

# IHP news 488 : #AlmaAta40 & Modicare

(14 September 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,

Unsurprisingly, September is shaping up as a month chock full of global health policy & HPSR related news and publications, and October won't be much different. We'll keep this intro short then. Among others, this issue will zoom in on the **40<sup>th</sup> anniversary of the Alma Ata declaration** (of course), the final weeks before **UNGA 73** in New York (including the last preparations for the high-level meetings on TB & NCDs), global health security analysis and news (with among others the **Global Preparedness Monitoring Board convening** for the first time in Geneva), **World Suicide Prevention Day**, the **Global Climate Action Summit** in San Francisco, **GBD studies in the Lancet on India (NCDs)**, and much more.

Speaking of India, in this week's Featured Article **Deepika Saluja** (IHP resident & EV 2016) shares some of her **hopes and concerns about "Modicare"**.

And speaking of [Emerging Voices](#), in a few weeks from now the new cohort's F2F program starts in **Liverpool**, about ten days before the "big" HSR [symposium](#) kicks off. The final countdown has started!

Turns out I'm expected to take a bloody [Virgin train](#) to get to Liverpool. Feels about as annoying as sending out Amazon vouchers to winners of the IHP evaluation, taking an Uber cab or flying with Ryanair. In other über-capitalist news, "Liverpool-Manchester City" on 7 October still has a few seats left. Starting from [£ 190](#), ahum. \_ Maybe we need some HPSR crowdfunding "to leave no football fan behind" : )

Enjoy your reading.

Kristof Decoster

## Featured Article

### My hopes and worries for “Modicare”

*Deepika Saluja (IHP resident & EV 2016)*

India’s journey towards Universal Health Coverage (UHC) is gaining special attention since the Modi Government announced the country’s largest health care programme ever, named ‘Ayushman Bharat’ on 1<sup>st</sup> Feb, 2018 - just a year before the general elections scheduled in 2019. By way of example, Richard Horton discusses in this week’s Lancet [Offline Comment](#) how health will likely be a key issue in India’s 2019 general elections, quoting Modi as the first Prime Minister of India “to *prioritize Universal Health Coverage as part of his political platform*”.

The Ayushman Bharat (AB) Programme (which means “blessed India” in literal terms or “healthy India” in the context of health) rests on the [twin pillars](#) of the National Health Protection Mission (NHPM - the secondary & tertiary care social health insurance programme) and the establishment of 150,000 additional Health and Wellness Centres (HWCs- an updated version of primary health centres that will include a focus on wellness as well). In his Independence Day speech, Modi called the health protection scheme “Pradhan Mantri Jan Aarogya Abhiyaan” (PMJAA - meaning the Prime Minister People’s Health Mission). The programme has had quite a multi-monicker journey since its first announcement in Feb, 2018. Its name has been changed several times, all in the quest to find a Hindi name that would be acceptable to its target beneficiaries: from Modicare to National Health Protection Mission (NHPM) to Pradhan Mantri Rashtriya Swasthya Suraksha Mission (PMRSSM, meaning Prime Minister National Health Protection Mission), and now Pradhan Mantri Jan Aarogya Abhiyaan (PMJAA). PMRSSM was interestingly dropped for the presence of the letters “RSS” (Rashtriya Swayasevak Sangh- meaning National Volunteer Organization) in the name, RSS being the Indian right-wing, Hindu-nationalist voluntary organization. For the time being, though, Modicare and NHPM are the names used most frequently.

#### **“Successor” of RSBY & some lessons from my PhD**

Maybe good to know for you: I studied the implementation of Rashtriya Swasthya Bima Yojana (RSBY) in one of the western states of India for [my PhD thesis](#). Using a theory based evaluation, I identified the accountability mechanisms available in the programme design of enrolment and tried to understand how they functioned on the ground. Based on my 8-9 months of extensive field experience interacting with multiple stakeholders from all levels (public as well as private; national, state, district as well as local), I found that most of these mechanisms largely played a symbolic role. Hence, I have some serious concerns about the design and implementation of this newly announced AB-NHPM, as in many ways it’s the successor of RSBY. Let me explain a bit more in detail below, after elaborating how NHPM differs from RSBY.

The National Health Protection Mission (NHPM) aims to provide free access to secondary and tertiary care to over 100 million households for a coverage of up to INR 5 lakhs (~7000 USD) annually, without any limit in terms of family size and age of the household members. RSBY, NHPM’s predecessor introduced in 2008, provided a financial coverage of INR 30000 (~500 USD) for a family of up to 5, to ~36.33 million households (against the target of 60 mn households). While the target population for RSBY was primarily the Below Poverty Line (BPL) population (based on the 2001 Census in a majority of the implementing states) along with a handful of unorganized sector categories, NHPM has

improved upon this, by considering the Socio-Economic Caste Census, 2011 to identify its target beneficiaries. Still, a lag of 7 years will result in the exclusion of some eligible beneficiaries.

Enrolment (mandatory in RSBY) has been eliminated and replaced by the beneficiary identification process for AB-NHPM at the point of contact for health care i.e. healthcare facilities. Elimination of the first point of contact with the beneficiaries via enrolment in NHPM, makes the role of Information, Education and Communication (IEC) activities even more critical, as the beneficiaries need to know about their eligibility for the programme, programme features and benefits and ways to access it. Do not assume that the current mass media coverage on Modicare will inform the beneficiaries of all these details.

Similar to RSBY, NHPM aims to provide cashless, paperless transactions to its target beneficiaries with portability features, i.e. beneficiaries can get the treatment through any empaneled public or private hospital across the country. Evidence from RSBY implementation pointed to [difficulties in settling inter-insurance claim settlements](#) (in terms of delays and rejections). Also, like in RSBY, the new scheme will cover all pre-existing illnesses, pre-hospitalization, post-hospitalization and transportation expenses, though the literature on RSBY reports beneficiaries who received treatment under RSBY [incurred OOP expenditures particularly on medicines and diagnostics](#). The National Health Agency (NHA) and State Health Agencies (SHAs) – the agencies established at central and state levels respectively to manage and monitor the implementation of the programme, will have to ensure that the implementation of NHPM improves upon the mistakes identified in the implementation of RSBY, and make evidence-informed decisions.

Findings of my Ph.D. thesis also highlighted other critical issues in the design and implementation of the RSBY, more in particular the involvement of private actors at multiple levels (Insurance companies, Third Party Administrators, Smart Card Service Providers and hospitals); their varying power relations with different levels of the government machinery, lack of clarity on specific roles and responsibilities of each of these implementing actors, often leading to poor communication and weak co-ordination amongst them while working on the ground, and all this coupled with weak accountability mechanisms. It is clear that many of these concerns will need to be addressed if implementation of NHPM is to be effective on the ground.

Apprehensions on the involvement of the private sector, and regulatory and monitoring elements in the design of NHPM make the findings of my thesis even more pertinent. In the absence of adequate accountability mechanisms, challenges like overutilization of health care services through over-prescription of diagnostics and treatment, converting outpatient into inpatient care, selectively choosing profitable cases or hospitals charging for cashless procedures are quite foreseeable, having been highlighted several times in the implementation literature of RSBY.

Nevertheless, 'Modicare' is seen as a significant step towards achieving the twin targets of SDG 3.8 of reducing the financial burden and increasing population coverage. India's Health Minister, JP Nadda claims that '*NHPM is going to be one of the world's largest social health insurance programmes due to its sheer numbers and this scheme shall be a game changer for the Indian Healthcare*'. Along with its preventive arm of establishing 150,000 HWCs aiming to provide comprehensive primary health care, AB can also be seen as improving on the third element (the other two being financial coverage and population coverage) of the "UHC cube", i.e. improving access to a wider range of health care services. As NHPM gets the bulk of the attention, it is feared, however, that [the HWCs might not receive their due resources](#).

### **Quality concerns**

In addition, while the focus is largely on increasing service coverage to ~40% of the country's population, another potential challenge the scheme will face is the quality of services delivered. A Lancet [article](#) published coinciding with the launch of The Lancet Global Health Commission on High Quality Health Systems in the SDG era reported that 2.4 mn people in India yearly die due to treatable conditions, out of which 1.6 mn (~66%) die due to poor quality of health care, and the rest due to non-utilization of health care. While 'Modicare' would potentially increase the utilization of health care services in India, it should also at the same time focus on ensuring (and improving) the quality of health care services delivered through its empaneled hospitals and HWCs.

Around 6000 private hospitals are expected to join NHPM, but not all would be accredited by the National Accreditation Board for Hospitals and Health care providers (NABH), an accreditation board established by the Quality Council of India (QCI) to ensure quality standards in the delivery of healthcare. Only [540 hospitals across the country have NABH accreditation](#) currently and not all of them may join NHPM. Given the incentive of 15% higher rates for approved treatments to NABH accredited hospitals and 10% higher rates to entry-level NABH hospitals, a rise can be expected (not sufficient, though) in the accreditation of hospitals as NHPM implementation takes off. With respect to the HWCs, other than the inauguration news of these centres in different parts of the country, there's not much information on the availability and utilization of resources in terms of staff, medicines, medical equipments etc. and more importantly on how the quality of services delivery in these centres will be monitored. By the way, focusing on quality would also need integration with other social determinants of health like clean drinking water, hygienic toilets, nutritious food etc. as well as appropriate handling of bio-medical waste, especially in the hospitals, to prevent any hospital-acquired infections (but also in their homes).

### **Current picture & hope for a good start of Modicare**

With the soft launch of NHPM by Modi on Independence Day, we now have 30 states and union territories on board (with Tamil Nadu being the latest to join). 21 out of the 30 states who agreed to be a part of NHPM are opting for the "trust model" (where the state establishes a trust and handles the entire implementation of the programme) as opposed to the "Insurance model" (where the state contracts out the insurance services to the insurance companies). With changes in the implementation design model, it won't be easy to avoid state capacity deficits and other issues of alignment of central and state level schemes with respect to population coverage, financial coverage as well as service coverage, that much is clear. It would also be important for the states to have clearly defined roles and responsibilities for each of the implementing actors to avoid any ambiguities at the time of roll out.

On a more positive note, pilots have now started in more than half of the agreed states and [the first claim](#) under NHPM has already been raised from a public hospital in Haryana for a new born baby girl.

If Modicare is implemented effectively, the landscape of Indian Health care will indeed substantially be transformed in the coming years. With the official launch date of 25<sup>th</sup> September quite near, the NHA and SHAs will have to gear up their preparation for the implementation of NHPM. As hiccups can be expected and are only normal if such a huge scheme is to be rolled out, hopefully these agencies will turn out to be 'learning systems', being quick and responsive in addressing these initial hiccups.

Last but not least, I also hope that Modicare doesn't get caught in a similar destructive polarization process as is the case in the US for Obamacare. Indians need UHC, more than ever.

## Highlights of the week

### 40<sup>th</sup> anniversary of “Alma Ata”

Yes - enter a “Desperate Housewives” voiceover - , this was the week that 40 years ago, the Alma Ata Declaration saw the light. If you first want to re-read the **original Alma Ata declaration**, see [Alma Ata Declaration - 1978](#).

#### Anniversary Events

- On Wednesday (12 September), the 40<sup>th</sup> Anniversary of the Alma Ata Declaration was **celebrated at the John Hopkins Bloomberg School of Public Health** with a keynote speaker session by Dr. Rita Thapa, who was present in that room at the time of signing the declaration on September 12, 1978. Representing Nepal at Alma-Ata, she recalls “*the declaration as a singular moment in her life and career*”. On the same day, 40 years later, Dr. Thapa shared her journey and reflections on how things have changed over the past 40 years, and how promising the future looks (see [GHN: the lessons from Alma Ata](#)).
- We already want to flag here another **upcoming Alma Ata 40 event, in Antwerp** which will take place just a few days before the Astana conference in October.

**23<sup>rd</sup> Oct, 2018: International Symposium at the Institute of Tropical Medicine, Antwerp, Belgium 40 years after Alma-Ata: Primary health care in 2018 and beyond, in south and north.**

For more details, see [here](#). For the **Concept Note**: [40 Years After Alma-Ata Symposium - Concept note](#)

#### Some reads & analysis

### Ongoing blog series on Alma Ata 40 by the Health and Human Rights Journal

With among others:

Recommended: [ALMA-ATA at 40: Civil Society Continues the Commitment to Health for All](#)

Even more recommended: [ALMA-ATA at 40: Time for a Critical Health Economics](#) (by Sara Davis)

Excerpt: “...**Human rights and health economics could be complementary.** Global rights standards, including Alma-Ata, recognize inequality, discrimination, and other barriers to accessing health services, but are frankly unrealistic about budgetary constraints and data gaps. Health economics tools may be realistic about resource constraints, without addressing the complex barriers discrimination and inequality create to accessing health for those most often left behind. To move beyond this impasse, **human rights scholars and health economists should come together to forge a critical health economics that recognizes that health is the product of a political context, one that shapes data and even research agendas.** More broadly, **we also need to work together to challenge the concept of the limited bucket of funds—the paradigm of scarcity** that is becoming increasingly normalized, at a moment of starkly growing global inequality...”

Check out also [ALMA-ATA at 40: Revisiting the Declaration](#).

## JH analysis

David Bishai et al, in JH magazine - [Primary Health Care For All—Alma-Ata Declaration's 40th Anniversary](#) Recommended!!

If you can't get enough of David Bishai, read also [From Alma Ata to Astana: our fork in the road towards achieving health for all](#)

## Medical History - Visualising Primary Health Care: World Health Organization Representations of Community Health Workers, 1970–89

A Medcalf & J Nunes; <https://www.cambridge.org/core/journals/medical-history/article/visualising-primary-health-care-world-health-organization-representations-of-community-health-workers-197089/A65B47A10DE38F003CD72B7AF552A445>

Fascinating article & one of the reads of the week.

*“For the World Health Organization (WHO), the 1978 Alma-Ata Declaration marked a move away from the disease-specific and technologically-focused programmes of the 1950s and 1960s towards a reimagined strategy to provide ‘Health for All by the Year 2000’. This new approach was centred on primary health care, a vision based on acceptable methods and appropriate technologies, devised in collaboration with communities and dependent on their full participation. **Since 1948, the WHO had used mass communications strategies to publicise its initiatives and shape public attitudes, and the policy shift in the 1970s required a new visual strategy.** In this context, **community health workers (CHWs) played a central role as key visual identifiers of Health for All.** This article examines a period of picturing and public information work on the part of the WHO regarding CHWs. **It sets out to understand how the visual politics of the WHO changed to accommodate PHC as a new priority programme from the 1970s onwards.** The argument tracks attempts to define CHWs and examines the techniques employed by the WHO during the 1970s and early 1980s to promote the concept to different audiences around the world. It then moves to explore how the process was evaluated, as well as the difficulties in procuring fresh imagery. Finally, the article traces these representations*

*through the 1980s, when community approaches came under sustained pressure from external and internal factors and imagery took on the supplementary role of defending the concept.”*

## **Newslick – Why access to health care is a bigger problem than quality in India**

<https://www.newslick.in/why-access-healthcare-bigger-problem-quality-india>

We are 40 years later now. This article was, among others, recommended by Rob “UHC” Yates. And one of the first reactions to the HQSS report from last week, focusing on India.

With the launch of Lancet Commission on High Quality Health systems in the SDG era, the article points to the general trend of discussions being drifted towards quality of care in the Indian Health care system but also highlights that with this shift in the focus on quality, the persistent question of access to healthcare does not become any less important.

(Read the featured article of this edition for a detailed review of Ayushman Bharat)

## **Final preparations/negotiations for HL meetings on TB & NCDs at UNGA 73**

### **IP-Watch - Shhh ... UN Declaration On Tuberculosis Draft Text Out For Approval**

<http://www.ip-watch.org/2018/09/11/shh-un-declaration-tuberculosis-draft-text-approval/>

*“Negotiators’ agreed draft text for a United Nations political declaration on ending tuberculosis worldwide has been posted for all member states to see, and negotiators hope, not comment on. Under a UN procedure, the text has been placed “under silence” until 10:00am New York time on 14 September. If no one breaks the silence, the text is considered agreed and will advance to the High-Level Meeting on tuberculosis on 26 September as part of the annual UN General Assembly....”*

Not sure everybody is [“enjoying the silence”](#) : )

For the **draft political declaration**, see [here](#).

*“...The compromise was reportedly negotiated by representatives from the United States and South Africa. South Africa broke the silence in late July after the draft followed a US demand and stripped out all reference in the operative paragraphs to the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). The 16-page draft declaration sets out principles – such as the basis that TB is preventable and curable, and affects all populations but inequitably – and a series of fairly broad commitments, such as to build capacity, promote and encourage research, and mobilize funding. The declaration calls for a progress report in 2020, and a next heads of state-level High-Level Meeting in 2023.”*

And a **tweet**: “New text made public for #UNHLMTB declaration. **language on #TRIPS promoting public health is back in the text**. US was responsible for its removal earlier while South Africa played a very critical role in bringing it back to the table.” (Cfr paragraph 19)

## EPHA - What to expect from the UN Heads of State meeting on NCDs in September?

[EPHA](#);

Excellent & hard-hitting analysis by **Nina Renshaw** (Policy & Advocacy Director NCD Alliance) **Must-read!** “... at this late stage of the negotiations of the Political Declaration, the draft text that Heads of Government and State will sign in September is lacking in the strength, clarity and ambition needed to turn the tide on NCDs and their toll of preventable premature mortality.”

For more uplifting expectations on the NCD HL meeting (scheduled for 27 September), we refer to the **tweets from Menno van Hilten** (WHO). For example:

“Health Attaché in Geneva: “The **overarching message at #HLM3 #NCDs will be optimistic**. Almost 10M premature deaths from NCDs can be avoided by 2025 if Presidents and Prime-Ministers decide to implement the 16 @WHO best buys for NCDs endorsed by the World Health Assembly in 2017.”

“Diplomat in Geneva: “**The world is reaching an inflection point**. #HLM3 is the time for Presidents and Prime-Ministers to intensify their efforts during the next 3-5 years to put their country on track to attain #SDGs target 3.4 on #NCDs by 2030”.

## Global health security

### Global Preparedness Monitoring Board convenes for the first time in Geneva

<http://www.who.int/news-room/detail/10-09-2018-global-preparedness-monitoring-board-convenes-for-the-first-time-in-geneva>

Earlier this week, “**WHO and the World Bank Group convened the first meeting of the Global Preparedness Monitoring Board (GPMB), a new body set up to monitor the world’s readiness to respond to outbreaks and other health emergencies**. The GPMB is **chaired by Dr Gro Harlem Brundtland**, former Prime Minister of Norway and former WHO Director-General and **Mr Elhadj As Sy**, Secretary General of the International Federation of Red Cross and Red Crescent Societies, and includes some of the most notable leaders in global health...”

“The GPMB has been established to monitor progress, identify gaps and advocate for sustained, effective work to ensure global preparedness. At its first meeting at WHO’s headquarters in Geneva, the GPMB today discussed key issues in global preparedness and agreed its terms of reference and governance structure. **The board aims to publish its first report on the global state of preparedness in September 2019.**”

For the **short speech by dr Tedros** at the occasion, see [here](#).

## CNN - The decline in virus sample sharing is not just about China

T Bollyky & D Fidler ; <https://edition.cnn.com/2018/09/08/opinions/china-virus-sample-sharing-bollyky-fidler/index.html>

“...US and global health officials have been concerned about China's sporadic sharing of H7N9 samples since 2013. **The lack of sharing over the past year fits this pattern and does not appear to be a response to the Trump administration or its policies on trade....**”

...It would be comforting to believe that the lack of sample sharing was the fault of a single bad actor and could be resolved with an easing of trade tensions. **The more troubling reality, however, is that the global system for influenza sample sharing generally may be weakening....**” The Pandemic Influenza Preparedness (PIP) Framework, that is.

See a **poetic tweet**: "T.S. Eliot famously wrote that the world would end with a whimper rather than a bang, but a cough might be the likelier scenario." @D\_P\_Fidler & I on #China virus sharing”

## The Conversation - Flu plane: are we really ready for a global pandemic?

M E Turner; [https://theconversation.com/flu-plane-are-we-really-ready-for-a-global-pandemic-102789?utm\\_medium=amptwitter&utm\\_source=twitter](https://theconversation.com/flu-plane-are-we-really-ready-for-a-global-pandemic-102789?utm_medium=amptwitter&utm_source=twitter)

No. Coming back on last week's uproar on the Emirates airliner in NY, Turner argues: “...*But if these events really were the start of a flu pandemic (a worldwide spread of a disease), the world is vastly unprepared for it. There is poor public health surveillance in many parts of the world, **there aren't enough vaccines to go around** and the **international legal framework** designed to ensure vaccines get to the poorest countries is **not fit for purpose.***”

Put differently: “...*If the next pandemic is severe, millions of people will die, largely in poorer countries, and largely because they have no access to a vaccine – the one thing that the PIP framework was meant to resolve.*”

## ITM magazine - This autumn... Africa takes charge!

[Africa takes charge of its health agenda.](#)

In this 7th issue the spotlight is on **Dr John Nkengasong**, ITM alumnus and now **at the helm of the African CDC**. Much recommended interview!

## The Hill (Op-ed) - We can keep synthetic biology miracles coming by investing in US research

G Gronvall; <http://thehill.com/opinion/healthcare/405908-we-can-keep-synthetic-biology-miracles-coming-by-investing-in-us-research>

“...*The U.S. is currently the dominant force in the synthetic biology field, boasting biotech companies like Synlogic as well as major research centers. However, **the U.S. can't afford to be***

**complacent.** Other nations have evaluated the potential for synthetic biology to improve their economies, and have invested accordingly, including the UK, France, Japan, Germany, and especially China. China's science is growing in significance, but the indicators for U.S. science are going the other way...."

Op-Ed by **Gigi Gronvall**, a senior scholar at the Johns Hopkins Center for Health Security and author of **Synthetic Biology: Safety, Security and Promise**.

## **Ebola outbreak DRC – “Coming days will be critical for trajectory outbreak” (WHO)**

**Cidrap – Ebola infects 5 more in DRC, lifting total to 137**

<http://www.cidrap.umn.edu/news-perspective/2018/09/ebola-infects-5-more-drc-lifting-total-137>

*“The Democratic Republic of the Congo (DRC), in updates yesterday and today, **reported five more confirmed Ebola cases, including two from the urban hub of Butembo, one of which involves a health worker from a clinic where the city's first case had been treated.** In a related development, the World Health Organization (WHO) said in an update yesterday that a lot of progress has been made in 6 weeks, and cases and deaths in the past week declined significantly. It added, however, that **community resistance, weak infection prevention and control practices in health centers, and risk of virus spreading to insecure areas are still major threats.** Some areas have stabilized, but the WHO said **Beni is the new hot spot**, and response activities are scaling up to ease the impact of potential clusters in Butembo and in Masereka health zone, the latest new areas to report cases. **“The coming few days will be critical in determining the trajectory of the outbreak,”** the agency said....”*

The current Ebola outbreak is, till now, the 8<sup>th</sup> largest epidemic of the disease ever.

See also some **tweets from Helen Branswell (Stat)** from yesterday:

1. **“The coming few days will be critical in determining the trajectory of the outbreak.”** So says **@WHO in its latest #Ebola situation report.** There's been a drop in new cases, but **significant challenges still face the response operation, including some community resistance.**

2. **@WHO has been reporting for a while that people in the Ndindi neighborhood of Beni, in particular, haven't been cooperative with containment efforts.** As yet, though, I haven't seen/heard a figure on percentage of people offered #Ebola vaccine who have refused it.

3. **Report says 17 health workers have been infected with #Ebola, and 3 have died. Believe this is now 18.** Yesterday the **@MinSanteRDC report, which is based on more current data, revealed another HC worker infection.**

4. **@WHO #Ebola sit rep updates on the patients who've received experimental Ebola therapies.** Based on data to 6 Sept, 29 patients were given therapies; 9 of them died. It notes, though, that all who died were in end-stage disease when admitted. Likely nothing works then. -30-

## Lancet Comment – Addressing the fragmentation of global health: the Lancet Commission on synergies between universal health coverage, health security, and health promotion

Gorik Ooms, Irene Agyepong et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32072-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32072-5/fulltext)

*“Global health is fragmented. Many stakeholders pursue their own agenda while neglecting other important goals for global health. Some global health actors, for example, focus on strengthening health security without attention to universal health coverage (UHC), primary health care (PHC), and population-based health promotion. Prevention is a key part of PHC and UHC, but efforts to ensure PHC or make progress towards UHC often do not include population-based prevention efforts...”*

*“The Lancet Commission on synergies between UHC, health security, and health promotion aims to overcome fragmentation and realize the potential for coherence in global health. The Commission will systematically examine intersections between these leading agendas in global health.., identify a set of key policies, institutional capacities, decision-support systems, and interventions that each contributes across the three agendas and makes progress in one area amplify progress in the others. The findings will help the many and diverse stakeholders in global health better align their efforts, cooperate more efficiently, and save and improve more lives.*

*“The synergies Commission will be co-chaired by Irene Akua Agyepong and Gorik Ooms and hosted by the London School of Hygiene & Tropical Medicine, the Norwegian Institute of Public Health, and the Heidelberg Institute of Global Health.”*

*“...The synergies Commission has its first meeting in London, UK, on Sept 10–12, 2018, and aims to publish its final report in 2020.”*

## The Lancet on Dairy consumption & cardiovascular disease: “Dairy food in moderation might protect the heart”

Lancet - Association of dairy intake with cardiovascular disease and mortality in 21 countries from five continents (PURE): a prospective cohort study

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31812-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31812-9/fulltext)

*“A cohort study analysing data from 21 countries shows that diets with a high dairy consumption are associated with lower rates of mortality and cardiovascular disease.”*

For the accompanying Lancet Comment: [No need to change dairy food dietary guidelines yet.](#)

Some key messages via the **press release**:

*“The Lancet: Dairy consumption linked to lower rates of cardiovascular disease and mortality*

*Global study finds that diets that include whole-fat dairy were linked to lower rates of cardiovascular disease, compared to those that didn't. Authors say that regions with lowest intakes including south Asia, southeast Asia and Africa may benefit from increased consumption of dairy.*

*Dairy consumption of around three servings per day is associated with lower rates of cardiovascular disease and mortality, compared to lower levels of consumption, according to a global observational study of over 130,000 people in 21 countries, published in The Lancet. In addition, the study found that people who consumed three servings of whole fat dairy per day had lower rates of mortality and cardiovascular disease compared to those who consumed less than 0.5 serving of whole fat dairy per day.*

*The findings are consistent with previous meta-analyses of observational studies and randomised trials, but stand in contrast to current dietary guidelines which recommend consuming 2-4 servings of fat-free or low-fat dairy per day, and minimising consumption of whole-fat dairy products for cardiovascular disease prevention. ...*

Guardian coverage (Sarah Boseley): [Dairy food in moderation 'may protect the heart'](#) “Three small portions of dairy a day may actually protect against heart disease and stroke.”

## **World Suicide Prevention Day - 800,000 people commit suicide every year: WHO**

UN News - [Every year, close to 800,000 people commit suicide, the second leading cause of death amongst people aged 15-29 in 2016.](#)

WHO released a **new suicide prevention [toolkit](#)** to mark World Suicide Prevention Day.

## **GFF**

**Simon Wright – A Global Financing Facility for long-term change is what we need**

[Save the Children;](#)

Wright (Save the Children) gives the perspective from various actors on the GFF (and its perceived advantages).

Excerpt: “ ... **For the World Bank** – and for others who see that, in a time of stagnating resources, innovative solutions are needed if countries have any hope of making fast progress towards the Sustainable Development Goals – **the GFF is important because it is a mechanism to get countries to make better use of World Bank money.** Health and nutrition often miss out on International Development Association (IDA) and International Bank for Development and Reconstruction (IDRB) grants and concessional loans as they are traditionally used for economic infrastructure. World Bank President Jim Kim is pushing countries to use these facilities for health and the GFF mechanism is already showing results. However, loans have to be repaid and are suitable for investments but not for the ongoing running costs of a functioning health service. **For me, the GFF is most exciting as an opportunity to encourage countries to increase their own domestic resources for health and nutrition.** The only substantial and long-term solution is for governments to tax fairly and allocate sufficient resources. This is especially true as countries transition from aid mechanisms like Gavi and the Global Fund....”

As you know the **GFF replenishment** takes place on 6 November, in Norway. 2 billion is the target.

## Aid & development trends

In this section, we'll provide some news, analysis & trends on various traditional & new donors (whether they like the term 'donors' is another question).

### Japan and China take first step toward joint infrastructure abroad

<https://asia.nikkei.com/Politics/International-Relations/Japan-and-China-take-first-step-toward-joint-infrastructure-abroad>

*“Japan and China are moving ahead with their plans to cooperate on overseas infrastructure projects, with a newly established public-private committee scheduled to hold its first meeting in late September in Beijing. ... Japanese Prime Minister Shinzo Abe and Chinese Premier Li Keqiang met in Tokyo in May and agreed to cooperate on infrastructure projects in third countries. ... Japan aims to avoid excessive competition with China on infrastructure projects by collaborating. Showing support for Beijing's Belt and Road Initiative could also lead to better bilateral ties. China, for its part, seeks to avoid being labeled overseas as a disreputable investor by bringing Japan on board....”*

If you can't beat them, join' em, Abe probably thinks.

### Duke Center for Policy Impact in Global Health (Analysis) – The Forum on China-Africa cooperation summit: what is it and why does it matter to global health?

K Kennedy; <http://centerforpolicyimpact.org/2018/09/10/the-forum-on-china-africa-cooperation-summit-what-is-it-and-why-does-it-matter-to-global-health/>

Must-read analysis of the FOCAC meeting (and pre-events) by **Kaci Kennedy** - from a global health policy angle. The conclusion: “*The FOCAC 2018 Summit—as with most of China's high-level forums— involves a decent amount of pomp and circumstance. However, these declarations and high-level*

*forums give us an opportunity to see China's priorities. FOCAC reaffirms health as a focal point of China's diplomatic engagement with Africa, and comes as development assistance for health (DAH) continues to stagnate. The 2018 FOCAC summit and its relevant side meetings reaffirm that China is positioning itself to lead in this area."*

For an overview of what was decided at FOCAC (in terms of health), see also **UNAIDS news** - [Leaders from China and Africa come together to build stronger and healthier communities](#)

Some **other quick links with analysis on FOCAC:**

**CGD (blog) (by Scott Morris)** - [Fearing Marxism in Chinese Financing](#)

*"The Trump administration is worried about the role of Chinese finance in spreading Marxism around the developing world. But **it's Chico Marx, not Karl, that they should be focused on.** Groucho Marx's brother famously asked in Duck Soup, "who you going to believe, me or your own eyes?"*

**Quartz** - [African countries want more "win" from the win-win, but China isn't quite ready.](#)

**Guardian** – **Russia's scramble for influence in Africa catches western officials off-guard**

<https://www.theguardian.com/global-development/2018/sep/11/russias-scramble-for-influence-in-africa-catches-western-officials-off-guard>

*"Russia is engaged in a frantic new scramble for influence in Africa, which is being spearheaded by a rash of **military cooperation and arms deals** signed across the continent in 2018...."*

Apparently, this is the only niche in which Russia is 'competitive'.

**Devex** - **Macron's development vision takes shape**

<https://www.devex.com/news/macron-s-development-vision-takes-shape-93375>

*"It's been an eventful end to the summer in French development, as **President Emmanuel Macron begins to push his vision for aid.** Addressing ambassadors in Paris at the end of last month, Macron **called for a new law to encapsulate his development agenda**, saying he wanted to foster "solidarity investment" ["investissement solidaire"], including more partnerships with civil society, youth, business, and diasporas, and more money for ambassadors to support local initiatives. Those points were among the recommendations in a government-commissioned **report** delivered the previous week by Hervé Berville, a member of parliament from Macron's La République En Marche party.*

*Then, last Monday, **the French aid agency, Agence Française de Développement, issued its strategic plan for 2018-2022**, as French Foreign Minister Jean-Yves Le Drian announced **France would quadruple its grant assistance to €1.3 billion in 2019 to better reach 19 priority countries in Africa....** ... **Macron aims to hit 0.55 percent of gross national income spent on official development***

*assistance by the end of his mandate in 2022 — up from 0.38 percent in 2016, a step toward the 0.7 percent United Nations-set benchmark. ... **The strategic plan outlines five overarching commitments for AFD: To be 100% “compatible” with the Paris Climate Agreement; to ensure all projects reinforce social cohesion and well-being, including access to education and gender equality; to engage in fragile contexts in close collaboration with defense and diplomatic efforts; to increase financing for non-state actors; and to work with new partners to boost knowledge-sharing and effectiveness....***”

## Partnership EU & Africa

Meanwhile, in his annual **State of the Union**, [“The European Commission President Jean-Claude Juncker said on Wednesday the continent’s regional bloc will propose a new alliance with Africa, that will create up to 10 million jobs.”](#)

“Today, we are proposing a **new Alliance for Sustainable Investment and Jobs between Europe and Africa**, that would help create up to 10 million jobs in Africa in the next 5 years alone,” Juncker said.

Some more evidence that the EU, like most other countries, is **shifting from an aid-centered approach to a partnership approach** with Africa.

See also analysis by Vince Chadwick in [Devex - EU announces new economic package on Africa.](#)

[Including:](#) “*...For Brussels, the worst-case scenario would be a loss of both political and economic clout in Africa to the likes of China and Brazil, a senior EU official told Devex. In that scenario, African leaders “couldn’t care less about migration to Europe, so they say ‘whoever wants to leave to Europe, leaves to Europe.’” Hence why EU leaders are meeting next week to consider offering more aid as an incentive for African states to help prevent illegal migration.*”

Some other reads:

CSIS brief - [The World is Coming to Sub-Saharan Africa. Where is the United States?](#)

*“Sub-Saharan Africa’s foreign counterparts are forging closer partnerships with the region because they see new openings for trade and investment, as well as growing threats from terrorism, criminality, epidemics, and irregular migration. Just like China, these countries believe that Africa is increasingly important to a wide range of economic, security, and political goals. This uptick in engagement represents a **sea change in Africa’s foreign relations**. While many of these countries—including China and the Gulf States—have been involved in the region for decades, **the sheer number of countries and significant influx of resources have reshaped the landscape**. The United States paradoxically is stepping away from the region while the rest of the world is leaning in. ...”*

Devex on UK aid:

[Aid minister does not need signoff on ODA spending, says UK government](#)

*“The United Kingdom government has rejected a proposal to give the secretary of state for international development ultimate oversight and signoff on aid spending, as ever-more official development assistance is spent outside her department....”*

[UK will 'continue to reassess' its use of ODA definition if reforms cannot be made](#)

*“The United Kingdom’s Department for International Development has reaffirmed it is not afraid to break the international rules governing aid spending and hinted it could run with its own definition if it does not achieve the “modernization agenda” it is seeking. The Organisation for Economic Co-operation and Development’s Development Assistance Committee currently sets the rules for its 30 member countries, covering the majority of development aid spent globally. However, the U.K. has been pushing for several years to broaden what can be counted as official development assistance under the committee’s rules....”*

## South-South Cooperation Day

**UN News - South-South Cooperation Day focuses in on sustainable development, a ‘new phase of cooperation’**

<https://news.un.org/en/story/2018/09/1019172>

*“As part of the **40th anniversary of the International Day for South-South Cooperation**, the United Nations drew together on Wednesday, more than 100 best-practices developed in the countries of the Global South, which embody the 17 Sustainable Development Goals (SDGs) and 2030 Agenda for Sustainable Development.”*

PS: a tweet - *On the occasion of the UN #SouthSouthCooperation Day #SSC, the #G77 & China Geneva Chapter and @South\_Centre join hands to organize a very first brainstorming meeting in preparation of the Second High-Level United Nations Conference on #SouthSouth Cooperation #BAPA40 !*

It’s clear that South-South Cooperation is surging in the SDG era.

## Global Partnership on Effective Development Cooperation meeting in Paris - 2018 Monitoring round

*“The biennial, voluntary Global Partnership monitoring is led by country governments and brings together bilateral and multilateral organisations, the private sector, civil society and parliaments, among others, to strengthen the effectiveness and results of their partnerships at country level.”*

## Jonathan Glennie – Balancing Scope with Accountability – A Challenge for Development Effectiveness

<http://effectivecooperation.org/2018/09/balancing-scope-with-accountability-a-challenge-for-development-effectiveness/>

**Must-read analysis by Glennie** ahead of this meeting in Paris, reflecting on what has become of the ‘aid effectiveness’ agenda and ‘Paris’ since 2005. He sees some steps forward, and some backward.

Excerpts:

*“...Fast forward to 2018 (via major meetings in Accra, Busan, Mexico City and Nairobi, and hundreds of smaller meetings besides) and **two main things have happened**. First, **the focus on better aid has become hardwired into the international development community**. Perhaps the most telling demonstration of this is the number of impact evaluations now being carried out, many of a detailed, often randomised, nature. Before Paris these were few and far between – today they are par for the course. And **second, the language of aid effectiveness has evolved into a focus on ‘effective development co-operation’ or ‘development effectiveness’**. This reflects the broadening out from an obsession with aid to an understanding that with all forms of finance, resources need to be harnessed to further global progress, whether public, private or philanthropic, both domestic and international.*

*“... **Paris is dead**’. I thought at the time he was being a bit melodramatic, but I soon began to see his point. **By expanding the scope of the effectiveness agenda, to cover more sectors, more themes, more geographies, it soon became impossible to maintain that process of holding the powerful (donors et al) to account for their spending decisions.** ... .. **But while ‘impact’, ‘effectiveness’ and ‘results’ are now at the heart of every keynote speech on aid and development, ‘ownership’ and ‘participation’ are no longer the buzzwords they once were when everyone was still reading Robert Chambers....”***

## Oxfam has a new boss

### Devex - Fresh start for Oxfam as new CEO announced

<https://www.devex.com/news/fresh-start-for-oxfam-as-new-ceo-announced-93415>

*“Aid insiders said it was the start of a fresh chapter for Oxfam GB as it announced its new chief executive on Tuesday, following a tumultuous six months. The embattled charity named **Dhananjayan Sriskandarajah**, currently chief executive officer of **CIVICUS**, a Johannesburg-based **global alliance of civil society organizations**, as its new head. Described by insiders as a **strong advocate of the “global south” and a progressive thinker on development**, he is due to take up the role at the end of the year. **Sriskandarajah takes over from Mark Goldring, who has overseen the charity’s response to a sexual misconduct scandal that began earlier this year**. That has included a package of reforms, the resignation of its deputy chief executive, and an independent review of its culture and safeguarding practices....”*

In other Oxfam related news, check out:

## How can Civil Society respond to government crackdowns around the world? New Oxfam paper (and hello to Oxfam GB's new boss)

<https://oxfamblogs.org/fp2p/how-can-civil-society-respond-to-government-crackdowns-around-the-world-new-oxfam-paper/>

By **Duncan Green**, on a new Oxfam paper - [Space to be heard: Mobilizing the power of people to reshape civic space](#)

## Asia-Pacific: Two Initiatives To Eliminate Malaria Once And For All

HPW - [Asia-Pacific: Two Initiatives To Eliminate Malaria Once And For All](#)

*"...the Asia Pacific Leaders Malaria Alliance (APLMA) announced – [today] at the World Economic Forum on ASEAN – support for **two new initiatives**, Blended Finance for Impact and M2030. As stated in the [press release](#), external grant funding to support malaria elimination is expected to decline in the region.... " Enter innovative financing.*

*"**Blended Finance for Impact** is a partnership of the Asian Development Bank (ADB), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and APLMA to enable and increase long-term integrated financing for health, including malaria. **M2030** aims to bring together some of the most influential businesses in Asia to raise funds, engage consumers as agents of change and sustain political support for malaria elimination. In line with the objectives of Blended Finance for Impact, the **ADB today announced a new Regional Health Fund...."***

See also **Devex** - [Asia-Pacific turns to innovative finance to stamp out malaria](#)

## G20 & global health

The **G20 third Sherpa meeting** took place in Argentina. Just a tweet:

"Pleased with outcome of the **discussions on the leaders' communiqué at #G20** which supports global health, sustainable finance and the sustainable development agenda @SDG @g20org  
👉@DrTedros👈"

I'm not expecting much, to be honest, given Argentina's current predicament.

Related, a **Devex op-ed** (by A Donnelly et al)- [Opinion: G20 leadership on tackling disease would save lives and money](#)

With **3 calls to action for G20**: " 1. G-20 members should pool their national public health and scientific expertise to support global efforts to combat AMR. 2. A commitment from G-20 members is

*needed to steadily increase investments in health research and development, and offer innovative financing options. 3. The G-20 must provide political leadership to address the inter-related issues of AMR, pandemic preparedness/response and Poverty Related Neglected Diseases (PRNDs)."*

(Oh yeah, I also want them to tackle planetary health, at last, and deal once and for all with global inequality : ) )

Saw some of these gentlemen (*yes, all gentlemen – Putin, Xi, Abe, ...*) at a summit in Russia, on tv, this week. I'd be rather surprised if global health or even sustainable development was on top of their authoritarian/nationalist minds.

## **New Statistics Show Cancer Burden Rising In The World, Lung Cancer Biggest Killer**

HPW - [New Statistics Show Cancer Burden Rising In The World, Lung Cancer Biggest Killer](#)

*"Cancer is rising and is expected to become the leading cause of global deaths in the 21<sup>st</sup> century, according to experts from a World Health Organization research agency on cancer. Lung cancer is the most common and the leading cause of cancer deaths, the agency found in its newly published study, the first since 2012. However, **political commitment lags behind when it comes to prevention**, speakers said at a press briefing at the UN in Geneva today. The **International Agency for Research on Cancer (IARC)** [today] launched its **Global Cancer Statistics 2018**, estimating incidence and mortality worldwide for 36 cancers in 185 countries. ... .. **The study builds on an analysis of the accessible database [GLOBOCAN 2018](#)**, part of the IARC Global Cancer Observatory. The IARC is the research agency on cancer of the WHO, and is located in Lyon, France. "*

*"...The report estimates that **some 18.1 million people will be diagnosed with cancer in 2018, and 9.6 million cancer patients will die. ..."***

See also UN News - [Cancer is a growing global threat and prevention is key, UN study shows.](#)

## **Lancet Global Health (Comment) - Liver cirrhosis in sub-Saharan Africa: neglected, yet important**

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30344-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30344-9/fulltext)

*"Clinical efforts and research on liver diseases have been scarce in sub-Saharan Africa. **The first Conference on Liver Disease in Africa (Nairobi, Sept 13–15, 2018)**, gathering all stakeholders from the continent, is a welcome step towards greater attention to the problem, and the important issue of liver cirrhosis...."*

## Richard Smith (blog) – Who and What are medical journals for?

<https://richardswsmith.wordpress.com/2018/09/06/what-and-who-are-medical-journals-for/>

Without any doubt, one of the reads of the week. **Starting from ‘Plan S’**, Smith dwells on the history of the Lancet and BMJ, among others. Among others on the question whether medical journals should be political, entertaining, ... & much more.

*“...**The possible functions of journals** are thus informing, reforming, disseminating science, educating, providing a forum for a community to debate the issues of the day, entertaining, and making money. **I believe that a good journal will do all of these things, trying always to maintain a balance....”***

He concludes: *“Medical journals have many functions and diverse customers. They seem to be good at stirring up debate but poor at affecting change. Traditionally they have been more concerned with authors than readers, but **their future—if they have a future—lies in being more concerned with readers.**”*

## Lancet (Letter) - Support for UNRWA's survival

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32264-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32264-5/fulltext)

By Karl Blanchet & 150+ other signatories.

*“...UNRWA is now fighting for survival. **On Aug 31, 2018, the Trump Administration confirmed that the USA, previously UNRWA's largest donor, will no longer fund UNRWA.** Funding crises are not new to UNRWA. This crisis, however, is unprecedented.... ... If action is not taken, governments will be giving the green light to a ruinous multifaceted emergency, one the region simply cannot bear. **We, scientists and scholars, urge our governments to support UNRWA now, sustaining UNRWA services and thereby averting further loss of life, dignity, and hope.**”*

See also a Lancet World Report - [Funds cut for aid in the occupied Palestinian territory](#)

“In the wake of the USA's cuts to Palestinian aid, health in the occupied Palestinian territory might be jeopardised by a funding shortfall. **Sharmila Devi** reports.”

## Left populism & global health?

It's increasingly clear that **global health either has to side with the Macrons, Merkels & Trudeaus of this world** – who, for all their flaws, want to maintain a multilateral order, though with (somewhat mitigated) neoliberal characteristics, and try (or at least proclaim to try) avoiding runaway climate change using, however, capitalist approaches – **or instead back left-wing populism** as advocated by **Chantal Mouffe**.

Two reads related to this latter option:

**Guardian** - [Populists are on the rise but this can be a moment for progressives too](#) (Chantal Mouffe)

*“Neoliberalism has created genuine grievances, exploited by the radical right. The left must find a new way to articulate them.”*

**Open Democracy** - [Left populism over the years](#) (by C Mouffe & R Bechler)

(longread) *“A conversation about the rise of the right-wing since the turn of the century, what this tells us about liberal democracy, and the deepening of democracy needed in response.”*

And one from a slightly different angle, on **the future of international left**:

**Bernie Sanders** in the **Guardian** - [A new authoritarian axis demands an international progressive front](#) Varoufakis & many others seem to agree.

*“In order to effectively combat the rise of the international authoritarian axis, **we need an international progressive movement that mobilizes behind a vision of shared prosperity, security and dignity for all people**, and that addresses the massive global inequality that exists, not only in wealth but in political power.”*

## Start Bachelet as UN High Commissioner of Human Rights

**UN News - New UN rights chief pledges to push back on ‘centuries of prejudice and discrimination’**

<https://news.un.org/en/story/2018/09/1018882>

*“The UN’s newly appointed High Commissioner for Human Rights, Michelle Bachelet, intends to push back “centuries of prejudice and discrimination” against vulnerable groups including women and the peoples of the Global South, by pushing for more consensus between Member States, she said on Monday.”* Bachelet is clearly a “tough cookie”, and so I have high hopes about her stint as UN Human Rights chief.

See also **the Guardian** - [UN human rights chief sends team to Italy after ‘alarming’ anti-migrant violence.](#)

And **Reuters** - [U.N. rights chief Bachelet takes on China, other powers in first speech.](#)

**UN News - Alarming level of reprisals against activists, human rights defenders, and victims – new UN report**

<https://news.un.org/en/story/2018/09/1019082>

Bachelet will have her hands full. *“An alarming and “shameful” level of harsh reprisals and intimidation against those who cooperate with the United Nations in an effort to uphold human rights, has been revealed by a new UN report launched on Wednesday. **The ninth annual report of Secretary-General António Guterres** details the level of retaliation against human rights defenders on a country-by-country basis, including allegations of killing, torture, arbitrary arrests, and public stigmatization campaigns, which also target victims of rights abuse.”*

## Planetary Health, conflict & global hunger

**UN News - ‘Direct existential threat’ of climate change nears point of no return, warns UN chief**

<https://news.un.org/en/story/2018/09/1018852>

*“The world risks crossing the point of no return on climate change, with disastrous consequences for people across the planet and the natural systems that sustain them, the **United Nations Secretary-General António Guterres warned on Monday**, calling for more leadership and greater ambition for climate action, to reverse course.”*

He called for renewed commitment and **announced a high-level U.N. summit on climate change in 2019.**

Meanwhile, in **San Francisco**, the **Global Climate Action Summit** is [taking place](#), with a focus on subnational & private sector action. *“The summit, hosted by California Gov. Jerry Brown — and with support from other major players, including philanthropist Michael Bloomberg — **will give rise to a range of new commitments**, some of which have already begun to trickle in...”*

For more info, see the ‘Planetary Health’ section below.

**Guardian - Global hunger levels rising due to extreme weather, UN warns**

<https://www.theguardian.com/environment/2018/sep/11/global-hunger-levels-rising-due-to-extreme-weather-un-warns>

*“**Global hunger has reverted to levels last seen a decade ago**, wiping out progress on improving people’s access to food and leaving one in nine people undernourished last year, with extreme weather a leading cause, the UN has warned. **Hunger afflicted 821 million people last year, the third annual rise since 2015, with most regions of Africa and much of South America showing worsening signs of food shortages and malnutrition.** More than half a billion of the world’s hungry live in Asia. The reversal of progress made in slowing malnutrition in the first half of this decade has caused serious concern among international agencies. **Climate shocks, such as droughts and floods, were identified by the UN as “among the key drivers” for the rise in 2017, along with conflict and economic slowdowns.** Nearly 100 million people were left dependent on humanitarian aid during the year....”*

For the new **FAO report**, see [2018: The state of food and security in the world](#)

## Foreign Policy - Why Growth Can't Be Green

Jason Hickel; <https://foreignpolicy.com/2018/09/12/why-growth-cant-be-green/>

“New data proves you can support capitalism or the environment—but it’s hard to do both.”

## Guardian - Starvation: a weapon of war that could kill 590,000 children by the end of 2018

<https://www.theguardian.com/global-development/2018/sep/10/starvation-a-weapon-of-war-that-could-kill-590000-children-by-the-end-of-2018>

*“Starvation being used as a weapon of war has become the new normal, according to Save the Children. Its analysis shows more than half a million infants in conflict zones could die of malnutrition by the end of the year if they do not receive treatment, the equivalent of one every minute. The charity makes its own estimates using UN data, and projects that 4.5 million under-fives will need treatment for life-threatening hunger this year in the most dangerous conflict zones – an increase of 20% since 2016. At current rates, only one in three will receive treatment, and 590,000 could die as a result. The data emerged ahead of Tuesday’s launch of the UN annual report on food security....”*

## Lancet World Report – Crisis in the Chad Basin

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32250-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32250-5/fulltext)

*“Those in the region are contending with displacement, malnutrition, drought, and poor access to health care, 9 years after the Boko Haram insurgency began. Sharmila Devi reports.”*

## Lancet GBD series on NCDs in India

Lancet – [https://www.thelancet.com/gbd?utm\\_campaign=gbdindia18&utm\\_source=carousel](https://www.thelancet.com/gbd?utm_campaign=gbdindia18&utm_source=carousel)

*“Five Global Burden of Disease studies report the findings on the health in India, focusing on cardiovascular disease, cancers, chronic respiratory diseases, diabetes, and suicide deaths.”*

## Lancet – Offline: The new politics of health in India

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32211-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32211-6/fulltext)

*““There is a full-blown crisis in India.” So said Rahul Gandhi, President of the Indian National Congress Party, during a visit to the London School of Economics last month. He was talking about a “jobs crisis”. But there is also a health crisis, as five papers published across three Lancet specialty journals—Lancet Oncology, Global Health, and Public Health—set out this week. Now is the right moment to be debating the future health of the world’s largest democracy. In April, 2019, Indian voters will go to the polls in the most important general election since India achieved independence*

*in 1947. The new government will not only set a fresh course for health policy. It will also have the opportunity to redefine the idea of India for a new generation....”*

**“Health should be an important issue in India’s coming general election.** The five Lancet papers reveal a dangerously rapid epidemiological transition...” (in terms of NCDs)

Maybe I’m overinterpreting here, but Horton somewhat hints at favoring Modi (because of “Modicare”). *“Modi has grasped the importance of health not only as a natural right for India’s citizens, but also as a political instrument to meet the growing expectations of India’s emerging middle class. Modi is the first Indian Prime Minister to prioritise universal health coverage as part of his political platform....”*

You might also want to read this **Lancet Comment** - [Informing NCD control efforts in India on the eve of Ayushman Bharat](#) (by B Bhargava et al).

They summarise the key policy implications of the findings of the India State-Level Disease Burden Initiative.

And this sad **Guardian report** - [Nearly 40% of female suicides occur in India.](#)

## SRHR

### **Devex - Forced to choose between US and Swedish funding, sexual health NGOs speak out**

<https://www.devex.com/news/forced-to-choose-between-us-and-swedish-funding-sexual-health-ngos-speak-out-93369>

**« Sexual and reproductive health and rights NGOs struggling to deliver services in the wake of the United States “global gag rule” have spent a year caught between donors, after the Swedish aid agency, a key funder of sexual and reproductive health and rights, said it could not support organizations that go along with the rule.** That decision, activists told Devex, is unintentionally making life harder for them on the ground....”

*“... In July 2017, the Swedish International Development Cooperation Agency announced it would withdraw funding from groups contracted to carry out SRHR programs if they complied with the U.S. rule. Sida argues that compliance with the gag rule would interfere with a contractor’s ability to carry out Swedish-funded SRHR services. But advocates have described the move as a “counter-condition” and say it is forcing NGOs to choose between U.S. and Swedish funding. They also say it has led to some Sida subgrantees having their contracts cancelled....”*

## Annual Report GF: Global Fund Partnership has Saved 27 Million Lives

<https://www.theglobalfund.org/en/news/2018-09-12-global-fund-partnership-has-saved-27-million-lives/>

*“The Global Fund to Fight AIDS, Tuberculosis and Malaria released a report [today] demonstrating that 27 million lives have been saved by the Global Fund partnership. **The report shows tremendous progress that has been achieved by efforts to end the epidemics, while highlighting new threats.** The Results Report 2018 includes key annual results achieved in countries where the Global Fund invests: 17.5 million people received antiretroviral therapy for HIV. 5 million people tested and treated for TB. 197 million mosquito nets distributed to prevent malaria.... **The progress comes against the backdrop of new threats to global health.**”*

Jean-Yves le Drian, French Minister for Europe & Foreign Affairs, was among the hosts of this report. The event launched preparations for the 6<sup>th</sup> Replenishment Conference of the Global Fund, scheduled for Lyon on October 10, 2019. (cfr. [France Diplomatie](#) )

## World Bank Launches First Sustainable Development Notes Linked to New Global Sustainability Signatories Index

<https://www.worldbank.org/en/news/press-release/2018/09/10/world-bank-launches-first-sustainable-development-notes-linked-to-new-global-sustainability-signatories-index>

*“The World Bank (International Bank for Reconstruction and Development or IBRD), rated Aaa/AAA, will for the first time, issue US dollar-denominated sustainable development notes that provide investors return exposure to the **environmental, social and governance (“ESG”) performance** of UN Global Compact signatories through the **Global Sustainability Signatories Index 7.5% VC ER...**”*

Not quite sure what this means, but I’m guessing this is important from an SDG point of view : )

## Lancet (Perspective) – Rwanda: not the official narrative

Laurie Garrett ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32124-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32124-X/fulltext)

Laurie Garrett reviews Judith Rever’s book – “In Praise of Blood: The Crimes of the Rwandan Patriotic Front”.

Garrett wonders, “...What if Kagame, like Myanmar's Nobel Peace Prize recipient Aung San Suu Kyi, is less a victim than an ethnic cleansing conspirator?”

Some other quotes: ““...The story of a morally disciplined RPF rescuing Rwanda from the brink, to save Tutsis from a genocide...This story was easier to comprehend than what actually happened.”

““...The truth, no matter what aid donors seem to believe, is that the RPF has never stopped the violence”, Rever writes. “Kagame killed before the genocide. He killed during the genocide. And he killed after the genocide. The West's unbridled support only fed the regime's sense of impunity.”

## Some key publications

### **Critical Public Health - The Commission on Social Determinants of Health: Ten years on, a tale of a sinking stone, or of promise yet unrealised?**

Ted Schrecker; <https://www.tandfonline.com/doi/full/10.1080/09581596.2018.1516034>

*“Ten years after the August 2008 release of the report of the WHO Commission on Social Determinants of Health, it is important to reflect on the fate of its recommendations for reducing ‘health inequity’. The article describes some key developments in the decade, notably in understanding the etiology of health inequalities, and then juxtaposes a hopeful comparison with of an earlier (1987) UN Commission on Environment and Development with a sceptical view based on the expanding social science literature on the politics of economic inequality.”*

### **BMJ Global Health – Institutionalising an evidence-informed approach to guideline development: progress and challenges at the World Health Organization**

U Gopinathan & S Hoffman; <https://gh.bmj.com/content/3/5/e000716>

*“This study explored experiences, perceptions and views among World Health Organization (WHO) staff about the changes, progress and challenges brought by the guideline development reforms initiated in 2007...”* They list 5 key themes & two remaining challenges.

### **ORF - Securing the 21st Century: Mapping India-Africa Engagement**

<https://www.orfonline.org/research/42593-securing-21st-century-mapping-india-africa-engagement/>

This new book features, among others, a **chapter by Kabir Sheikh & Anns Isaacs** on “Strengthening Health Systems in India and Africa - A Converging Agenda”.

Cfr a tweet to give you a hunch: “By 2050, Africa will be 56% urban, and India, 50%. The emergence of “mixed” health systems is linked to rapid urbanisation.”

## BMJ Global Health (Editorial) - Health systems research on access to medicines: unpacking challenges in implementing policies in the face of the epidemiological transition

Maryam Bigdeli, Zubin C Shroff, Abdul Ghaffar et al;

[https://gh.bmj.com/content/2/Suppl\\_3/e000941](https://gh.bmj.com/content/2/Suppl_3/e000941)

Editorial introducing a **special collection**. Recommended!

## Milbank Quarterly - Systems Thinking as a Framework for Analyzing Commercial Determinants of Health

C Knai et al; <https://www.milbank.org/quarterly/articles/systems-thinking-as-a-framework-for-analyzing-commercial-determinants-of-health/>

*"...This article shows how a complex systems perspective may be used to analyze the commercial determinants of NCDs, and it explains how this can help with (1) conceptualizing the problem of NCDs and (2) developing effective policy interventions."*

## ODI (report) – Financing the end of extreme poverty

M Manuel et al; <https://www.odi.org/publications/11187-financing-end-extreme-poverty>

*"...In the past 25 years, the world has managed to halve the number of people living in extreme poverty (World Bank, 2015). Yet despite this progress, **at least 400 million people will still be living on less than \$1.90 a day by 2030**. Over half of these people will be in low-income, fragile countries. **This research report presents key findings and analysis from research on what needs to be done so that we can deliver the global target to end extreme poverty by 2030**. It finds that among some of the poorest countries there is **currently a funding gap of \$125 billion each year for health, education and social protection, which are crucial for reducing poverty**. Although increased taxation could close this gap in most middle-income countries, low-income countries will remain reliant on aid to fund these social sectors. **The report recommends that donors:** (1) Focus aid on those countries that are least able to finance their own public spending to end extreme poverty, even after maximising their tax revenues with OECD DAC donors increasing their share of aid to least developed countries from 29% to 50%; (2) Increasing funding in these countries for the core social sectors of health, education and particularly social protection, and (3) Increasing global aid from OECD DAC donors to 0.7% of GNI.*

## Some key blogs & articles

### Bloomberg - Jack Ma Talks About His Plans After Retiring From Alibaba

<https://www.bloomberg.com/news/articles/2018-09-08/jack-ma-talks-about-his-plans-after-retiring-from-alibaba>

Apparently, Jack wants to “go Bill (Gates)”. He’ll focus more on education, though.

As for Jeff Bezos, [he announced a \\$2 billion philanthropic effort focusing on helping homeless families and starting preschools in low-income communities](#). In the Bezos Day 1 Fund. See also the [Guardian - Jeff Bezos to fund schools where 'child will be the customer' with new charity](#).

Quote from a US Democrat, Khanna: *“The biggest statement Mr Bezos could make is by raising the pay of workers in his own company. Philanthropy will not solve income inequality or stagnant wages. Raising wages like Henry Ford did in 1914 would make a dent.”*”

## Lancet Letter – Improving the availability of health research in languages other than English

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30384-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30384-X/fulltext)

*“...Discussions on the HIFA forum underline **the importance and urgency of addressing language issues as a barrier to health information access**. Specifically, we call on the medical journal publishing industry to take action to address this anomaly. **The simplest first step would be for journals to make at least the abstract available in the main language or languages of the country in which the research was done.**”*

## Global health events

### Universal Health Coverage Partnership – Second meeting of the multi-donor coordination committee for UHC (11 Sept)

<http://uhcpartnership.net/second-meeting-of-the-multi-donor-coordination-committee-for-uhc/>

The first meeting of the multi-donor coordination committee for UHC successfully took place on 9 May 2018. To take a step forward, WHO and partners held the second meeting on 11 September) in Geneva, Switzerland. This meeting allowed the **UHC Partnership**, funded by the European Union (EU), Grand Duchy of Luxembourg and IrishAid, to harmonize with other funding mechanisms such as the EU’s ACP Health System Strengthening (HSS) grant and the Japanese funding for UHC.

### WHO – International Platform on Health Worker Mobility: Evidence, Solutions and Instruments (Geneve, 13-14 September 2018)

<http://www.who.int/hrh/events/2018/int-platf-hwm/en/>

*“The International Platform on Health Worker Mobility convened on the 13th and 14th of September 2018 in Geneva, Switzerland, with representatives from National Governments, International Agencies and Civil Society. “ Check out the **meeting objectives**.*

And some meetings & events we already want to flag for the weeks & months ahead:

## **Coming up – UNGA73 (73<sup>rd</sup> session of the UN General Assembly) in New York (Sept 18-Oct 5)**

<https://www.devex.com/news/unga-2018-event-guide-93409>

Check out Devex’s event guide.

## **Coming up - First ever international conference on medicine quality (23-28 September, Oxford)**

<https://www.tropicalmedicine.ox.ac.uk/medicinequality2018/>

“How do we ensure affordable and quality-assured medicine for all? Join the discussion at Oxford University from 23-28 September. “

## **Coming up: WHO 2018 symposium on health financing for UHC (9 October, Liverpool)**

[http://www.who.int/health\\_financing/events/symposium-2018/en/](http://www.who.int/health_financing/events/symposium-2018/en/)

*“What does making progress in health financing, in support of UHC mean? How do countries know they're headed in the right direction? What political strategies facilitate progress? To answer these questions **WHO’s Department of Health Systems Governance and Financing is hosting a one-day symposium on Health Financing for UHC as part of the Global Symposium on Health Systems Research in Liverpool**. It will take place on **Tuesday, October 9, 2018** from 08:45 – 17:00 in ACC room 12. **This session will advance the thinking and evidence-base around how to actually develop and implement health financing policies that facilitate progress towards UHC**. Top academics, policy makers, and practitioners will come together to discuss and debate newly developed frameworks that address both technical and political aspects of the implementation of policies that finance coverage expansion. The session will focus on the feasible and useful application of these frameworks in countries to advance progress towards UHC....”* Speakers are among others **Jesse Bump, Agnes Soucat, Lucy Gilson, Joe Kutzin ...**

## UHC2030 at the Fifth Global Symposium on Health Systems Research, Liverpool, UK

<https://www.uhc2030.org/news-events/uhc2030-events/article/uhc2030-at-the-fifth-global-symposium-on-health-systems-research-liverpool-uk-501371/>

If you want to know what UHC2030 is up to in Liverpool – in terms of sessions etc.

## Coming up - The Political Origins of Health Inequities and Universal Health Coverage (Nov 1-2, Oslo)

<https://www.uio.no/english/research/interfaculty-research-areas/globalgov/globalgov-for-health/news-and-events/events/2018/the-political-origins-of-health-inequities-and-uni/index.html>

“The Independent Panel on Global Governance for Health organizes its first annual international conference in Oslo.” Fascinating line-up.

## Global governance of health

### Mo\* paper – Van Simpele Millenniumdoelen naar warrige Duurzame Ontwikkelingsdoelen

Jan Vandemoortele;

[https://www.mo.be/sites/default/files/article/attachment/MOpaper117\\_MDGs\\_SDGs.pdf](https://www.mo.be/sites/default/files/article/attachment/MOpaper117_MDGs_SDGs.pdf)

It's not often we recommend a paper in Dutch, but in this case we make an exception. For the ones among you who don't read/speak Dutch, we recommend Google Translate! Jan Vandemoortele's take on the SDGs.

### Duncan Green (blog) - So three years in, what do we know about the impact of the SDGs?

<https://oxfamblogs.org/fp2p/so-three-years-in-what-do-we-know-about-the-impact-of-the-sdgs/>

Duncan Green (Oxfam) has some major reservations at the start of the SDGs. Three years later he concludes, at least for now, on their impact so far:

*“...Maybe I was too harsh – the SDGs are showing signs of having a drip drip influence that is dispersed and hard to pin down. Lots of spin and lip service, but some impact, albeit softer, more*

*pervasive and harder to measure than ‘have you halved X?’ The SDGs seem to fit a diverse, multipolar world where development priorities are quite rightly decided at a local level, not imposed from outside, and being being subsumed into national politics in different ways in different places. But that still doesn’t answer the question of why we should devote so much time and attention to the SDGs, when other international instruments are more binding (ILO and UN Conventions). I have still have seen nothing that compares the SDGs against all these other agreements in terms of their impact on decision makers....”*

## Development Policy Review - Critical discourse analysis of perspectives on knowledge and the knowledge society within the Sustainable Development Goals

Sarah Cummings et al; <https://onlinelibrary.wiley.com/doi/abs/10.1111/dpr.12296>

*“Critical discourse analysis (CDA) is employed to analyze discourses of knowledge and the knowledge society in the Sustainable Development Goals (SDGs). Discourse analysis is a collective name for a number of scientific methodologies for analyzing semiosis, namely how meaning is created and communicated through written, vocal or sign language. Employing a genealogical approach which locates discourses in the field of prior discourses, **two prior discourses of the knowledge society are identified in the key document of the SDGs**. The concepts knowledge and knowledge society are found to have a marginal position within the main policy document “Transforming our world,” adopted by the United Nations in September 2015. **The techno-scientific-economic discourse is found to be dominant at the level of implementation and of goals, while there is some evidence of the pluralist-participatory discourse at the level of vision and strategy**. Analysis of some of the policy advice provided by international organizations and civil society indicates that more pluralist-participatory discourses on knowledge were represented when the SDGs were being formulated. **Developed countries and the corporate sector were very influential in determining the final text and were probably instrumental in excluding more transformational discourses and maintaining the status quo.**”*

## MeToo & aid/globalhealth

Devex - Q&A: ILO expert on new workplace harassment and violence treaty

<https://www.devex.com/news/q-a-ilo-expert-on-new-workplace-harassment-and-violence-treaty-93370>

*“As the United Nations is considering additional measures to beef up its own sexual harassment policies, one agency — **the International Labour Organization** — is looking at trying to create a global set of standards around harassment and violence for workers. ILO is **considering a legally binding treaty that could protect all workers from violence and harassment in the workplace**, if individual countries adopted and ratified the measure. The idea has been considered for the past decade, but conversations around a potential treaty have been ongoing for the past four years, preceding the #MeToo, and aid and development industry-specific #AidToo, movements...”*

## RHM (Editorial) – The AIDS conference 2018: a critical moment

Sofia Gruskin et al;

<https://tandfonline.com/doi/full/10.1080/09688080.2018.1510602?platform=hootsuite>

Mainly for this paragraph :

«... Looking forward, there are two overriding considerations in any reflection for the future. First, concerns **the question of Michel Sidibe, the director of UNAIDS, and the prospect of UNAIDS more generally**. Corridor discussions were filled with what seemed to be **fairly unanimous agreement that Sidibe's time had come and that he must resign**, not simply because he failed to adequately address the cases of sexual harassment brought to him involving UNAIDS staff members, but because of his apparent inability to truly hear and understand the global call for him to resign as necessary, not simply because of his actions (or lack thereof), but for the good of UNAIDS and the AIDS response more generally. ... .. The second, ironically, concerns the location of the next international AIDS conference two years from now.”

In other MeToo related news, Tedros flagged WHO's [Integrity Hotline](#) on Twitter: “The Integrity hotline provides a safe and independent mechanism to report any concerns about issues involving WHO. It is managed by a professional company selected competitively by WHO....”

## WHO - Government of Sweden hosts PMNCH Board retreat in Stockholm

<http://www.who.int/pmnych/media/news/2018/board-retreat-stockholm/en/>

Short report of the **PMNCH Board retreat in Sweden, end of August**. The first one chaired by M Bachelet. “...The objective of the board retreat was to focus on the high-level strategic implementation of PMNCH 2018-2020 Business Plan. The new Business Plan will move away from the Strategic Objectives (SOs) and towards centering its work on the six Every Woman Every Child (EWEC) Partners' Framework focus areas and shared deliverables...”

## Surgery - World Health Organization: Leading surgical care toward sustainable development in the era of globalization

D Lungman, R Marten et al; [https://www.surgjournal.com/article/S0039-6060\(18\)30479-3/fulltext](https://www.surgjournal.com/article/S0039-6060(18)30479-3/fulltext)

“In today's shrinking world, the role of the World Health Organization as the leader of global health is of increasing importance. This review addresses how the organization is evolving to meet new demands, with a focus on its relevance for surgery worldwide.”

## IISD - Report on Financing the UN Development System Launched

[IISD:](#)

*“In 2016, the UN had US\$49.3 billion in revenue, up approximately US\$1 billion from 2015. The report indicates that revenue of the UN system is split 54% earmarked, 28% assessed contributions, 10% voluntary core contributions, and 8% fees, and that the high percentage of ear-marked funds reduces flexibility. The second part of the report consists of essays that provide an overview of the current state and coming trends in finance for sustainable development.”*

For the report, “Financing the UN Development System: Opening Doors”, see [here](#).

A tweet, perhaps: “.@DebapriyaBh @cpdbd on #SDG financing in LMIC - "a serious mismatch between global discourse...and realities on the ground, [and a lack of] political energy”

## Globe and Mail – Trudeau to pitch Canada’s work on development funding in bid for UN Security Council seat

[Globe and Mail:](#)

*“Prime Minister Justin Trudeau will pitch his government’s efforts to unlock private-sector money needed to help meet a set of ambitious United Nations sustainable-development goals as a key part of Canada’s bid for a UN Security Council seat in New York later this month. In an interview with The Globe and Mail, Canada’s ambassador to the UN, Marc-André Blanchard, said the Prime Minister will **deliver the keynote speech at a high-level event hosted by Secretary-General António Guterres on Sept. 24**, one day before world leaders convene in New York for the UN General Assembly. Mr. Blanchard said Mr. Trudeau will use his address to **highlight the Liberal government’s commitment to help finance the UN’s 17 Sustainable Development Goals (SDGs)** focused on ending poverty, fighting inequality and tackling climate change by 2030 – **a cornerstone of Canada’s campaign for a Security Council seat...**”*

## NYT - Is Cash Better for Poor People Than Conventional Foreign Aid?

<https://www.nytimes.com/2018/09/11/opinion/is-cash-better-for-poor-people-than-conventional-foreign-aid.html>

*“U.S.A.I.D., the American foreign aid agency, is conducting a trial that measures the impact when poor people abroad are simply given money with which to decide what’s best for themselves.”*

## #LancetWomen

<https://www.thelancet.com/lancet-women>

With all the papers & comments from the last months.

## Reuters - As countries look inward, development cash falls short - UN deputy chief

<https://www.reuters.com/article/us-global-development-climatechange/as-countries-look-inward-development-cash-falls-short-un-deputy-chief-idUSKCN1LM2AJ>

*“Funding for international efforts to build resilience to climate change and meet other development goals is faltering, warns United Nations Deputy Secretary-General Amina J. Mohammed. “It is a tough world right now out there. **Everyone is backsliding**,” she said in an interview. Instead of thinking about common action, more world leaders are taking the approach of “let’s sort things out within our own borders”, she added....”*

## Devex – Opinion: Communication is essential to achieving WHO’s new strategy

<https://www.devex.com/news/opinion-communication-is-essential-to-achieving-who-s-new-strategy-93356>

No need to read this. Only if you’re, like me, rather baffled at the use of the term ‘**health consumers**’ throughout the piece.

Excerpt:

*“...We cannot continue to solely provide health education and awareness and expect to overcome deep-seated cultural beliefs. **Effective public health communications must be based on a strategy that is informed by well-formulated qualitative and quantitative market research.** The strategy must systematically take into account insights into **the health consumer**; environmental, cultural, and societal factors that influence that consumer decision-making; the most effective channels of communications; other competitor products and services; an understanding of where the health intervention sits within its product category; and perceptions among consumers about the organization providing the intervention....”*

Finally, a tweet from **Gavin Yamey**

*“Pet peeve. In the **global health community**, we use the abbreviation **LMICs** for **low- and middle-income countries**. But in the **wider development and global economics community**, **LMICs** are **lower middle-income countries**. Our meanings are getting crossed & confused.”*

## **UHC**

### **HQSS Commission – country profiles**

<https://www.hqsscommission.org/countryprofiles/>

Check them out.

### **BMJ (Analysis) - Health systems should be publicly funded and publicly provided**

Neena Modi, Martin McKee et al; <https://www.bmj.com/content/362/bmj.k3580>

*“A market in healthcare increases the likelihood of inequity and exploitation, with suboptimal care for both rich and poor, say Neena Modi and colleagues.” Focus on the **NHS** in this article.*

### **Alliance HPSR – Embedded implementation research grants to achieve the SDGs announced in the Americas**

<http://www.who.int/alliance-hpsr/news/2018/er-sdg-award-announcement/en/>

*“The Alliance for Health Policy and Systems Research (Alliance HPSR) together with the Pan American Health Organization (PAHO), and TDR, the Special Programme for Research and Training in Tropical Diseases, have jointly awarded 13 grants to decision-makers and researchers in 11 countries to examine how to improve health decision-making in the Americas....”*

## Planetary health

### Devex - Bangkok climate talk leaves 'heavy lifting' to Poland COP24

<https://www.devex.com/news/bangkok-climate-talk-leaves-heavy-lifting-to-poland-cop24-93401>

*“The Bangkok climate talk culminated in a 300-page draft, a tome that highlights how much is left to do before the rulebook for the Paris Agreement on climate change can be adopted in the Polish city of Katowice later this year. Negotiators from 178 countries gathered in the Thai capital for a last chance ahead of 24th Conference of the Parties to the United Nations Framework Convention on Climate Change to untangle the suite of guidelines that will steer the Paris Agreement toward effective implementation. With weeklong negotiations often progressing well into the night, several aspects of the rulebook did see an improvement in clarity, tired negotiators and stakeholders told Devex on Sunday. But other aspects, such as the vital issue of climate finance and details of nationally determined contributions, or NDCs, remain murky. Developed countries — led by the United States — took an aggressive stance on finance, avoiding conversations about how they would communicate future payouts to countries hit hard by rising temperatures. Rich nations skirted talks of the replenishment of the Green Climate Fund and a process to establish a new long-term finance goal in a move that ActionAid's Global Lead on Climate Change Harjeet Singh said threatens the accord entirely. “The Paris Agreement is on the brink,” Singh said on Sunday. “Developed countries are going back on their word and refusing to agree clear rules governing climate finance. If they remain stuck in their positions and fail to loosen their purses, this treaty may collapse....”*

See also the [Guardian - 'Limited' progress at Bangkok climate talks](#) or [UN News - Uneven progress on climate action at Bangkok conference](#).

### IISD - SDG Knowledge Weekly: Climate Action by State and Non-State Actors

[IISD](#);

*“As previewed by the SDG Knowledge Hub’s Monthly Forecast for September, climate change features prominently on the global community’s agenda for the month. This week’s 'Knowledge Weekly' reviews events and papers from State- and non-state actors, highlighting those launched around this week's Global Climate Action Summit and the just-concluded Bangkok Climate Change Conference. “*

*“...The Global Climate Action Summit (GCAS) is being convened by California Governor Jerry Brown from 12-14 September, in San Francisco, California, US, on the theme, ‘Take Ambition to the Next Level.’ The Summit will serve as a platform for non-state actors such as local governments, businesses and civil society to showcase action towards the goals of the Paris Agreement on climate change. It further seeks to inspire national governments to increase the ambition of their*

*Nationally Determined Contributions (NDCs) ahead of the UN Climate Change Conference in Katowice, Poland, this December....”*

Ahead of the San Francisco summit, **the Guardian** reported - [Jerry Brown: Trump's 'gross ignorance' main obstacle in climate change fight](#) *“California governor is taking the lead in confronting planet’s ‘existential challenge’ and signs bill for carbon-free power by 2045.”*

For an update on this San Francisco Summit, see **the Guardian** - [US activists launch climate change initiatives in absence of federal leadership](#)

*“...America’s governors, mayors and CEOs are forging ahead with climate change initiatives despite the Trump administration’s withdrawal from the Paris Agreement and commitment to reviving the coal industry. But **a report published [today]** sets out a roadmap that could quicken that pace and cut carbon emissions to 24% below 2005 levels by 2025 in the absence of federal leadership.”*

Focus is thus on **subnational & private sector action** in San Francisco.

## **Project Syndicate - The Masses Are Mobilizing for Climate Leadership**

Christiana Figueres & May Boeve; <https://www.project-syndicate.org/commentary/mobilizing-public-for-climate-leadership-by-christiana-figueres-and-may-boeve-2018-09>

*“After a year of unprecedented wildfires, droughts, floods, and other natural disasters around the world, it is clear that the climate crisis is already upon us. Without more effective political leadership to reduce greenhouse-gas emissions immediately, the apocalyptic conditions of a warming planet will become the new normal....”*

*On the positive side, “...Rise for Climate, a global mobilization of 250,000 people taking part in over 900 events in 95 countries took place on September 8. It has set the tone for a series of upcoming political events to address climate change, including this month’s Global Climate Action Summit, the One Planet Summit, and the UN Climate Change Conference in Poland (COP24) this December....”*

## **Project Syndicate - The Trial of the Century**

Peter Singer; <https://www.project-syndicate.org/commentary/climate-change-trial-of-the-century-juliana-v-united-states-by-peter-singer-2018-09>

*“Will 21 young plaintiffs ultimately be able to persuade a conservative-dominated US Supreme Court that the federal government is violating their constitutional right to a livable planet? It depends on whether the Court is willing to heed the scientific evidence.”*

## Nature - Five steps to improve air-quality forecasts

R Kumar et al; [https://www.nature.com/articles/d41586-018-06150-5?utm\\_source=tw\\_tnc&utm\\_medium=social&utm\\_campaign=naturenews&sf196938041=1](https://www.nature.com/articles/d41586-018-06150-5?utm_source=tw_tnc&utm_medium=social&utm_campaign=naturenews&sf196938041=1)

*“A **worldwide monitoring and modelling network** would reduce the dramatic toll of air pollution on health and food production, urge Rajesh Kumar and colleagues.”*

“...We call on the WMO, the WHO, the United Nations Environment Programme (UNEP) and the Food and Agriculture Organization of the UN (FAO) to lead the **development of an international programme for air-quality monitoring and prediction**. Financial institutions such as the World Bank and non-governmental organizations should support air-quality initiatives....”

Meanwhile, on the **accelerating climate change front**:

A tweet - **“Many scientists are stunned by the simultaneous emergence of major storm/hurricane systems in the Atlantic & Pacific -- possibly unprecedented in recorded history.** This map shows a stunning conformity in latitude range, from West Africa to the western Pacific Isl.”

Vox - [Why hurricanes are expected to dump more rain in a warming world](#)

## Infectious diseases & NTDs

### Guardian - Polio outbreak in Papua New Guinea reaches capital Port Moresby

<https://www.theguardian.com/society/2018/sep/11/polio-outbreak-in-papua-new-guinea-reaches-capital-port-moresby>

Cfr a **tweet by Laurie Garrett**:

*“Key point: this is #vaccine-derived #polio, not "wild" virus. In most cases these cases are limited, usually spawned by failures in keeping vax cold before use. **Scary pt of this is apparent spread, now urban.**”*

Al Jazeera reported [Papua New Guinea to launch nationwide polio vaccination campaign](#)

*“**Papua New Guinea (PNG) is gearing up for a nationwide vaccination campaign** to protect citizens against polio 18 years after the disease was eradicated from the country. The initiative, which is organised by the PNG government and the World Health Organization (WHO), is aimed at stopping the spread of the disease after 10 cases were confirmed in the country. Last week, the PNG Ministry*

of Health confirmed the tenth case in Port Moresby, the capital of the impoverished southwest Pacific country....”

## Science – Steep drop in Zika cases undermines vaccine trial

Jon Cohen; <http://science.sciencemag.org/content/361/6407/1055>

*“Controversial strategy of intentionally infecting volunteers to test vaccine candidates is now back on the agenda.”*

## Aidsmap – Starting from here – what PrEP programmes can learn from circumcision

<http://www.aidsmap.com/Starting-from-here-what-PrEP-programmes-can-learn-from-circumcision/page/3333820/>

*“Funders, health providers and advocates should take lessons from the rollout of voluntary medical male circumcision (VMMC) as an HIV prevention measure in Africa if they wish to hasten access to programmes providing pre-exposure prophylaxis (PrEP), researchers argue in the International Journal of STD and AIDS.”*

## UNAIDS - New model drug law launched in western Africa

<http://www.unaids.org/en/resources/presscentre/featurestories/2018/september/new-model-drug-law-launched-in-western-africa>

*“Unjust laws can prevent people from accessing the services they need to prevent or treat HIV, and people who use drugs need help and care, not punishment—these are two of the messages from the new Model Drug Law for West Africa. **Launched on 11 September in Dakar, Senegal, the model drug law aims to guide policy-makers in the region on how to better frame their drug laws.**”*

## Aids care supplement – Household Economic Strengthening for HIV Outcomes.

<https://www.tandfonline.com/toc/caic20/30/sup3?nav=toCList>

This supplement was funded by the United States Agency for International Development and the President’s Emergency Fund for AIDS Relief and developed by the SPIRES project at FHI 360.

For some more **info on the background of this supplement**, see also [The state of the evidence for household economic strengthening approaches for HIV outcomes.](#)

*“...Under the auspices of the Accelerating Strategies for Practical Innovation and Research in Economic Strengthening (ASPIRES) project – funded by USAID/PEPFAR and implemented by FHI 360 – our team at FHI 360 developed an open access supplemental issue of AIDS Care to provide useful information to researchers and practitioners about what works and what we still need to learn about Household Economic Strengthening (HES) in the context of the HIV epidemic...”*

## **BMJ Global Health (Editorial) - The sex gap in neonatal mortality and the AIDS epidemic in sub-Saharan Africa**

S Yaya et al; <https://gh.bmj.com/content/3/5/e000940>

*“In this editorial, we analyse trends in the sex gap in neonatal death—death occurring within 1 month of birth—during the era of the AIDS epidemic, and argue that they were sensitive to the availability of antiretroviral medicines. Child exposure to HIV (during pregnancy, delivery and breast feeding) reduced the female survival advantage, but this situation was gradually reversed by the availability of antiretroviral treatment. “*

## **Scidev.net – Arab countries caught in a cycle of war and disease**

[Scidev.net](http://scidev.net) ;

*“Conflict has left the door wide open for epidemics in the Middle East, letting leishmaniasis into Syria, polio back into Iraq after 14 years, and — after two violent waves — cholera to spread across Yemen once again...” “Sometimes, more people die from diseases associated with war, or the aftermath of war, than from the conflict itself. The effect of epidemics lingers across time as well as borders...”*

## **UN News - Backed by UN agency, countries set to take on deadly livestock-killing disease**

<https://news.un.org/en/story/2018/09/1018751>

*“Gathered at a major **United Nations agricultural conference**, over 45 countries today **pledged to eradicate by 2030 a highly contagious and devastating disease responsible for the death of millions of small farm animals**, at cost of more than \$2 billion each year.”*

Related to the « **Peste des petits ruminants (PPR) disease** ».

And a quick link:

Guardian - [Zimbabwe declares state of emergency after cholera outbreak claims 20 lives](https://www.theguardian.com/world/2018/sep/11/zimbabwe-declares-state-of-emergency-after-cholera-outbreak-claims-20-lives)

## AMR

### Scientific American - Getting the Upper Hand on Superbugs

[Scientific American](#);

*“We need an entirely new class of antibiotic, which scientists have been unable to create for more than 50 years. Until now, that is.” Well, at least according to this article : )*

*“...In a **study just published in Nature**, our group describes a new class of antibiotic we developed that may provide fresh hope against the deadliest superbugs...”*

### Future Health Systems (blog) – Tackling AMR in pluralistic health systems

G Bloom et al; <http://www.futurehealthsystems.org/blog/2018/9/7/tackling-antimicrobial-resistance-amr-in-pluralistic-health-systems>

By **Gerry Bloom** et al. *“There is growing scientific evidence that infections that are resistant to antibiotics are a serious global health challenge. This has stimulated wide agreement on a Global Action Plan for Addressing AMR and many countries have produced **National Action Plans**. It is important that these action plans take into account the local context. **This is especially important in countries with a pluralistic health system in which people seek health care from a wide variety of public and private providers of drugs and medical care.** One lesson from the work of the **Future Health Systems Consortium** is the need to take a systems approach for tackling health challenges in these countries. **This blog highlights some priority issues that this kind of approach needs to take into account...**”*

### Eurekalert - Scientists develop new drug treatment for TB

[University of Manchester](#);

*“Scientists at The University of Manchester have developed **the first non-antibiotic drug to successfully treat tuberculosis in animals**. The team hope the compound -developed after 10 years of painstaking research will be trialled on humans within three to four years. **The drug-** which works by targeting Mycobacterium tuberculosis' defences rather than the bacteria itself - **can also take out its increasingly commonly antibiotic resistant strains...**”*

## NCDs

### Global Public Health - Time to tackle rheumatic heart disease: Data needed to drive global policy dialogues

M Abouzel et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1515970>

*“Rheumatic heart disease (RHD) is an avoidable disease of poverty that persists predominantly in low resource settings and among Indigenous and other high-risk populations in some high-income nations. Following a period of relative global policy inertia on RHD, recent years have seen a resurgence of research, policy and civil society activity to tackle RHD; this has culminated in growing momentum at the highest levels of global health diplomacy to definitively address this disease of disadvantage. RHD is inextricably entangled with the global development agenda, and effective RHD action requires concerted efforts both within and beyond the health policy sphere. **This report provides an update on the contemporary global and regional policy landscapes relevant to RHD, and highlights the fundamental importance of good data to inform these policy dialogues, monitor systems responses and ensure that no one is left behind.**”*

### London School - Johnson & Johnson partnership to boost mental healthcare in sub-Saharan Africa

[LSHTM](#);

News from early August, but good to recall. « *The London School of Hygiene & Tropical Medicine (LSHTM) has teamed up with Johnson & Johnson to **develop a new generation of mental healthcare professionals, particularly in sub-Saharan Africa.*** »

### FDA takes new steps to address epidemic of youth e-cigarette use, including a historic action against more than 1,300 retailers and 5 major manufacturers for their roles perpetuating youth access

[FDA](#);

The FDA goes after e-cigarette manufacturers & retailers, with a view on keeping the devices away from minors.

See also BMJ News - [Marketing e-cigarettes to kids has created an “epidemic” in US, says FDA chief.](#)

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

### Unicef report – An everyday lesson: #ENDviolence in Schools

<https://www.unicef.org/eap/reports/everyday-lesson-endviolence-schools>

*“An Everyday Lesson: #ENDviolence in Schools says that **peer violence** – measured as the number of children who report having been bullied in the last month or having been involved in a physical fight in the last year – is a pervasive part of young people’s education around the world. It impacts student learning and well-being in rich and poor countries alike. The Report is released as part of the UNICEF #ENDviolence global campaign...”*

For the **press release**, see [Half of world’s teens experience peer violence in and around school – UNICEF](#)

“Physical fights and bullying disrupt the education of **150 million 13-15-year-olds worldwide.**”

### WB (blog) - Maternal Depression and Stunted Children: An Avoidable Reality

<http://blogs.worldbank.org/health/maternal-depression-and-stunted-children-avoidable-reality>

By **Patricio Marquez et al.** « ...a critical but often overlooked fact in policy design and program development across the world is the association between maternal depression and childhood stunting -- the impaired growth and development measured by low height-for-age.”

### BMC International Health and Human Rights - Global Abortion Policies Database: a new approach to strengthening knowledge on laws, policies, and human rights standards

B R Johnson et al; <https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-018-0174-2>

*“The **Global Abortion Policies Database (GAPD)**, launched in June 2017, provides a verifiable, comprehensive, nuanced approach to information and data sources on abortion law and policy. Abortion laws, policies, and guidelines from United Nations (UN) and World Health Organization (WHO) Member States are juxtaposed to information and recommendations from WHO safe abortion guidance, national sexual and reproductive health indicators, and relevant UN human rights bodies’ concluding observations to countries....”*

# Global Health Science and Practice – Assessment of Family Planning Service Availability and Readiness in 10 African Countries

M Ali et al; <http://www.ghspjournal.org/content/early/2018/09/12/GHSP-D-18-00041>

*« In the 10 countries surveyed, the availability of oral contraceptives, injectables, and condoms varied greatly, and the availability of basic items indicating service readiness, such as guidelines, trained staff, equipment, and certain commodities, was low.»* The countries surveyed: Benin, Burkina Faso, the Democratic Republic of the Congo, Djibouti, Mauritania, Niger, Sierra Leone, Tanzania, Togo, and Uganda.

Finally, you probably heard about that **dumbhead in Tanzania**:

[Tanzania's John Magufuli advises against birth control](#) (Al Jazeera)

*“President John Magufuli has advised Tanzanian couples to stop using contraceptive methods, saying that the country needs more people, according to local media reports. “Those going for family planning are lazy ... they are afraid they will not be able to feed their children...”* Obviously, a fierce backlash followed his comments.

## Access to medicines

### Health Policy Watch - African Academy Of Sciences Initiative Aims To Boost Drug Discovery For Diseases In Africa

<https://www.healthpolicy-watch.org/african-academy-of-sciences-initiative-aims-to-boost-drug-discovery-for-diseases-in-africa/>

*“... Over a decade ago, African governments pledged to boost overall research funding in the 2006 Khartoum Decision of the Executive Council of the African Union (AU) by allocating at least one percent their gross domestic product (GDP) to stir research and development, but years later it has remained a chosen but less-trodden route. The scenario has prompted the African Academy of Sciences (AAS) to offer a remedy, targeting the health sector. The academy and partners have invested in funding to develop the capacity of African scientists to engage in drug discovery. **AAS is a pan-African Kenya-based organisation with a mandate of pursuing excellence through recognising scholars, providing advisory, shaping the continent’s strategies and policies and implementing science, technology and innovation programmes to tackle developmental challenges.** Its initiatives are undertaken through the Alliance for Accelerating Excellence in Science in Africa (AESA). The academy, in collaboration with South Africa’s University of Cape Town (UCT) Drug Discovery and*

*Development Centre (H3D), Medicines for Malaria Venture (MMV), and the Bill & Melinda Gates Foundation, have committed funding for the discovery of new drugs for diseases endemic to Africa over the next two years....”*

## **IP-Watch - Extended Monopolies On Biologic Drugs – A Warning To Developing Countries**

<http://www.ip-watch.org/2018/09/10/extended-monopolies-biologic-drugs-warning-developing-countries/>

*“It was recently announced that the US government would be seeking to table at least 10 years of market exclusivity for biologic drugs in the renegotiated NAFTA. There are several reasons for this. **Biologic drugs have become an important economic commodity:** nine of the top ten bestselling pharmaceuticals are biologic, including drugs for cancer and rheumatoid arthritis. It is estimated that the global market potential of biologics will reach \$250 billion globally by 2020. NAFTA was not the start of the **United States’ biologics IP ambitions.** It was in the TPP, with 12 Pacific countries of diverse developmental levels, that they sought to establish the norm of 12 years of exclusivity for biologic drugs....”*

## **Reuters – India bans 328 combination drugs in setback for pharma companies**

[https://in.reuters.com/article/india-health-drugs/india-bans-328-combination-drugs-in-setback-for-pharma-companies-idINKCN1LT15F?utm\\_medium=Social&utm\\_source=Twitter](https://in.reuters.com/article/india-health-drugs/india-bans-328-combination-drugs-in-setback-for-pharma-companies-idINKCN1LT15F?utm_medium=Social&utm_source=Twitter)

*“The Indian government has banned 328 combination drugs in a blow to both domestic and foreign pharmaceutical firms, but the ban has been cheered by health activists worried about growing antibiotic resistance due to the misuse of medicines....”*

## **FT Health - Pharma chief defends 400% drug price hike as a ‘moral requirement’**

<https://www.ft.com/content/48b0ce2c-b544-11e8-bbc3-ccd7de085ffe>

Bet he will go straight to heaven after he dies.

## Vox - His family helped cause the opioid crisis. Now he might profit from addiction treatment.

<https://www.vox.com/science-and-health/2018/9/7/17831710/richard-sackler-opioid-epidemic-buprenorphine>

Story on another Pharma “gentleman”. “Richard Sackler, former president of Purdue Pharma, may benefit financially from the addiction crisis that his family’s company is accused of fueling.”

And a few **quick links**:

HPW - [EPO Upholds Gilead Patent On Hep C Medicines, Civil Society Says](#)

“According to civil society groups – who expressed dismay – the European Patent Office (EPO) today ruled in favour of pharmaceutical company Gilead and maintained the company’s patent on hepatitis C drug sofosbuvir. The patent, however, is maintained in an amended form.”

HPW - [New R&D Models And Incentives Necessary To Step Up Fight Against AMR, EU Parliament Declares.](#)

## Human resources for health

### Human Resources for Health - Community boundary spanners as an addition to the health workforce to reach marginalised people: a scoping review of the literature

C Wallace et al; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-018-0310-z>

*“Health services in high-income countries increasingly recognise the challenge of effectively serving and engaging with marginalised people. Effective engagement with marginalised people is essential to reduce health disparities these populations face. One solution is by tapping into the phenomenon of **boundary-spanning people in the community**—those who facilitate the flow of ideas, information, activities and relationships across organisation and socio-cultural boundaries....”*

## Miscellaneous

### Nature (News) – Health data overlooks Europe’s most vulnerable citizens

[https://www.nature.com/articles/d41586-018-06672-y?utm\\_source=twit\\_nnc&utm\\_medium=social&utm\\_campaign=naturenews&sf197507033=1](https://www.nature.com/articles/d41586-018-06672-y?utm_source=twit_nnc&utm_medium=social&utm_campaign=naturenews&sf197507033=1)

*“Europe is the best in the world at collecting health data, but it struggles to accurately capture the health problems of people in its lowest socioeconomic tiers, according to the World Health Organization (WHO). The **European Health Report**, published by the WHO on 12 September, found that researchers make too little effort to seek out data from people living in poverty, which could confound understanding of the continent’s health burden....”*

### Call for papers: special Health Policy & Planning supplement on advancing health systems for all in the SDG era

<http://www.healthsystemsglobal.org/blog/309/Call-for-Papers-Special-Health-Policy-and-Planning-supplement-on-Advancing-Health-Systems-for-all-in-the-SDG-Era-.html>

*“This call for papers is jointly organised by the journal Health Policy and Planning, and the organizer of the Fifth Global Symposium on Health Systems Research (HSR2018) – Health Systems Global. This call is intended for those who have had conference abstracts and/or presentations accepted for HSR2018....”* Deadline: **20 December 2018**.

### WB (blog) - Investing in People to Build Human Capital

[http://www.worldbank.org/en/news/immersive-story/2018/08/03/investing-in-people-to-build-human-capital?cid=ECR\\_TT\\_worldbank\\_EN\\_EXT](http://www.worldbank.org/en/news/immersive-story/2018/08/03/investing-in-people-to-build-human-capital?cid=ECR_TT_worldbank_EN_EXT)

Meanwhile, the world is gearing up for the WB’s Human Capital Project, with a new **Human Capital Index to be released at the WB’s annual meetings in October**: “... *President Kim has put the full backing of the institution behind a new Human Capital Project. The World Bank Group is committing to help countries prioritize human capital in a sustained way, given the deepening recognition that jobs and skilled workers are key to national progress in countries at all income levels. ... There are **three main objectives**: first, to build demand for more and better investments in people; second, to help countries strengthen their human capital strategies and investments for rapid improvements in outcomes; and third, to improve how we measure human capital. ... **The new Human Capital Index, to be released at the World Bank’s Annual Meetings in October, will support all three objectives and offer a crucial resource for both governments and citizens. It will help measure productivity-related human capital outcomes such as child survival, early hardwiring of children for success, student learning, and adult health...**”*

## ODI (blog) - Africa 10 years after the global financial crisis: what we've learned

Dirk Willem te Velde; <https://www.odi.org/comment/10680-africa-10-years-after-global-financial-crisis-what-we-ve-learned>

*"This week marks the 10th anniversary of the global financial crisis, when Lehman Brothers collapsed, developed country stock markets folded and trade credit froze. Several thought pieces (Wolf, Tett, and The Economist) have argued that remarkably little has been learned globally. There is much less analysis, however, on the impact on poorer countries – particularly in Africa. Here are seven lessons we've learned or conclusions we have drawn at ODI, and what it means for economic transformation and job creation."*

For a more dire picture, see Eurodad - [10 years on: Global debt at all-time high. Developing countries hit hard by fallout](#) *"Ten years after the collapse of US investment bank Lehman Brothers on 15 September 2008, the world is in deeper debt than it was at the height of the financial crisis. The fallout from the financial crisis is now also hitting developing countries hard. Read more in Bodo Ellmers' analysis."*

Along the same (dire) lines, this ODI Analysis - [Record debt levels suggest we may be sleepwalking into the next global economic crisis](#) (by J Griffiths).

## Devex - USAID relaunches Development Innovation Ventures program

<https://www.devex.com/news/usaaid-relaunches-development-innovation-ventures-program-93402>

*"The United States Agency for International Development's Development Innovation Ventures, a program that provides grants to test and scale innovations, will once again accept applications after being suspended for more than a year...."*

## Plos Med (Perspective) Science Without Publication Paywalls: cOAlition S for the Realisation of Full and Immediate Open Access

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002663>

Some more detail on "Plan S" of last week. *"In this Perspective, a group of national funders, joined by the European Commission and the European Research Council, announce plans to make Open Access publishing mandatory for recipients of their agencies' research funding."*

Read also G Monbiot's take in the Guardian - [Scientific publishing is a rip-off. We fund the research – it should be free.](#)

## Nature (News) - Peer reviewers unmasked: largest global survey reveals trends

[https://www.nature.com/articles/d41586-018-06602-y?utm\\_source=twit\\_nnc&utm\\_medium=social&utm\\_campaign=naturenews&sf197149141=1](https://www.nature.com/articles/d41586-018-06602-y?utm_source=twit_nnc&utm_medium=social&utm_campaign=naturenews&sf197149141=1)

“The largest-ever peer-review study reveals that there is **growing “reviewer fatigue”**, with editors having to invite more researchers to get each review done. A survey of more than 11,000 researchers also found that scientists in developed countries write nearly 2 peer reviews per submitted article of their own — nearly 3 times the rate of researchers in emerging nations.”

## Lancet Global Health (Comment) - Thank you to our diverse (but not diverse enough) reviewers

Zoë Mullan; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30414-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30414-5/fulltext)

*“... As part of this year's annual thanks and public recognition of all those who have reviewed for us over the past 12 months, we attempted to analyse the **gender** of all 624 reviewers between August 2017 and August 2018. We successfully identified the gender of all but three, and found that 225 (36%) were women and 396 (64%) men. **So our gender balance is better than some, but is it good enough? We don't think so....** ... Taking the self-punishment a little further, we also analysed **reviewer diversity by country** (figure). The results show that, although 64 countries were represented, **nearly a third of reviewers came from the USA alone, with 15% from the UK. The next highest representations were Canada, Australia, Switzerland, India, South Africa, France, Brazil, and Italy...**”*

## Project Syndicate - China is Losing the New Cold War

Minxin Pei; <https://www.project-syndicate.org/commentary/china-cold-war-us-competition-by-minxin-pei-2018-09>

*“In contrast to the Soviet Union, China's leaders recognize that strong economic performance is essential to political legitimacy. Like the Soviet Union, however, they are paying through the nose for a few friends, gaining only limited benefits while becoming increasingly entrenched in an unsustainable arms race with the US.”*

Analysis to be taken with a grain of salt. But the first time I saw the **Belt and Road Initiative** being described as **‘imperial overreach’** : )

Me thinks that these crony capitalists from the US will go down before the [crony capitalists](#) from China.

## IDS - Is CRISPR the next big thing in international development?

P Schröder; <http://www.ids.ac.uk/opinion/is-crispr-the-next-big-thing-in-international-development>

*“The gene editing technology CRISPR/cas9 has been creating a buzz in the biotech science world over the last few years. More recently, it has become a significant new field in the context of the bioeconomy and could, potentially, become a game changer for international development. Viewed by some as a new innovation with massive opportunities, others are taking a more critical position towards CRISPR and gene editing.”*

## IISD (Policy Brief) - September 2018 Update on UN Reform Processes

<http://sdg.iisd.org/commentary/policy-briefs/september-2018-update-on-un-reform-processes/>

*“Numerous reforms are underway at once, which can overwhelm calendars and attract criticism of “process proliferation”. This policy brief provides a snapshot of recent developments in the parallel but inter-related reform processes underway within the UN system...”*

## Nature (News) - South Africa pushes science to improve daily life

<https://www.nature.com/articles/d41586-018-06122-9>

*“Sweeping policy changes aim to refocus research efforts on poverty, unemployment, drought and other national problems.”*

## BMJ - Defending evidence informed policy making from ideological attack

C Bonell, M McKee et al; <https://www.bmj.com/content/362/bmj.k3827>

*“The world faces a new era of greater hostility to experts and evidence, argue Chris Bonell and colleagues. The antidote, they say, is to remind the public how evidence based policy making evolved—and of its advantages and limitations”.*

Recommended.

## World Development Report 2018 – Learning to realize Education’s promise

<http://www.worldbank.org/en/publication/wdr2018#>

*“The World Development Report 2018 (WDR 2018)—LEARNING to Realize Education’s Promise—is the **first ever devoted entirely to education**. ... The best way to equip children and youth for the future is to place their learning at the center. The 2018 WDR explores **four main themes**: 1) education’s promise; 2) the need to shine a light on learning; 3) how to make schools work for learners; and 4) how to make systems work for learning.”*

## Open Democracy - Why positive thinking won’t get you out of poverty

F Sial et al; <https://www.opendemocracy.net/transformation/farwa-sial-and-carolina-alves/why-positive-thinking-won-t-get-you-out-of-poverty>

*“To say that poor people don’t have enough hope, tenacity and aspiration is to deny their agency as well as the size of the structural odds they face. **In a recent article in the New York Times**, the development economist Seema Jayachandran discusses three studies that used Randomised Controlled Trials (or RCTs) to understand the benefits of enhancing the self-worth of poor people. Despite wide differences in context, all the cases explore the viability of ‘modest interventions’ to ‘instill hope’ in marginalised communities, concluding that ‘remarkable improvements’ in the quest for poverty reduction are possible....”*

## CGD (blog) – More Results for the Money: Cash Benchmarking at USAID

Sarah Rose & Amanda Glassman; <https://www.cgdev.org/blog/more-results-money-cash-benchmarking-usaid>

*“Today, USAID took a big step forward on a new effort that could make a real difference to the agency’s impact and cost-effectiveness.”*

## American Anthropologist – Teaching and Critiquing Global Health: Or, “I Think I’ll Go into Consulting”

R McKay; <http://www.americananthropologist.org/teaching-and-critiquing-global-health-or-i-think-ill-go-into-consulting/>

*“In my contribution to this series, I want to reflect on the ambivalent position of both teaching and critiquing global health. As an ethnographer, my work has asked how anthropological tools not only*

*reflect but also construct “global health” concepts and practices. Through fieldwork I have conducted in Maputo, Mozambique, since 2006, I have asked what it means to construct health projects as explicitly “global” and about the modes of medicine, caregiving, and health that such definitions exclude. These questions also animate my teaching. Like many anthropologists of medicine, I often teach courses on themes related to global health, humanitarianism, and development to undergraduates in anthropology and related fields. Yet global health is a highly contingent and polysemic concept. It describes a shifting set of practices and instantiates a diverse array of subject positions and inequalities for health actors and ethnographers alike. As a result, **the work of teaching, writing about, and even critiquing global health can be hard to distinguish from the work of constituting it...**”*

Cfr a **tweet by Felix Stein**: “On teaching #globalhealth, a “boundary object” between intervention, and critique.”

## Vox - Why your desk job is so damn exhausting

<https://www.vox.com/science-and-health/2018/9/5/17818170/work-fatigue-exhaustion-psychology>

If you want to know, you’ll have to read this article : )

## Research

### SS&M - Evidence suggests a need to rethink social capital and social capital interventions

A Shiel et al; <https://www.sciencedirect.com/science/article/pii/S027795361830488X>

I included this one for old times’ sake : ) 20 years ago, I was involved in a PhD project (to test Putnam’s social capital theory in the EU) that was absolutely going nowhere. A bit like the current reality, you might say.

*“Policy implications relating to social capital and health are elusive and contradictory. They will remain so unless we change the way we design and evaluate health interventions. Suggestions are offered on how to address this challenge.”*

## Journal of Empirical Research on Human Research Ethics - Linking Participatory Action Research on Health Systems to Justice in Global Health: A Case Study of the Maternal and Neonatal Implementation for Equitable Health Systems Project in Rural Uganda.

B Pratt & A Hyder; <https://www.ncbi.nlm.nih.gov/pubmed/29160115>

*"An ethical framework called "research for health justice" provides initial guidance on how to link health systems research in low- and middle-income countries to health equity. To further develop the largely conceptual framework, we tested its guidance against the experience of the Maternal and Neonatal Implementation for Equitable Health Systems (Manifest) project, which was performed in rural Uganda by researchers from Makerere University. ... Our analysis identifies where alignment exists between the framework's guidance and the Manifest project, providing initial lessons on how that was achieved. It also identifies where nonalignment occurred and gaps in the framework's guidance. Suggestions are then made for revising and expanding "research for health justice."*

## BMJ Global Health - Systematic debriefing after qualitative encounters: an essential analysis step in applied qualitative research

S McMahon et al; <https://gh.bmj.com/content/3/5/e000837>

*"Conversations regarding qualitative research and qualitative data analysis in global public health programming often emphasize the product of data collection (audio recordings, transcripts, codebooks and codes), while paying relatively less attention to the process of data collection. ... This paper defines and discusses a process for systematic debriefings. Debriefings entail thorough, goal-oriented discussion of data immediately after it is collected. Debriefings take different forms and fulfill slightly different purposes as data collection progresses. Drawing from examples in our health systems research in Tanzania and Sierra Leone, we elucidate how debriefings have allowed us to: enhance the skills of data collectors; gain immediate insights into the content of data; correct course amid unforeseen changes and challenges in the local context; strengthen the quality and trustworthiness of data in real time; and quickly share emerging data with stakeholders in programmatic, policy and academic spheres..."*

## BMJ Global Health (Editorial) - Towards equity in global health partnerships: adoption of the Research Fairness Initiative (RFI) by Portuguese-speaking countries

A Carvalho et al; <https://gh.bmj.com/content/3/5/e000978>

The title speaks pretty much for itself. **For more info on RFI**, see also a **recent IHP Feat article - [From good intentions to Equitable Solutions in Health Research Collaborations – The Research Fairness Initiative \(RFI\)](#)**.