works at one of the world's first drone delivery services. " "…Nizeyimana leads a team of young people in Rwanda who launch and retrieve autonomous drones that deliver blood to remote hospitals."

In other drone-related analysis (Op-Ed), read Devex - Opinion: Drone technology holds great promise across Africa. It just needs the right regulations.

"…**African nations**, however, **have a long road ahead if they are to benefit from drones and the associated industries and innovations they can enable: Only around 14 out of 54 African countries currently have regulations in place.** Some of these are restrictive and disabling, banning civilian use of drones and lacking certification and licensing standards. If governments act now to remove current barriers, they will effectively unlock great potential, taking another giant step toward next-generation, precision agriculture in Africa. … … **Drones governance** is a multisector, multistakeholder issue which must involve all relevant actors in decision making…."

Stat (News) - Newest form of CRISPR corrects genetic disease in viable human embryos, with few errors

Stat News;

(gated) "***Scientists in China have used a next-generation form of CRISPR genome-editing to repair a disease-causing mutation in human embryos, the first use of the technique in viable embryos that were created by a standard fertility clinic technique****. The study is a notable advance over previous attempts to edit human embryos and brings closer the day when genome editing might be used to alter the DNA of early-stage IVF embryos in such a way that the changes would be inherited by subsequent generations, potentially wiping out diseases caused by single genetic mutations…."*

Devex - Aid agencies mull legal risks of coordinating humanitarian cash

https://www.devex.com/news/aid-agencies-mull-legal-risks-of-coordinating-humanitarian-cash-93289

Devex is exploring the **evolution of cash transfers in the aid sector**, in a **series of articles**. "*As donors put more pressure on humanitarian agencies to collaborate on cash transfer programming, many in the sector are already putting their heads together to work out the legal implications of a more joined-up approach."* (gated)

Stat News - Prominent health policy researcher plagiarized colleagues' work, Dartmouth investigation finds

Stat News;

"*A Dartmouth College investigation has concluded that Dr. H. Gilbert Welch, one of the country's most prominent health care policy scholars, committed research misconduct in connection with a paper published in a top medical journal. Welch plagiarized material from a Dartmouth colleague and another researcher at a different institution, according to a letter from the college's interim provost obtained by Retraction Watch. The material was included in a 2016 paper published by the New England Journal of Medicine…."*

Research

Health Research Policy & Systems - The reporting of funding in health policy and systems research: a cross-sectional study

A Khamis, F El-Jardali et al; https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0356-3

« *Major research-reporting statements, such as PRISMA and CONSORT, require authors to provide information about funding. The objectives of this study were (1) to assess the reporting of funding in health policy and systems research (HPSR) papers and (2) to assess the funding reporting policies of journals publishing on HPSR….* »

The conclusions: "*Despite the majority of journals publishing on HPSR requiring the reporting of funding, approximately one-third of HPSR papers did not report on the funding source. Moreover, few journals publishing on HPSR required the reporting of the role of funders, and few HPSR papers reported on that role."*

European Journal of Politics and Gender - Evidence-informed policymaking and policy innovation in a low-income country: does policy network structure matter?

Jessica Shearer, John Lavis et al; http://www.ingentaconnect.com/content/tpp/ep/pre-prints/content-ppevidpol1700094r3;jsessionid=abcdlacqbh7m.x-ic-live-03

"*The application of social network analysis to policy networks continues to grow, including the application of social network analysis tools and concepts in order to explain policy outcomes. Gaps in this field of study persist in terms of both policy issues studied, as well as types of polities or networks analysed.* ***This study extends previous research on the role of network structure in shaping policy outcomes by analysing network structure's effect on the use of research evidence by three health policy networks in Burkina Faso, a low-income West African country, and the resulting innovativeness of the policies made.*** *This comparative case study confirms certain hypotheses related to the effect of network closure and heterogeneity on evidence use and innovation; namely, that* ***heterogeneous networks are more likely to be exposed to new ideas****, and thus to use research evidence and adopt innovative policies.* ***High levels of centralised control and power may support innovation when the new ideas are consistent with the dominant network paradigms; otherwise, new ideas may receive less traction.*** *These findings confirm previous research and point to opportunities to shape networks to achieve innovation and policy change based on the best evidence*."

Health Research Policy & Systems - A systematic review of frameworks for the interrelationships of mental health evidence and policy in low- and middle-income countries

N Votruba et al; https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0357-2

"*The interrelationships between research evidence and policy-making are complex. Different theoretical frameworks exist to explain general evidence–policy interactions. One largely unexplored element of these interrelationships is how evidence interrelates with, and influences, policy/political agenda-setting.* ***This review aims to identify the elements and processes of theories, frameworks and models on interrelationships of research evidence and health policy-making, with a focus on actionability and agenda-setting in the context of mental health in low- and middle-income countries (LMICs)****…."*