IHP news 493 : World Health Summit 2018 confirms Germany as a global health hub

(19 October 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,

In this week’s issue, the (10th) World Health Summit and annual Grand Challenges meeting (both in Berlin) feature prominently. In the final run-up to the Astana event next week, it’s also raining special supplements on the 40th anniversary of Alma Ata, among others in BMJ Global Health and the Lancet. On Wednesday, after an IHR Emergency Committee got together on the Ebola virus disease outbreak in the Democratic Republic of the Congo, WHO (again) decided the outbreak is not (yet?) a PHEIC, although the situation remains very worrying (and some would have liked indeed, for this reason, a PHEIC); End Poverty Day was “celebrated” as well as the Club of Rome’s 50th birthday this week, London hosted the International Safeguarding Summit, … and there’s plenty of other news.

Enjoy your reading.

Kristof Decoster

Featured Article

A few reflections on the World Health Summit 2018 in Berlin

Deepika Saluja (IHP resident & EV 2016) & Kristof Decoster (ITM)

Both of us recently attended the World Health Summit (WHS) organized in Berlin from 14-16th October, as some of the “over 2000 delegates and 300 speakers from around 100 countries”. The WHS celebrated its 10th Anniversary this year, among others with the launch of a “Global Action Plan for healthy lives and wellbeing for all” in which 11 key global organisations signed a commitment to unite for collective action towards achieving the health related SDG goals & targets, by working in partnership rather than in silos. Supported by UN Secretary General Antonio Guterres and presented by WHO DG Dr. Tedros, the Global Action Plan adopted a framework organised under three strategic approaches: ‘Align’ (efforts to avoid duplication), ‘Accelerate’ (the progress towards global health goals – 7 cross-cutting areas were identified where more innovative, synergistic efforts can significantly
**accelerate progress in global health** and **Account** for these goals by linking investments to results. With the first stage of this new action plan, which came into being at the explicit request of Angela Merkel (and a few other leaders), *Germany’s increased financial commitment to WHO* (to the tune of 115 million Euros for the next 4 years), with Germany also being a key player in the fight against Antimicrobial Resistance (AMR), and many global health institutes and actors currently setting up branches and offices in Berlin, the German Health Minister Jens Spahn rightly highlighted Germany’s growing role in global health at the opening plenary. Spahn also announced the establishment of a new hub for Global Health in early December, and emphasised the shared responsibilities and the need for *‘multilateral peaceful collaboration to bring health to everybody on this earth as a human right’.* Merkel would **do so even more forcefully** at a joint (WHS/Grand Challenges) keynote event later in the week where she was cheered on almost like a rock star. On a side note: Jens Spahn provided the ultimate reason why we should ditch the term ‘non-communicable diseases’ altogether: Germans just can’t pronounce it :) 

Coming to the WHS straight from Liverpool after attending the global Health Systems Research (HSR) Symposium there, we could see some stark differences in the agendas of both events, the way they were organised and the kind of participation they displayed. At the HSR Symposium, young researchers from the Global South were involved in engaging and diverse plenary discussions, and also in most of the other sessions, diversity & inclusion were certainly not empty words, even if there’s always room for improvement. Inclusiveness has been a key objective of the symposium since its beginning (including of the Emerging Voices venture), and it was good to see that goal being achieved in Liverpool.

In contrast, we found the World Health Summit (still) largely dominated by people from the Global North and global elites. In spite of the organisers’ efforts, still too many of the panels were #manels (i.e. male panels) or male-dominated. Panels (certainly in the main plenaries) were, moreover, often comprised of leaders and key decision makers of big funding organisations like the Bill & Melinda Gates Foundation, GAVI and The Global Fund; and CEOs from pharma companies like Pfizer and Merck. There was very little representation from (more radical) civil society and young voices of the global south. The absence of these key actors - civil society organisations and communities for whom the policies are actually being issued and implemented (for example in the session on global health security) was consistently pointed out by the audience during panel discussions as well as on Twitter. Apparently, some civil society actors are considering engaging more in the future which would be great for the Summit. True, there were lots of young global health & medical students from Germany, Holland, and other European countries, but with only 10 New Voices in Global Health, 20 young physician leaders and 10 entrepreneurs from the start-up track being officially included in the Summit programme to showcase their work, in an audience of over 2000 delegates, there is still a huge gap to bridge between the ‘high-level’ (and occasionally stratospheric or even outer space) policy level discussions and on-the-ground realities.

Although the theme of the summit was **Science, Innovation & Policies** and how they can (and should) be synergized to address the global health issues across the world - the phrase **“together we are strong”** was reiterated multiple times throughout the summit, including by Dr. “Partnership” Tedros - there was more emphasis on science, innovation, development of new vaccines, AMR and global health security, with a focus on multi-stakeholder partnerships and “getting the incentives right” for big pharma companies and donor agencies to get them engaged and invested for the long term; rather than on what it actually takes to implement these partnerships and policies on the ground and address inequities. Yes, partnerships are very important in our complex times in which we face many wicked challenges, and for sure “together we are strong(er)” but somehow the people selected to discuss all
this on stage were surprisingly kind to each other. Big Pharma CEOs didn’t get many questions on their tax optimisation ‘best practices’, for example.

In line with some of the major global health challenges of our times, core topics at this WHS were Pandemic Preparedness, the SDGs, Health in All Policies, Access to Essential Medicines, Health Systems Strengthening, AMR, and The Digital Healthcare Revolution. At the start of the Summit, the M8 Alliance, the academic think tank and backbone of the WHS, issued its Berlin Declaration 2018 stressing the central role of health as a driving force for the United Nations’ SDGs. “We strongly advocate a holistic and science driven approach to solving the global health challenges. Public and global health funding needs to increase”, Detlev Ganten, the WHS’s “eminence grise”, said.

With the launch of the SDG3 Global Action plan and participation from some of the most influential leaders and politicians in the field of global health, including Bill Gates, Dr. Tedros, state leaders and ministers from Norway, Ghana & Germany, and WHO’s Afro lead, Matshidiso Moeti, this year’s WHS and coinciding Grand Challenges meeting were used as a platform for positioning Germany as a key emerging Global Health hub for the coming years. In this respect, the week was were certainly successful, and the love for multilateralism was all around. Few asked the question though, why multilateralism and global solidarity are in such trouble nowadays.

Hopefully, with more regional meetings planned in the coming years, among others in Makerere in 2020, the WHS will also start bringing more evidence “from the ground” to the global policy level, ideally basing it more on public health needs than on (geo?-)political, economic, and still somewhat Northern dominated interests.

One last remark: for now, the World Health Summit still remains firmly in the ‘global health’ mode, it appears. With a few exceptions (Anders Nordström for example), the Planetary Health paradigm hasn’t really sunk in yet. So here’s a plea to invite Naomi Klein and other Jason Hickels in the coming years to change that. It’ll make the WHS even better!

**Highlights of the week**

**Planetary health**

Nature (news) - Gloomy 1970s predictions about Earth’s fate still hold true
[https://www.nature.com/articles/d41586-018-07117-2](https://www.nature.com/articles/d41586-018-07117-2)

> “Four decades ago, the Club of Rome predicted looming economic collapse in its iconic ‘Limits to Growth’ report. An update of the analysis sees much the same picture.”

Must-read (and act).

> “…The latest version of the report — by researchers with the Stockholm Resilience Centre in Sweden and the Norwegian Business School in Oslo — used an Earth-system model that combines
socio-economic and biophysical variables, alongside a wealth of historic and new socio-economic data, to draw up their conclusions....”

“To prevent human civilization from more environmental damage than it might be able to endure, the authors call on world leaders to consider more policies they deem unconventional. Only more extreme economic and behavioural changes than are currently being enacted will allow the world to achieve all 17 SDGs together, the authors say. These policies might include immediate transformation of energy systems, greater use of family planning to stabilize populations and actively encouraging more-even distribution of wealth so that the richest 10% take no more than 40% of income....”

Oxfam (blog) - Is flying the new smoking?
Dorothea Hilhorst; https://oxfamblogs.org/fp2p/is-flying-the-new-smoking-if-so-should-aid-workers-stop-flying/

Pertinent question, not just for the aid community but also for academics. The article went viral which shows that the time has come to take this issue seriously.

For a poll on some possible ways to approach this issue, see also Duncan Green’s blog - Should aid workers and academics fly? Time to vote on the best approach, please.

Guardian - Leaders move past Trump to protect world from climate change

“Far too little is being done to protect people from the heatwaves, storms and floods being supercharged by climate change, according to a high-level international commission. It aims to rebuild the political will to act that was damaged when US president, Donald Trump, rejected the global Paris agreement. The Global Commission on Adaptation is being led by Ban Ki-Moon, Bill Gates and Kristalina Georgieva, CEO of the World Bank. It involves 17 countries including China, India, South Africa, Indonesia, Canada and the UK....”

The aim is to jump-start adaptation efforts.

“... The commission will produce a major report on adapting to climate change for the UN climate summit in September 2019, followed by a year of action to implement its recommendations.

... “Scientists and economists believe the cost of adaptation could rise to $500bn per year by 2050 and, in the mid-term, $300bn by 2030,” said Ban. This money is available, he said: “I don’t think it is a matter of [getting the] money. The money can be mobilised. If there is political will, I think we can handle this matter.”...”
40 years Alma Ata

All eyes will be on Astana, next week. Via UHC 2030: “The Global Conference on Primary Health Care in Astana, Kazakhstan, October 25-26, 2018 and the 40th Anniversary of the Declaration of Alma-Ata mark the momentum that is building towards ensuring comprehensive, integrated, rights-based and people-centered quality health care within reach of all people and prioritizing those most in need. “

At WHO, last-minute preparations (and adjustments of the draft) seem to be taking place, probably right till the meeting end of next week. Curious for the final result!

**UHC 2030 – Call for CSOs to endorse a statement for the Global Conference on Primary Health Care**


“...Civil society groups around the world are reflecting on this historic moment and are calling for bold action from governments, development partners, and fellow civil society actors to drive progress for social, physical and mental health for all. They want to make sure that the calls to action coming out of Astana have impact. So the UHC2030 Civil Society Engagement Mechanism (CSEM) facilitated an inclusive, consultative process to develop a civil society statement, and over 50 individuals, organizations and networks have so far contributed....”

As a reminder, others might want to endorse an Alternative Civil Society Astana Declaration on Primary Health Care

(signed by PHM, Viva Salud, Health Poverty Action, and many others already).

Below you find some of the supplements & special issues launched ahead of the Astana event:

**The Lancet special issue on primary health care**

“Primary health care is in crisis... Leadership after the Astana meeting is essential to rejuvenate and revitalise all aspects of primary health care.” - The Lancet special issue on primary health care marks 40 years since landmark Alma-Ata Declaration. Forty years since the Alma-Ata Declaration of 1978, global leaders will convene in Astana (Kazakhstan) on 25-26 October to renew their commitment to primary health care. In the lead up to the conference, The Lancet publishes a special issue on primary health care.....” “...The aim is to renew political commitment from member states and global organisations to developing people-centred primary health care, building on the principles of the Alma-Ata Declaration.....”

- Do start with the Editorial - The Astana Declaration: the future of primary health care?
Then read the excellent Comments (among others from Tedros, Peter Hill - Primary health care and universal health coverage: competing discourses? (not really, according to Hill) – Nigel Crisp & Elizabeth Iro - Putting nursing and midwifery at the heart of the Alma-Ata vision; ...

Alma-Ata at 40 years: reflections from the Lancet Commission on Investing in Health

You know this is an absolute must-read. (by D Watkins, G Yamey, ...)

Check out also the article by colleagues Yibeltal Assefa, Wim van Damme et al focusing on the lessons Ethiopia contains for other resource poor countries - Effectiveness and sustainability of a diagonal investment approach to strengthen the primary health-care system in Ethiopia

“Weakness of primary health-care (PHC) systems has represented a challenge to the achievement of the targets of disease control programmes (DCPs) despite the availability of substantial development assistance for health, in resource-poor settings. Since 2005, Ethiopia has embraced a diagonal investment approach to strengthen its PHC systems and concurrently scale up DCPs. This approach has led to a substantial improvement in PHC-system capacity that has contributed to increased coverage of DCPs and improved health status, although gaps in equity and quality in health services remain to be addressed. Since 2013, Ethiopia has had a decline in development assistance for health. Nevertheless, the Ethiopian Government has been able to compensate for this decline by increasing domestic resources. We argue that the diagonal investment approach can effectively strengthen PHC systems, achieve DCP targets, and sustain the gains. These goals can be achieved if a visionary and committed leadership coordinates its development partners and mobilises the local community, to ensure financial support to health services and improve population health. The lessons learnt from Ethiopia’s efforts to improve its health services indicate that global-health initiatives should have a proactive and balanced investment approach to concurrently strengthen PHC systems, achieve programme targets, and sustain the gains, in resource-poor settings.”

Health Policy article - Building the case for embedding global health security into universal health coverage: a proposal for a unified health system that includes public health (by N Erondu, R Marten, G Ooms, Rob Yates, ...) (another must-read!!!)

“In the wake of the recent west African Ebola epidemic, there is global consensus on the need for strong health systems; however, agreement is less apparent on effective mechanisms for establishing and maintaining these systems, particularly in resource-constrained settings and in the presence of multiple and sustained stresses (eg, conflict, famine, climate change, and globalisation). The construction of the International Health Regulations (2005) guidelines and the WHO health systems framework, has resulted in the separation of public health functions and health-care services, which are interdependent in actuality and must be integrated to ensure a continuous, unbroken national health system. By analysing efforts to strengthen health systems towards attaining universal health coverage and investments to improve global health security, we examine areas of overlap and offer recommendations for construction of a unified national health system
that includes public health. One way towards achieving universal health coverage is to broaden the definition of a health system.”

BMJ Global Health supplement - The Alma Ata Declaration at 40: reflections on primary health care in a new era

https://gh.bmj.com/content/3/Suppl_3

Most articles already appeared online before. With exception of this one:

Time to abandon amateurism and volunteerism: addressing tensions between the Alma-Ata principle of community participation and the effectiveness of community-based health insurance in Africa

https://gh.bmj.com/content/3/Suppl_3/e001056

By Valéry Ridde et al.

Summary: “Forty years after the 1978 Alma-Ata declaration, the second international conference on primary health care in October 2018 is expected to reaffirm the place of communities in health systems management and governance. In parts of Africa, community-based health insurance (CBHI)—with communities at the centre—is still seen as a strategy for achieving universal health coverage (UHC)—but there are tensions between the Alma-Ata principle of community participation, as currently interpreted, and CBHI. The tension relates particularly to the community’s role in terms of the voluntary nature of CBHI membership and volunteer involvement of the community in governance and management—this tension requires a rethink of the role of communities in CBHI. We use examples of Rwanda, Ghana, Mali and Senegal to demonstrate the challenges associated with the place of communities in CBHI, and the need to reduce the role of community volunteers in CBHI and instead focus on professionalising management. Countries that still wish to rely on CBHIs for UHC must find ways to make populations enrolment compulsory, and strengthen the professionalisation of CBHI management, while also ensuring that communities continue to have a place in CBHI governance.”

Lancet Global Health – November issue

https://www.thelancet.com/journals/langlo/issue/current

This issue focuses on quality primary care.

- Make sure you start with the Editorial - Adding quality to primary care
“There is a word missing from the 1978 Declaration of Alma Ata: a close examination reveals that “quality”, the adjective, does not appear in it. True, the stated definition of primary health care includes the notions of practicality, scientific soundness, and social acceptability, all elements of quality when referring to the provision of health care. But the omission of the actual term could almost be taken as a foretelling sign of what happened in the four decades following the Alma Ata conference—the attainment of Health for All through community-led and participative primary health care did not come as a natural evolution for most health systems, and most importantly, health-care delivery suffered from such deficiencies that poor-quality care ultimately became a more formidable obstacle to reducing mortality in low-income and middle-income countries than insufficient access to care.

What has endured is the clearest legacy of Alma Ata—the necessity of strong, resilient primary care services. This legacy has become particularly crucial in the context of the current quest for universal health coverage. And attached to it almost systematically now, and even mentioned twice in the wording of Sustainable Development Goal 3.8, is the term “quality.” In this issue, Margaret Kruk and her colleagues of The Lancet Global Health Commission on High-Quality Health Systems in the SDG Era demonstrate that it is high time to let the word truly sink into the collective mind and the concept permeate the discourse around health systems.

... As Keely Jordan shows in a Comment retracing the place given to quality in global policy documents over the last 20 years or so, while equity and access used to take precedence over quality, the need for people-centred care is slowly surfacing, a notion in line with patient empowerment, a requirement for quality of care identified by the Commission. ...

Then go on and read at least:

- Where is quality in health systems policy? An analysis of global policy documents (by K Jordan, R Marten, M Kruk et al)
- Assessment of quality of primary care with facility surveys: a descriptive analysis in ten low-income and middle-income countries (new research article by Erlyn Macarayan (EV 2014) et al)

Health Affairs (blog) - Three More Billboards On The Long Road To Global Quality Health Care

Thomas Bollyky et al; Health Affairs:

Wonderful blog, and not just if you have watched “Three Billboards outside Ebbing, Missouri”. One of the must-reads of the week.

“In the past several months, the global health community has published three reports on the poor quality of health care in low- and middle-income nations. That issue is a long-unresolved concern with roots that extend back at least 40 years, to the Alma Ata declaration and its call for “essential health care based on practical, scientifically sound and socially acceptable methods... made universally accessible to individuals and families... at a cost that the community and country can afford.” The three reports this year—by the World Health Organization (WHO), the World Bank, and
the Organization for Economic Cooperation and Development (OECD) in July; by the National Academy of Sciences, Engineering, and Medicine (NASEM) in August; and by the Lancet Global Health Commission on High-Quality Systems in the SDG Era (HQSS Commission) in September—revive this demand for quality care in poorer countries. These reports agree on the terrible consequences of poor quality care, which include millions of unnecessary deaths and trillions of dollars in economic costs annually. ... “

“...Unlike McDormand’s character in the movie, however, these three latest reports on global quality of care are careful not to place blame or demand accountability from any particular actor for the lack of progress—there are few “How come, Chief Willoughby?” moments....”

The blog authors argue that the three reports have learned the first lesson from Alma Ata, but perhaps not the second lesson: “...the need to examine and confront the likely constraints, challenges, and opposition that have prevented implementation of quality universal health care. “

10th World Health Summit & Grand Challenges Annual meeting (14-16 resp. 15-18 October, Berlin)

https://www.worldhealthsummit.org/

https://www.worldhealthsummit.org/conference/global-grand-challenges.html

This week’s Featured article by Deepika Saluja already gave you some info on some of the main highlights & key messages. Among which, “Together we are strong”.

Below an overview of links, statements, coverage, analysis, ...

Statements, Declarations, reports & plans

M8 Alliance statement - “Health is a driving force for the sustainable development goals.”


“The rich discussions at the World Health Summit in 2018 lead us to highlight the need for action in six key areas of global health: 1. Commitment to support the SDG 3 action plan for health and wellbeing; 2. Commitment to support the global move to Universal Health Coverage; 3. Commitment to a global health agenda that builds on the universal right to health; 4. Commitment to ensure Global Health Security; 5. Commitment to investing in science and technology; 6. Commitment to address violence and sexual exploitation as a public health issue. ...”
**WHO - Global Action Plan for healthy lives and well-being for all: a historic commitment to unite for health**


This is the first stage, a commitment by heads of agencies to work together to define a common vision, commit to an initial set of actions and define accelerators and milestones. (for a quick summary doc, see [here](http://www.who.int/sdg/global-action-plan)).

Phase 2 starts now (October 2018-September 2019), a broad consultation with stakeholders in countries, regions and globally. In Phase 3, September 2019 and beyond, the plan will be launched formally.

**Reuters - International aid saves 700 million lives but gains at risk: report**


“International aid financing and innovation has helped to save nearly 700 million lives in the past 25 years, but those gains could be lost if momentum and political will wane, global health experts said on Monday. A report by international aid advocacy group the ONE Campaign said the progress against preventable deaths and diseases since 1990 could stall, and even go into reverse, unless donor governments make new commitments to innovation and action....”


See also [Devex](http://www.who.int/sdg/global-action-plan): “...According to the United Nations Development Programme, achieving SDG 3 on good health and well-being for all will require an additional $371 billion per year by 2030. To remedy this, the advocacy organization suggests donors, governments, and philanthropic organizations “mobilize more money for health and deliver more health for the money.” Its key recommendations include low-income countries increasing their health spending to $112 per person; new country donors such as China stepping up to invest; reassessment of the Abuja Declaration, a 2001 commitment on health financing for the African Union countries and donors; and testing of new financing models.....”

**Coverage of the WHS & Grand Challenges meeting**

**Guardian - Merkel calls for international unity in the face of global health threats**

Merkel played a ‘home match’ in front of a very multilateral crowd that cheered her on, at the joint keynote of the WHS/Grand Challenges on Tuesday evening: “Angela Merkel has urged countries to work together in the fight against global health threats, warning that disease and epidemics are...”
security risks that do not respect national borders. Addressing international health experts in Berlin, the German chancellor acknowledged that global cooperation was under pressure, but said nations cannot ignore health challenges.

HPW – World Health Summit Berlin: New Global Action Plan; Gates And Merkel To Open Global Challenges

Recommended – on the opening plenary & setting the scene for the whole week in Berlin: Ten years after establishing the Berlin World Health Summit, the M8 alliance of medical institutes around the globe sees some noticeable progress in political commitment to the health agenda. “Gifts” presented at the opening ceremony yesterday in the German capital include the announcement of German Health Minister Jens Spahn to establish a Hub for Global Health and step up its financial contributions to the World Health Organization (WHO) to 115 million euros over the next four years. The three-day summit also will receive a global action plan to catch up with the United Nations Sustainable Development Goal (SDG) 3 on health and well-being for all.

HPW - World Health Summit: 11 Groups Sign Collaboration; Civil Society Sees Lack Of NGOs

“Answering the call by German Chancellor Angela Merkel, Ghana’s President Nana Addo Dankwa Akufo-Addo and Norway’s Prime Minister Erna Solberg for a global action plan for pushing global health, heads of 11 major health organisations today signed “a commitment to find new ways of working together to accelerate progress towards achieving the United Nations’ Sustainable Development Goals” at the close of the World Health Summit in Berlin. The Action Plan was necessary, according to German Health Minister Jens Spahn (HPW, United Nations, 15 October 2018) in order to avoid falling behind on fulfilling the health-related targets of the United Nations 2030 Sustainable Development Agenda. Supported by UN Secretary General Antonio Guterres and presented in Berlin by World Health Organization Director General Tedros Adhanom Ghebreyesus, the Action Plan attempts to avoid fragmentation and duplication of work of the signatory organisations.

...Despite the announcement today and a number of new commitments made by the German government, activist and development organisations are not satisfied with the World Health Summit. The German development organisation “Bread for the World” on the last day of the summit in a blog post criticised the dominance of big pharmaceutical companies at the Summit....”

Sometimes German sounds lovely: World Health Summit, großer Name und nix dahinter?

WHO - Germany contributes 115 million EUR to WHO to reach global health goals

Atlantic – “The Bill & Melinda Gates Foundation and the Chan Zuckerberg Initiative have announced a new programme to bring metagenomic sequencing to clinicians in the developing world.”

Could be a strong diagnostic tool, but there are still many concerns on whether it’ll be useful.

Excerpt: “… On Tuesday, at a meeting in Berlin, the Bill and Melinda Gates Foundation announced a new training scheme for clinicians around the world. The foundation will bring successful applicants to the Chan Zuckerberg Initiative's research center in San Francisco so they can learn how to use IDseq from DeRisi’s team. Each clinician will get a backpack-size sequencer, a year’s worth of
chemical reagents, and technical support so they can start doing sequencing in their home countries. DeRisi’s grand plan is to turn iDseq into a common dashboard, shared by disease detectives around the globe. If enough people use it, they could theoretically start spotting the movements of diseases across borders, the emergence of new illnesses, or the spread of drug-resistant strains. ...

Lunch session – WHO sets the global health agenda? The increasing role of venture philanthropies in Global Health: Win-win situations or conflicts of interest with and for the WHO?


For the (4 p.) Discussion paper, see Philanthrocapitalism in global health and nutrition: analysis and implications

“This discussion paper is an executive summary of a forthcoming article by Nicoletta Dentico (Health Innovation in Practice) and Karolin Seitz (Global Policy Forum).”

“Over the last two decades, the philanthropic sector has grown in terms of the number of foundations, the size of their annual giving, and the scope of their activities. Spending concentrates on certain selected areas, especially health, education, and nutrition. Civil society organizations, scientists, and the media have finally started to devote more attention and research to the growing influence of philanthropic foundations in global development, in particular with regard to the influential members of philanthrocapitalism. Through their grant-making, personal networking and active advocacy, large global foundations play an overwhelmingly active role in shaping the global development agenda and in setting the funding priorities for international institutions and national governments alike. A new discussion paper by Nicoletta Dentico and Karolin Seitz presents major areas of concern in particular with regard to the arena of global health and nutrition and formulates recommendations to political decision-makers.”

DeveX - Opinion: The false dichotomy between ending epidemics and building health systems

Op-Ed by Peter Sands, ahead of the WHS.

Sands made quite an impression at the WHS, certainly on me. I understand a bit better his position/paradigm now on the need for global health to engage more with the private sector (including, from my vantage point at least, still the alcohol sector, ahum) : )

See also an interview with Sands in the Telegraph - What global health experts could learn from bankers. Focusing on the need for (more) speedy data collection (on infectious diseases), a topic he elaborated on in Berlin.

The wry joke of the WHS, for me at least, was when Sands called for more ‘global solidarity’ (instead of the current global health framing in vogue which focuses more on Global Health Security). Knowing his background (banker), people from all over the world hit by the financial crisis and its aftermath must no doubt have found this stance ‘comforting’.
As for **Bill Gates**, seeing him on a stage (at the joint keynote event) made it clear to me that this man is, indeed, fascinated by **innovation** (in all respects). *For better, in most cases, (and, in some cases, also for worse).*

Some analysis of the Global Action plan, Germany as a new global health powerhouse, ...

### Blog - Elevating Global Health to the UN Security Council


Excellent blog by [K Polin & R Dhatt](https://peacelab.blog/2018/10/elevating-global-health-to-the-un-security-council-5), related to Germany’s entrance to the UN Security Council & the role it could play there in terms of global health. “**Focusing on global health in the Security Council could unite its members and support Germany’s aim to reform its “two-class” structure. To ensure that this goes beyond political maneuvering and has an impact, Germany should increase funding to health systems and broaden the discussion to include other issues such as non-communicable diseases and human rights at the Security Council.”**

### Medium - How Germany Can Take the Lead in Global Health

Chris Elias & Trevor Mundel (Gates Foundation) [https://medium.com/@ChrisJElias/how-germany-can-take-the-lead-in-global-health-b51d8b17ab4f](https://medium.com/@ChrisJElias/how-germany-can-take-the-lead-in-global-health-b51d8b17ab4f)

Focus here on the role Germany could play in global health R&D.

“...the Gates Foundation is engaging with CureVac AG and BioNTech, two German biotechnology companies that are **pioneering new ways to make vaccines**. They use the body’s own administered mRNA, the molecules that turn genetic information into proteins. The implications of mRNA vaccines are enormous: They could be developed quickly, perhaps fast enough to respond to a serious infectious disease outbreak like Ebola. Plus, they would be cheap....”

### Some tweets

“**German Minister of Education and Research speaking at #Grandchallenges event in Berlin - highlighting new Global AMR R&D hub. **“

“**If you need industry to control an #outbreak you needed to start 10-15 years earlier says Paul Stoffels @JNJCares. Vaccine development is a long-term game. #innovate4health #WHS2018”**

“**Fantastic news: the London School of Hygiene and Tropical Medicine @LSHTM will now have a presence in #Berlin #Germany led by @johanefeld” (PS: the [Wellcome Trust](https://www.wellcome.ac.uk), Gates Foundation,... are doing the same)**
“Couldn’t agree more with @JeremyFarrar closing comment - we need to shift the center of gravity in #GlobalHealth to Africa, India - places where the research is used. #GrandChallenges”

“#Africa is ready to take leadership in #globalhealth says Dr M Rebecca RD @WHOAFRO here @WorldHealthSmt & raises #equity #UHC as a central concern #WHS2018”

“Kick off of #globalhealth hub in Berlin on December 3 announces MOH @jensspahn @BMG_Bund”

“Germany will provide half billion Euro’s for coordination of #AMR over the next years #WHS @BMBF_Bund”

“This is NOT a @who action plan - presently it’s a venture of 11 organizations and it will include many more actors in the next phase! @DrTedros said clearly that now it is about dialogue and reaching out. #SDG3 #SDG3ActionPlan”

“This could be big for #globalhealth, but let’s see how much donors drive for focus on impact vs merely commitment/process. @OIEAnimalHealth & @WMO should be part of the commitment, to encompass #OneHealth and #climate dimensions (but we’ll get there)”

“The M8 Alliance has announced Makerere as the winner of the bid to host the African Regional @WorldHealthSmt 2020 -The First in Africa. I congratulate our committed staff and the Mak College of Health Sciences for the job well done.”

Some early analysis of Global Action plan

**BMJ Global health blog - Toxic masculinity: a poor excuse for poor global health**

S Fisseha & M Hildebrand (from Global Health 50/50)

“... The proposed text falls in to the same trap that Global Health 50/50 an initiative that has analysed the gender policies of 140 leading global health organizations has identified. It equates gender equality with a women’s empowerment agenda, and paying scant, if any, attention to what gender means to health outcomes across the whole of society. Empowering women to decide freely on all matters related to their health, including their sexual and reproductive health and rights, is critical. Nevertheless, global health urgently also needs to conceptually and programmatically understand gender as one of the most significant social determinants of health for everyone – women, men, boys, girls and people with non-binary identities....”

- There was also some commotion on the lack of attention for NCDs in the (stage 1) Global action plan, but this, I think, is partly due to the fact that the document looks like a hasty job. Anyway, a few tweets on this issue:
Robert Marten - “The #SDG3 Road Map mapped 3.1-3.3 and 3.7-3.8, but did not map 3.4 (#NCDs) and 3.5 (substance use). Why not? Seems difficult to call this a roadmap for SDG3. It seems more of a #MDG+#UHC roadmap. http://www.who.int/sdg/global-action-plan/Global_Action_Plan_Phase_I.pdf …”

Katie Dain - “Unbelievable! Just been alerted by colleagues at #WHS2018 that draft #GlobalActionPlan on SDG3 completely misses #NCDs in framework for action?? Is that a mistake or a strategic decision to leave out no. 1 cause of mortality & morbidity worldwide? @WHO”

Overall analysis of NCD & TB UNGA HL meetings in New York

HPW - An Expert View: After The UN High-Level Meetings On TB, NCDs, What Happens Next?


Must-read. Alternatively, you can also listen to the webinar mentioned again.

“The United Nations late last month sought to hold landmark high-level meetings on ending tuberculosis and fighting noncommunicable diseases like cancer and cardiovascular disease, with mixed results. Now a Swiss-based expert is looking at the outcomes and what comes next, and in a webinar talked about the political trade-offs resulting from the meetings, the need to push for an integrated agenda on Universal Health Coverage, and how the private sector should be engaged.

The webinar, entitled “Two Weeks After: The UNGA and its HLMs – What next?,” was organised by the Global Health Centre of the Graduate Institute of Geneva on 11 October, and featured Ilona Kickbusch, director of the centre, as the respondent. Kickbusch, a former World Health Organization official at various levels, was recently elected co-chair of UHC2030, a multi-stakeholder platform to promote universal health coverage. She was at the UN General Assembly throughout the week. A recording of the webinar is available here.”

Some other links to analysis:

CSIS - The United Nations High-Level Meeting on Noncommunicable Diseases: The Politics of Inaction

By Robert David Newman (and also recommended)

Mario Ottiglio on Linkedin - Beyond the UN Summit on non communicable diseases: So what?

“... An immediate thought is that the NCD community would seriously benefit from a Gates Foundation-type organization, a (big) global player able to move the needle and operate organically across the NCD value chain. ... This is more relevant when it comes to national implementation – since it is there where stories need to emerge. There is a desperate need to continue making national investment case when it comes to NCDs (important for the next WHO NCD Plan). ... … Finally, the
upcoming global debate on the decade of healthy aging could become a very important springboard for NCDs. ... In industrial democracies, there are already more over 60 than under 15; globally we reach that point in 2020, when the WHO will declare 2020–30 The Decade of Healthy Aging and when a new NCD Global Action Plan should be launched. “

UNFPA report - All countries need to strengthen health systems, reproductive rights, UNFPA report says


“Continued progress on decreasing fertility rates and family size is dependent on health systems providing universally accessible reproductive health services, according to the United Nations Population Fund 2018 “State of the World Population: The Power of Choice: Reproductive Rights and the Demographic Transition” report. Family size is closely linked with reproductive rights, which are then tied to many other rights, such as employment and health — and no single country can claim that all of its citizens have full access to reproductive rights at all times, according to the UNFPA report released on Wednesday.”

See also UN News - World population set to grow another 2.2 billion by 2050: UN survey.

Ebola outbreak DRC – not a PHEIC (but this should not be read as an encouraging signal...)

WHO - Statement on the October 2018 meeting of the IHR Emergency Committee on the Ebola virus disease outbreak in the Democratic Republic of the Congo


You probably already know by now what’s been decided, but in case you want to have the full detail on the reasons why. Among others, WHO thinks there’s no added value (in a PHEIC) as the international response is already quite impressive. Having said that, for example, WHO’s contingency fund for emergencies’ pockets are not full...

See WSJ - “The World Health Organization called for an intensified response to a worsening Ebola outbreak in the Democratic Republic of Congo, including more assistance from United Nations peacekeeping troops..., and more resources ...” but stopped short of declaring a global public health emergency. “

Coverage & analysis:
Science - Ebola outbreak in Congo is not yet international emergency


“The deadly outbreak of Ebola that’s been stubbornly defying containment efforts in the northeastern Democratic Republic of the Congo (DRC) for more than 2 months does not rise to what’s known as a Public Health Emergency of International Concern (PHEIC). That’s the conclusion of an emergency committee convened by the World Health Organization (WHO) that has reviewed the outbreak....”

Not everybody agreed, though:

“...Jeremy Farrar, who heads Wellcome Trust in London, issued a statement that a spokesperson said emphasizes the seriousness of the situation without questioning the committee’s conclusion. “Many of the elements are there to make this a public health emergency of international concern,” Farrar said. “Declaring this could have released more resources, including finance, health care workers, enhanced security and infrastructure—as well as more international political support.”...

And the same goes for Larry Gostin (see Stat News coverage):

“Professor Lawrence Gostin, faculty director of the O’Neill Institute for National and Global Health Law at Georgetown, said he believed the committee made the wrong call. Declaring a PHEIC would have led to the mobilization of more resources, he said. In particular, Gostin said the response teams in this outbreak need additional protection, functioning as the response teams are in a conflict zone. “The WHO has neither the mandate nor the expertise to deal with security threats,” Gostin said. “The United Nations needs to train and deploy peacekeepers in support of a public health mission. Without security protection, conflicts and public distrust will propel this Ebola outbreak, and threaten public health responses in the future.”...

We bet many of you will want to read Laurie Garrett’s take (Foreign Policy) - Welcome to the First War Zone Ebola Crisis “The world thought it knew how to deal with Ebola outbreaks—but it’s never dealt with one like this before.”

Latest situation report (via Cidrap news) - More Ebola cases reported from Beni, WHO update covers more 'red zone' risks

“The WHO is concerned about recent cases from a 'red zone' that is close to internally displaced person camps.”

And a quick link: Ebola experts from CDC were pulled from outbreak zone amid security concern.
Trump embraces foreign aid to counter China’s global influence

NYT – Trump embraces foreign aid to counter China’s global influence

“President Trump, seeking to counter China’s growing geopolitical influence, is embracing a major expansion of foreign aid that will bankroll infrastructure projects in Africa, Asia, and the Americas -- throwing his support behind an initiative he once sought to scuttle. With little fanfare, Mr. Trump signed a bill a little over a week ago that created a new foreign aid agency -- the United States International Development Finance Corporation -- and gave it authority to provide $60 billion in loans, loan guarantees, and insurance to companies willing to do business in developing nations...”

Corporate power needs to be reined in

Independent - Majority of the world’s richest entities are corporations, not governments, figures show

“Corporations account for 157 of the 200 largest entities on the planet, according to a list compiled by Global Justice Now.”

“... It comes as UN officials meeting in Geneva this week debate a binding treaty seeking to hold transnational corporations to account for human rights abuses around the world. (see below)

... Campaigners are calling for the treaty to be legally enforceable at a national and global level. The UK, which currently sits on the UN human rights council, has traditionally been hostile to the treaty, which is supported by Ecuador, South Africa and a number of other developing countries....

Nick Dearden, director of Global Justice Now, said the vast wealth and power of corporations is at the heart of global problems including inequality and climate change. “The drive for short-term profits today seems to trump basic human rights for millions of people on the planet,” he said.

Some other links along more or less the same lines:

- Untrammelled corporate power threatens global breakdown, says UN agency

(Lovely) blog by Nick Dearden related to a new UNCTAD report – “Power, Platforms and the Free Trade Delusion”.

- Guardian - Tax evasion: blacklist of 21 countries with ‘golden passport’ schemes published
A blacklist of 21 countries whose so-called “golden passport” schemes threaten international efforts to combat tax evasion has been published by the west’s leading economic thinktank. Three European countries – Malta, Monaco and Cyprus – are among those nations flagged as operating high-risk schemes that sell either residency or citizenship in a report released on Tuesday by the Organisation for Economic Cooperation and Development (OECD) The Paris-based body has raised the alarm about the fast-expanding $3bn (£2.3bn) citizenship by investment industry, which has turned nationality into a marketable commodity....

Fourth session of the Open-ended Intergovernmental Working Group to draft a binding treaty to regulate multinationals and other businesses (Geneva, 13-20 October)


“From 13-20 October 2018, the fourth Session of the Open-ended Intergovernmental Working Group to draft a binding treaty to regulate multinationals and other businesses [will be] held in Geneva. As determined in the last session, the President of the Working Group will present the recently published Zero Draft of the UN Binding Treaty for discussion.”

Check out a related Policy brief (South Centre) - https://www.southcentre.int/policy-brief-56-october-2018/

“The release of the Zero Draft of the Legally Binding Instrument to Regulate, in International Human Rights Law, the Activities of Transnational Corporations and other Business Enterprises by the Chairperson of the Open-ended Intergovernmental Working Group on Business and Human Rights (OEIGWG), is likely to revive discussions on the recognition of corporate entities as subjects of international law. The present brief examines corporate entities’ human rights obligations in the context of the Zero Draft, taking into account the views and comments presented during the first three sessions of the OEIGWG and the need to advance the discussion on those entities’ obligations under international law.”

For a related blog (by M S R Subashinghe), see Let’s seize the opportunity to ensure a strong, international binding treaty on business and human rights.

And a tweet:

“Great success today of our Press Conference in @UNGeneva. From the streets and the territories to the institutions and the global conversation. The time for a #BindingTreaty that regulates transnational corporations has arrived. Join us to #StopCorporateImpunity”
Liverpool HSR symposium

Liverpool statement


With some reflections on the 4 key themes and some cross-cutting reflections.

“The Liverpool Statement calls on leaders, donors and the research community to broaden and expand foreign and domestic investment in the field of health policy and systems research, particularly for building capacity in LMICs and opportunities for embedded research. Funding must align with national priorities, but provide opportunities for broadening how research agendas get set in ways that are open to innovation and inclusive of marginalised voices.”

WHO 2018 symposium on health financing for UHC (Tuesday 9 October, Liverpool)


Short report of the one-day meeting, and also all presentations.

Quick link with some coverage on the opening plenary: #MeToo movement resonates at global health systems research conference

Finally, for the ones who want to know how I look back on the incident related to a previous IHP intro, see Short Liverpool epilogue (on IHP).

Lancet Planetary Health (October issue)

https://www.thelancet.com/journals/lanplh/issue/vol2no10/PIIS2542-5196(18)X0011-4

Among others, with New Initiative aims at expanding Global Burden of Disease estimates for pollution and climate

“The Institute for Health Metrics and Evaluation (IHME) held a workshop in Seattle (March 1 and 2, 2018) to plan a new Initiative—the Global Burden of Disease (GBD)-Pollution and Health Initiative—to increase knowledge on the contributions of pollution and climate to the GBD study.

...The concept of the Initiative originated from the 2017 Lancet Commission on pollution and health

...The challenges confronting the GBD-Pollution and Health Initiative are formidable. Nonetheless, we believe that this Initiative is timely and that by leveraging the GBD study’s enormous global influence, the Initiative’s findings will inform low-income and middle-income countries on how to pursue the
Sustainable Development Goals while avoiding the health and environmental tragedies that have plagued past development.

Annual IMF/WB Bali meetings – more (overall) analysis

Devex - 5 takeaways from the World Bank meetings in Bali

Devex:

Recommended. On climate change; China & debt sustainability; Human Capital; Accountability; Private finance.

(PS: the World Bank is currently undertaking a study of the Belt and Road Initiative to better understand where risks and opportunities lie so that the latter might be maximized while guarding against the former...)

- Eurodad analysis - Annual Meetings round-up: As uncertainty reigns in the global economy, there are strong calls for a rethink of Fund and Bank policies

"With the country still reeling from the devastation of the Sulawesi tsunami, Indonesia played host to the Annual Meetings of the International Monetary Fund (IMF) and World Bank Group (WBG), in Bali last week. The sobriety of the moment was reflected in gloomy forecasts from the IMF, which issued stark warnings of debt and trade risks to global growth. Meanwhile, controversy surrounded the World Bank’s new Human Capital Index; the 2019 World Development Report; and the ‘private finance first’ approach at the core of the Bank’s Maximising Finance for Development. CSOs and academics raised their voices to shine a light on the risks that the policies of the Bretton Woods Institutions (BWIs) posed to human rights and sustainable development across the Global South. Eurodad presented new research on the harmful impacts of Public-Private Partnerships and on IMF loan conditionality, and facilitated dialogue on better creditor coordination to solve debt crises."

- Check out also Bretton Woods Project - Annual Meetings Wrap-up: ‘Headwinds’ overshadow Bali holiday

"Downside risks materialise as crises loom; As climate change bites, Bank continues incremental progress; MFD, WDR, EPG and GCI: Can you spell instability? The Human Capital Project: What human rights and state obligations? Bali: Imposed silence beyond the gilded halls."

End Poverty Day (17 October) & analysis of new WB report

WB report: Poverty and Shared Prosperity 2018

“The Poverty and Shared Prosperity series provides a global audience with the latest and most accurate estimates on trends in global poverty and shared prosperity. The 2018 edition — Piecing Together the Poverty Puzzle — broadens the ways we define and measure poverty. It presents a new measure of societal poverty, integrating the absolute concept of extreme poverty and a notion of relative poverty reflecting differences in needs across countries. It introduces a multi-dimensional poverty measure that is anchored on household consumption and the international poverty line of $1.90 per person per day but broadens the measure by including information on access to education and basic infrastructure. Finally, it investigates differences in poverty within households, including by age and gender.”

For the WB’s press release, see Going Above And Beyond To End Poverty: New Ways Of Measuring Poverty Shed New Light On The Challenges Ahead.

“With nearly half the world living on less than $5.50 a day, a new World Bank report introduces new tools to help countries better identify the poor and implement policies to improve living standards.”

The Conversation - Why the World Bank’s optimism about global poverty misses the point


Brilliant analysis. Excerpts:

“… World Bank poverty estimates have come in for a lot of criticism. For example, Jason Hickel, an anthropologist at the London School of Economics, has pointed out that there’s often a large gap between national poverty lines and the international poverty line stipulated by the bank. If we are to have a serious debate about world poverty on End Poverty Day, we have to start by acknowledging that the global problem of poverty is far more extensive than World Bank rhetoric would have us believe. Two big factors need to be confronted. The first is that the majority of the world’s poor live in countries that have experienced strong economic growth. The second is that the growth strategies these countries have practised create and reproduce poverty. For example, more than 55% of South Africa’s population lives below the country’s upper poverty line, of R1,138 (USD$80) a month. But, according to the World Bank, only 18.85% of the South African population lives in poverty. This suggests that the international poverty line touted by the World Bank systematically underestimates the extent of global poverty.…

This point is partially acknowledged in this year’s report. Accordingly, the World Bank proposes new and higher poverty lines - USD$3.20 and USD$5.50 a day, respectively. According to the report, almost half the world’s population lives below the USD $5.50 a day poverty line. However, we need to go further than this – indeed, the World Bank’s widely touted story of historically low poverty levels must be rejected. … In his recent book Global Poverty, development economist Andy Sumner shows how a new geography of poverty has emerged in the global South.

Whether we use monetary estimates – Sumner uses a poverty line of $2.50 a day – or estimates of multidimensional poverty; that is, poverty measured according to health indicators, education levels,
and economic standards of living – as many as 70% of the world’s poor currently live in what the World Bank refers to as middle-income countries. “

“... This pattern of development clearly shows how poverty is a matter of distribution that is related to the kind of employment opportunities that are created when southern countries are embedded in global value chains. The factory jobs that are established when transnational corporations set up shop in countries like Mexico or Vietnam are fundamentally precarious. And it is precarious workers who capture the least of the value that is created in global production networks. This is why precarious workers live in poverty in middle-income countries in the global South....”

For more optimistic analysis of the new WB poverty measurement methodology, see:

M A Lugo (on the WB’s ‘Let’s talk Development’ blog) - Why the World Bank is adding new ways to measure poverty

F Ferreiro (on the same WB blog) - A richer array of international poverty lines


ILO expresses concern about World Bank report on future of work


“Following the publication of the World Development Report 2019 on ‘The changing nature of work’, the ILO questions the approach to some key issues addressed in the publication.” “....we remain concerned about the WDR’s approach to labour market institutions, regulations, the informal economy and social protection, and its lack of consideration of the gender dynamics of the changing nature of work. In addition, where we may agree with certain observations in the WDR, we find that the analysis and policy solutions fall short of a comprehensive approach to reducing inequality....”

See also the Guardian - Oxfam criticises World Bank for backing deregulated labour markets

“Aid charities and trade unions have denounced a World Bank report that advises some of the poorest countries in the world to accept the demands of multinational corporations to hire and fire workers and remove laws protecting workers’ rights. Oxfam said the report’s main message was that governments should abandon labour market regulation and rely instead on low levels of welfare to prevent workers falling into extreme poverty. With poor countries facing the twin threats from large corporates unwilling to negotiate with trade unions and young start-ups insisting on casual labour arrangements, Oxfam said the World Bank appeared to offer labour market deregulation as the only way to prepare countries for the changing nature of work....”

PS: Joe Kutzin qualified, in one respect, on Twitter: “Appears that @WorldBank #WDR2019 report recommends delinking of social insurance from employment. If this is the case (at least for the
health part), then congratulations. **Wage-based health insurance is a 19th century artifact that is ultimately inconsistent with #UHC**

**EU Aid**

Devex - Bill Gates to Europe: 'Stay generous’ on aid to stop US cuts


“Bill Gates entered the debate over the European Union’s next seven-year budget Wednesday, telling a packed meeting of the European Parliament’s development committee that maintaining high levels of EU aid would prevent budget cuts in Washington. “In terms of U.S. foreign aid, as long as Europe stays generous, I believe there is a bipartisan consensus where the U.S. overall it may cut a few things, but the overall level I believe will be maintained,” Gates told European parliamentarians, researchers and aid advocates in Brussels. “The [U.S.] Congress has a longer timeframe, what I would call a more responsible view of cooperation, than the current executive branch position.””

Annual AidWatch report (CONCORD)

Devex - EU aid dips as least-developed still forgotten: AidWatch report


For another view: “European countries are spending too much development assistance at home and too little overall, according to the annual AidWatch report from NGO confederation CONCORD.”

“...The latest edition, published Wednesday, offers a different perspective on the 2017 aid data released by the Organisation for Economic Co-operation and Development. **CONCORD argues that spending on refugees and international students within the donor country, tied aid, interest repayments on concessional loans, debt relief, and future interest on cancelled debts should not be counted as official development assistance.** The report found the amount of European aid “inflated” in this way was 19 percent in 2017, or about €14 billion ($16.20 billion), down from 22 percent in 2016. CONCORD attributed the decrease largely to a 10 percent drop in aid spent on refugees in donor countries, and an 82 percent drop in debt relief....”

“... For CONCORD, this partly means **pushing for more support to least-developed countries.** As the EU, we think we are the champion on the 2030 Agenda [for Sustainable Development], and leaving no one behind is a key principle,” De Fraia said. **Yet Europe is still well short of the U.N. target of 0.15 percent of GNI going to LDCs by 2020 and 0.20 percent by 2025.** The report found that between 2014-2016, 0.11 percent of ODA from the EU institutions and member states went to LDCs. Only a handful of EU donors, such as Belgium, Ireland, and Sweden, featured seven or more LDCs in their top 10 ODA recipients....”
“De Fraia said the growing emphasis on private sector investment was partly to blame, as companies are reluctant to invest in risky environments. ...”

Aid & #MeToo

Guardian - Global register set up to keep criminals out of aid sector


“The UK is to help launch a global register of dangerous criminals with the aim of preventing them finding their way into the aid sector, in the wake of the aid abuse scandal, it has been announced. As the international development secretary Penny Mordaunt prepared to address a conference on Thursday on abuse within the sector, Whitehall officials confirmed the government planned to put £2m into the first year of a five-year the pilot scheme. The project will be run with Interpol and the Association of Chief Police Officers’ criminal records office and will cost a total of £10m, Mordaunt’s department, the (DfID), said on Tuesday evening....”

See also Devex - Could a global register of aid workers prevent sexual abuse? and the Independent - Global list of sex predators in the foreign aid sector to be launched.

Guardian – Penny Mordaunt confronted on stage by protester over failings on aid sex abuse


“Penny Mordaunt was dramatically confronted on stage by a protester who accused her of failing to give women a voice at a conference on sex abuse in the aid sector. Alexia Pepper De Caires, a whistleblower and former Save the Children employee, approached the minister while she was delivering her speech in London on Thursday....”

“... Mordaunt apologised to Pepper De Caires on stage and, alluding to a scathing attack on the summit contained in an open letter sent to her by campaign group Code Blue on Wednesday, offered the platform to the protester and her colleagues. Mordaunt, who also said it would be appropriate if Pepper De Caires and her colleagues were given the closing slot at the summit, said: “I’m sorry, I wasn’t aware of the specific issue with Code Blue until today.””

On the International Safeguarding Summit in London, see also Devex – “... The summit kicked off with the controversial announcement that a charity currently under investigation — Save the Children — will play a key role in a new register of aid workers. The register will be piloted in Asia and Africa in an effort to prevent perpetrators of sexual misconduct from moving around the sector. Save the Children is currently under investigation by the U.K. charity regulator for its handling of sexual harassment allegations, and is not bidding on contracts from the U.K. Department for International Development until the investigation is complete. As she announced the register, U.K. aid chief Penny Mordaunt was interrupted on stage by campaigner Alexia Pepper de Caires, a high-
profile activist and Save the Children whistleblower. De Caires said she was “disgusted” to learn “that Save the Children would be awarded a headline project to try and tackle sexual misconduct in the sector when they are still under investigation by the Charity Commission themselves....”

For more info on the International Safeguarding Summit (held in London on Thursday), see https://www.gov.uk/government/topical-events/safeguarding-summit-2018

PS: encouragingly, as some of you might already have noticed, the #MeToo Movement Gathers Force In India (NPR Goats & Soda).

**United Nations agencies call for ban on virginity testing**

http://www.who.int/news-room/detail/17-10-2018-united-nations-agencies-call-for-ban-on-virginity-testing

“**Virginity testing** — a gynecological examination conducted under the belief that it determines whether a woman or girl has had vaginal intercourse — must end, says UN Human Rights, UN Women and the World Health Organization (WHO). In a global call to eliminate violence against women and girls everywhere, this medically unnecessary, and often times painful, humiliating and traumatic practice must end....”

Statement made at the World Congress of Gynecology and Obstetrics in Rio de Janeiro.

Fyi - The FIGO World Congress of Gynecology and Obstetrics is the single largest global congress on maternal and infant health, bringing together obstetricians, gynecologists and related health professionals from around the world.

Another tweet related to this conference: “The FIGO Committee on Pregnancy and Non-Communicable Diseases launched the Global Declaration on Hyperglycemia in Pregnancy today at #FIGO2018.”

And this: FIGO Global Declaration on Cervical Cancer Elimination.

**Access to Medicines**

HPW - “The People’s Prescription”: New Report Calls For Value Creation Instead Of Value Extraction In Pharmaceutical R&D


“A new report, “The People’s Prescription: Re-imagining health innovation to deliver public value,” calls for restructuring research and development innovation systems to create, rather than extract,
value. It also calls for long-term “mission-oriented” public investment, and a public return on this investment. “Health innovation is about making new treatments and cures available to the people that need them. Profits might be earned but not at the cost of doing what the health system is meant to do: heal,” Mariana Mazzucato, professor in the Economics of Innovation and Public Value at University College London (UCL), and director of UCL’s Institute for Innovation and Public Purpose, said in the introduction of the report. The People’s Prescription: Re-imagining health innovation to deliver public value was released today, 15 October, and is the result of a collective effort between Mazzucato through the UCL Institute for Innovation and Public Purpose, and STOPAIDS, Global Justice Now and Just Treatment, according to the report press release. The report will be officially launched on 17 October in London....”

BMJ (News) - Drug companies are incentivised to profit not to improve health, says report

https://www.bmj.com/content/363/bmj.k4351

For more on this new report, see also this BMJ news article: “Government funding for health innovation is subsidising drug industry profits while providing little public health benefit, a report from leading health economists says. Most new drugs are not meeting public needs while economic and regulatory incentives have created a “highly inefficient pharmaceutical sector” which spends more on marketing than research and development, and focuses the research it does do on profits, the report explains....”

“... The report suggests a number of ways health innovation funding could be reformed to ensure the public gets more benefit from the research it pays for. As a first step it proposes “delinking” the cost of research and development from the price of any resulting product. Research would be paid for by governments through a combination of grants, subsidies, and rewards for successful achievement of milestones set according to public health priorities. ... Other suggested reforms include attaching conditions to public funding....”

Lancet Offline - The fetishisation of “global”

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32588-1/fulltext

Having been to perhaps a few too many global health events, Richard Horton (one of the few planetary health travellers on this planet) begins to have doubts about “the fetishisation of the “global”. Global summits. Global campaigns. Global actions. What is this idea of the “global”?...”

He dwells in this Offline among others on the important work of the The Lancet Commission on Global Mental Health and Sustainable Development, co-chaired by Vikram Patel and Shekhar Saxena, launched at a recent Summit. “... A decade of campaigning has made mental health a core priority for the international health community. The Lancet Commission’s goal is to accelerate action on mental health. But it does so not by repeating old messages. Instead, the Commission aims for a radical reappraisal of mental health. It situates mental health as foundational for sustainable development. It defines mental health as a continuum rather than a binary. As Vikram Patel noted, when we talk about mental health, “we are talking about ourselves”....”
It’s mainly Irene Agyepong’s recent *Lancet* lecture that gave him some doubts on the fetishisation of global. She concluded: “...The trajectory towards UHC cannot be taken for granted, she warned. If grand global goals are to be realised, country demand, ownership, leadership, institutions, ideas, interests, and resources are essential. The principle global goal should be to catalyse human capacity building in countries. Global commitments mean little unless they take account of the domestic challenges faced by country policy makers. Above all, she urged global health leaders to “resist the gold rush lure of fix-all, global technological magic bullets”.”

**Lancet Series - Terrorism and health**


“Terrorist attacks present a major challenge to society, placing governments, citizens, infrastructure, and health systems under acute pressure. *This Series of papers commissioned jointly by The Lancet Infectious Diseases and The Lancet Psychiatry* reviews the history of terrorism and mental health, and preparedness planning for biological and nuclear incidents. It provides a balanced, practical approach on necessary steps for the prevention of incidents, preparation, management of response, and communication of vital information regarding necessary actions and risk to the general public.”

**Forecasting future health**

*Lancet - Forecasting life expectancy, years of life lost, and all-cause and cause-specific mortality for 250 causes of death: reference and alternative scenarios for 2016–40 for 195 countries and territories*


“Understanding potential trajectories in health and drivers of health is crucial to guiding long-term investments and policy implementation. Past work on forecasting has provided an incomplete landscape of future health scenarios, highlighting a need for a more robust modelling platform from which policy options and potential health trajectories can be assessed. *This study provides a novel approach to modelling life expectancy, all-cause mortality and cause of death forecasts —and alternative future scenarios—for 250 causes of death from 2016 to 2040 in 195 countries and territories.*”

Interpretation of the results: “With the present study, we provide a robust, flexible forecasting platform from which reference forecasts and alternative health scenarios can be explored in relation to a wide range of independent drivers of health. *Our reference forecast points to overall improvements through 2040 in most countries, yet the range found across better and worse health scenarios renders a precarious vision of the future—a world with accelerating progress from technical innovation but with the potential for worsening health outcomes in the absence of deliberate policy action.* For some causes of YLLs, large differences between the reference forecast and alternative scenarios reflect the opportunity to accelerate gains if countries move their
trajectories toward better health scenarios—or alarming challenges if countries fall behind their reference forecasts. Generally, decision makers should plan for the likely continued shift toward NCDs and target resources toward the modifiable risks that drive substantial premature mortality. If such modifiable risks are prioritised today, there is opportunity to reduce avoidable mortality in the future. However, CMNN causes and related risks will remain the predominant health priority among lower-income countries. Based on our 2040 worse health scenario, there is a real risk of HIV mortality rebounding if countries lose momentum against the HIV epidemic, jeopardising decades of progress against the disease. Continued technical innovation and increased health spending, including development assistance for health targeted to the world’s poorest people, are likely to remain vital components to charting a future where all populations can live full, healthy lives.”

Read also the related Lancet Comment - Major strides in forecasting future health

Some key journal (and other) articles of the week

Review of International Studies - President Donald Trump as global health's displacement activity

Sophie Harman & Sara Davies; https://www.cambridge.org/core/journals/review-of-international-studies/article/president-donald-trump-as-global-healths-displacement-activity/171E5289240708B11F78AB23EEBDD74D#.W8BjYbteAak.twitter

“The United States presidential election of Donald Trump in 2016 was observed by global health commentators as posing dire consequences for the progress made in global health outcomes, governance, and financing. This article shares these concerns, however, we present a more nuanced picture of the global health governance progress narrative pre-Trump. We argue that Trump’s presidency is a displacement activity to which global health’s pre-existing inequalities and problems of global health security, financing, and reproductive health can be attributed. Unfettered access to sexual and reproductive rights, sustained financing of health system strengthening initiatives, affordable medicines and vaccines, and a human security-centred definition of global health security were already problematic shortfalls for global health governance. Trump no doubt exacerbates these concerns, however, to blame his presidency for failings in these areas ignores the issues that have been endemic to global health governance prior to his presidency. Instead of using Trump as a displacement activity, his presidency could be an opportunity to confront dependency on US financing model, the lack of a human-security centred definition of global health security, and the norm of restricting reproductive health. It is such engagement and confrontation with these issues that could see Trump’s presidency as being a catalyst for change rather than displacement as a means of preserving the uncomfortable status quo in global health. We make this argument by focusing on three specific areas of US-led global health governance: reproductive health and the ‘global gag rule’, health financing and the President’s Emergency Plan for AIDS Relief (PEPFAR), and pandemic preparedness and global health security.”

Globalization & Health - Donor financing of human resources for health, 1990–2016: an examination of trends, sources of funds, and recipients

“Skilled health professionals are a critical component of the effective delivery of lifesaving health interventions. In response, more international development agencies have provided funds toward broader health system initiatives and health workforce activities in particular. Nonetheless, estimates of the amount of donor funding targeting investments in human resources for health activities are few. We utilize data from the Institute for Health Metrics and Evaluation’s annual database on development assistance for health.”

“...We find that the amount of donor funding directed toward human resources for health has increased from only $34 million in 1990 to $1.5 billion in 2016 (in 2017 US dollars). Overall, $18.5 billion in 2017 US dollars was targeted toward human resources for health between 1990 and 2016. The primary regions receiving these resources were sub-Saharan Africa and Southeast Asia, East Asia, and Oceania. The main donor countries were the United States, Canada, Australia and the United Kingdom. The main agencies through which these resources were disbursed are non-governmental organizations (NGOs), US bilateral agencies, and UN agencies.

“...In 2016, less than 4% of development assistance for health could be tied to funding for human resources. …”

BMJ Global Health - Mind the costs, too: towards better cost-effectiveness analyses of PBF programmes
Y-Ling Chi, Kalipso Chalkidou et al; https://gh.bmj.com/content/3/5/e000994

Short summary: “The evidence surrounding the cost-effectiveness of performance-based financing (PBF) is weak, and it is not clear how PBF compares with alternative interventions in terms of its value for money. It is important to fill this evidence gap as countries transition from aid and face increasing budget constraints and competing priorities for the use of their domestic resources. In conducting cost-effectiveness analyses of PBF, researchers should be mindful of the identification, measurement and valuation of costs and effects, provide justification for the scope of their studies, and specify appropriate comparators and decision rules. We also recommend the use of a reference case to lay out the principles, preferred methodological choices and reporting standards, as well as a checklist.”

Nature (Editorial) - The best research is produced when researchers and communities work together
https://www.nature.com/articles/d41586-018-06855-7

“Knowledge generated in partnership with the public and policymakers is more likely to be useful to society and should be encouraged.”

Was widely retweeted this week.
Global health events

- As you know, next week is “Alma Ata 40 years week”, with obviously the event in Astana (Global Conference on Primary Health Care) as the main one, but there’s also an international ITM symposium on the 23rd.

- We already also want to flag here also a CGD talk after the event, on November 1. The event will also be livestreamed. “From Aspirations to Reality: Making Primary Health Care Happen”: “This Event co-hosted by the Center for Global Development (CGD), John Snow, Inc. (JSI), and Primary Health Care Performance Initiative (PHCPI) will assess major outcomes emerging from Astana, provide a reality check on challenges countries are facing, and reflect on the role of the global health community going forward.....”

Global governance of health


Rob Baggott et al; http://journals.sagepub.com/doi/full/10.1177/0020731418805378

“This article explores Cuba’s health assistance and support for other countries. It explores the rationale and motivations for Cuba’s internationalism in health. It then details the various aspects of its health interventions, including emergency relief, strengthening of health systems, treatment programs, training of health professionals, engagement in multilateral cooperation, and biotechnology. The article analyzes the benefits of Cuba’s health internationalism for Cuba and for others. It also explores potential adverse consequences and criticisms of Cuba’s approach. The article concludes by noting that Cuba has been ahead of the game in integrating foreign policy and health policy and that its experience may hold lessons for other countries seeking to develop global health strategies.”

Lancet Global Health (comment) - The cost and challenge of vaccine development for emerging and emergent infectious diseases

Joel Maslow; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30418-2/fulltext

“... In this issue of The Lancet Global Health, Dimitrios Gougias and colleagues present a cost analysis for vaccine development for epidemic infectious diseases. Such an analysis is crucial to serve as a guide to harmonise finite funds and monetary needs to achieve CEPI’s goal of successful testing through phase 2a of at least one vaccine per targeted pathogen. Although not part of CEPI’s mandate, the eventual objective is successful vaccine licensure....” This is the accompanying Comment in the Lancet Global Health.
Science Speaks - Site provides global view of outbreak preparedness

https://sciencespeaksblog.org/2018/10/15/site-provides-global-view-of-outbreak-preparedness/

Short article related to “PreventEpidemics.org”, “… a site presenting findings from Joint External Evaluations of outbreak preparedness, the World Health Organization’s measure of nations’ ability to protect themselves and the world from the spread of diseases with pandemic potential. A project of Resolve to Save Lives, the initiative launched by former U.S. Centers for Disease Control and Prevention Director Dr. Tom Frieden, PreventEpidemics.org calls itself “the world’s first website to provide clear and concise country-level data on epidemic preparedness.” In addition to country level scores on national abilities to identify, monitor, and control outbreaks, it provides up-to-date news of current outbreaks.”

Nature (World View) – The biggest pandemic risk? Viral misinformation

Heidi Larsson; https://www.nature.com/articles/d41586-018-07034-4

“A century after the world’s worst flu epidemic, rapid spread of misinformation is undermining trust in vaccines crucial to public health, warns Heidi Larson.”

“…I predict that the next major outbreak — whether of a highly fatal strain of influenza or something else — will not be due to a lack of preventive technologies. Instead, emotional contagion, digitally enabled, could erode trust in vaccines so much as to render them moot. The deluge of conflicting information, misinformation and manipulated information on social media should be recognized as a global public-health threat. … … So, what is to be done? The Vaccine Confidence Project, which I direct, works to detect early signals of rumours and scares about vaccines, and so to address them before they snowball. The international team comprises experts in anthropology, epidemiology, statistics, political science and more. We monitor news and social media, and we survey attitudes. We have also developed a Vaccine Confidence Index, similar to a consumer-confidence index, to track attitudes….”

Development Policy (blog) - Australia needs political courage, will and leadership to realise the SDGs

Claire Brolan; Development Policy;

Probably requires at least a change of government : )
ODI (blog) - Aid for the private sector: continued controversy on ODA rules


Analysis related to last week’s UK announcement by Penny Mordaunt to count profits made through DfID’s private sector investment outfit, the CDC, as aid.

See also a CGD blog (by Ian Mitchell et al) - How Should UK Development Finance Count as Aid?

For other news and analysis in this respect (i.e. how to define ODA), see Devex - OECD pushes fix on untied aid, Japan pushes back

“The debate over tied aid is heating up at the Organisation for Economic Co-operation and Development, with top donors yet to agree changes to the rules almost three weeks after they were expected to reach a deal. OECD has circulated a revised version of its proposal to increase the number of places where contracts for development work must be open to firms outside the donor country. The organization cited members’ concerns that the initial proposal for untying aid didn’t go far enough — yet one member state, Japan, told Devex it believes the proposal went too far. An OECD official, authorized to speak to the media anonymously, said the Development Assistance Committee — which sets the international rules for aid spending — was expected to agree its updated policy on untying aid at delegate-level talks in Paris, France, on Sept. 27, but the meeting ended without the necessary consensus....”

IISD - IAEG Reclassifies 5 SDG Indicators, Considers Moving 15 More out of ‘Tier III’


“The eighth meeting of the UN Inter-agency and Expert Group on SDG Indicators will consider reclassifying several indicators, discuss work plans for moving remaining indicators out of ‘Tier III’, and discuss proxy indicators for Tier III indicators. IAEG-SDGs 8 will take place from 5-8 November 2018, in Stockholm, Sweden....”

New partnership between the Global Alliance for Improved Nutrition (GAIN) and HarvestPlus seeks to expand access to biofortified crops to one billion people

“The Global Alliance for Improved Nutrition (GAIN) and HarvestPlus announced today a new partnership to bring the benefits of biofortified crops to one billion consumers.”

**UHC**

Let’s start with a tweet from a Berlin civil society meeting on UHC:

“This is a very important point made by @ChristophBenn: #CivilSociety needs to merge it’s many (worthy) movements into one #GlobalHealth movement demanding #UHC to be realised. This is the way to be heard & seen! #passion4gh #GER4GlobalHealth @CSOs4UHC”

**UHC2030 launches Statement on sustainability and transition from external funding**


Over to Liverpool then: “The UHC2030 Technical Working Group on sustainability and transition from external funding presented this set of principles during the fifth Global Symposium on Health Systems Research, in Liverpool, UK.”

Not everybody was/is that pleased, I heard in Liverpool ...

**Global Health action - Strengthening health technology assessment systems in the global south: a comparative analysis of the HTA journeys of China, India and South Africa**

Kim MacQuilkan, Kalypso Chalkidou et al;

“Resource allocation in health is universally challenging, but especially so in resource-constrained contexts in the Global South. Pursuing a strategy of evidence-based decision-making and using tools such as Health Technology Assessment (HTA), can help address issues relating to both affordability and equity when allocating resources. Three BRICS and Global South countries, China, India and South Africa have committed to strengthening HTA capacity and developing their domestic HTA systems, with the goal of getting evidence translated into policy. Through assessing and comparing the HTA journey of each country it may be possible to identify common problems and shareable insights. This collaborative paper aimed to share knowledge on strengthening HTA systems to enable enhanced evidence-based decision-making in the Global South by: Identifying common barriers and enablers in three BRICS countries in the Global South; and Exploring how South-South collaboration can strengthen HTA capacity and utilisation for better healthcare decision-making....”
Also heard at the HSG symposium in Liverpool: Kalypso Chalkidou is ‘the Goddess of iDSI’ :) (among others)

**Plos Med- Patient-centered primary care and self-rated health in 6 Latin American and Caribbean countries: Analysis of a public opinion cross-sectional survey**

F Guanais, M Kruk et al;  
[https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002673](https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002673)

“Svetlana Doubova and colleagues investigate which elements of patient-centered primary care are associated with better individual self-rated health in Brazil, Colombia, El Salvador, Jamaica, Mexico, and Panama."

**Speed (blog) - Gender and Social Health Insurance: Putting the “Universal” in UHC**


New blog by my colleague Clara.

**BMJ Global Health – Evaluating emergency care capacity in Africa: an iterative, multicountry refinement of the Emergency Care Assessment Tool**

[https://gh.bmj.com/content/3/5/e001138](https://gh.bmj.com/content/3/5/e001138)

“Healthcare facilities in low-income and middle-income countries lack an objective measurement tool to assess emergency care capacity. The African Federation for Emergency Medicine developed the Emergency Care Assessment Tool (ECAT) to fulfil this function....”

**Planetary health**

Let’s start this section by a poignant tweet by Kate ‘Doughnut economics’ Raworth, referring to two meetings last week, resp at UN and in Bali (‘We have two years to limit climate change catastrophe, warns UN’ and ‘Window of opportunity on global growth narrowing, IMF’)

“One week, two meetings - a worldview apart. The history books will remember us as The Age of Dissonance, whose international institutions were simply unable to connect ecology and economy.”
Guardian - As the fracking protesters show, a people’s rebellion is the only way to fight climate breakdown


“Our politicians, under the influence of big business, have failed us. As they take the planet to the brink, it’s time for disruptive, nonviolent disobedience.” Monbiot zooms in here, among others, on the UK, Germany, US, Australia & a disaster in the making, Brazil.

The paragraph on Germany perhaps, for the ones who get rather carried away by Angela Merkel on her (arguably, rather good) global health track record: “...In Germany, the government that claimed to be undergoing a great green energy transition instead pours public money into the coal industry, and deploys an army of police to evict protesters from an ancient forest to clear it for a lignite mine. On behalf of both polluting power companies and the car industry, it has sabotaged the EU’s attempt to improve its carbon emissions target. Before she was re-elected, I argued that Angela Merkel was the world’s leading eco-vandal. She might also be the world’s most effective spin doctor: she can mislead, cheat and destroy, and people still call her Mutti...”

In terms of planetary health, Mutti still has way to go, in other words.

50th anniversary Club of Rome’s ‘Limits to Growth’ report

Project Syndicate - Is Hothouse Earth Avoidable?


(must-read!!!) Johan Rockström is Professor and former director of the Stockholm Resilience Centre at Stockholm University. His co-authors are, encouragingly, from a Norwegian Business School.

“If our planet becomes just 2°C warmer than pre-industrial temperatures, we may find ourselves irreversibly headed toward a scenario characterized by excruciatingly high temperatures and frequent extreme weather events. Only rapid economic transformation can reduce the risk of such an outcome.”

“For its 50th anniversary, the Club of Rome updated the “Limits to Growth” report’s “World 3” computer model. Using economic and social data from the last five decades, the so-called Earth 3 simulation provides new projections about the future impact of human activity. ... ... We based our analysis on the UN Sustainable Development Goals, agreed upon by world leaders in 2015. The 17 SDGs include social objectives like ending poverty and improving health, as well as critical environmental targets, including halting species extinctions, protecting our oceans, and reducing greenhouse-gas emissions. To determine whether the world may be able to meet these goals by the 2030 deadline, we considered four scenarios, ranging from business as usual to total economic transformation.
“... There is just one scenario that can deliver improvements to human wellbeing in an environmentally sustainable way: the path of “transformational change,” brought about by a shift to unconventional policies and measures. In our analysis, we identify five areas where such change is particularly important....”

“Our key message is that the only way to balance growth and sustainability is through structural and societal transformation on a global scale.”

Guardian - 'It'll change back': Trump says climate change not a hoax, but denies lasting impact


This qualifies as ‘progress’, I guess : )  Trump also added that climate scientists have ‘political agendas’.

Press Release: World Bank Group, Germany, and UK Launch $145 Million Financing Facility to Support Earlier Action on Climate and Disaster Shocks


News from last week in Bali: “The World Bank Group, in partnership with the governments of Germany and the United Kingdom, announced [today] a US$145 million Global Risk Financing Facility (GRiF) to help vulnerable countries manage the financial impact of climate change and natural hazard-induced shocks. The new facility was announced at the World Bank and IMF Annual Meetings in Bali in the presence of senior representatives of the World Bank and the governments of Germany and the United Kingdom, with support from representatives of the Vulnerable 20 (V20) group of countries...”

Guardian - Trouble brewing: climate change to cause 'dramatic' beer shortages


Whether this will cause, at last, a ‘cosmopolitan moment’ is anybody’s guess. But hey, perhaps in the UK? 😊

Some quick links:
Infectious diseases & NTDs

Guardian - Groundbreaking Australian HIV trial should be replicated, researchers say


“Trial resulted in 25% fall in new infections in year after rapid rollout of PrEP medication.” A rather important study as it documents the benefit of HIV prevention pills, for the first time, at a population level.

“...The rapid, targeted and large-scale uptake of the Australian study made it unique, and the findings have been published in international medical journal The Lancet HIV....”

Nature Communications – Non-neutralizing antibodies elicited by recombinant Lassa–Rabies vaccine are critical for protection against Lassa fever

Nature Communications;

The abstract is « Chinese » for me, or rather ‘Japanese’ (as if I speak a fair amount of Chinese), so let me just refer to the colleagues from Global Health Now on this one: “A promising new vaccine is poised to take on both Lassa fever and rabies, according to new research published in Nature Communications.”

Would be good news for Africa.

See also NIH - Scientists develop novel vaccine for Lassa fever and rabies.

Nature (News) – Nigeria’s largest Lassa fever outbreak sparked by rats

Nature News;
“Analysis calms fears that the virus had mutated into a super-bug that could move more easily from person to person.”

Healio - Should pregnant women receive an Ebola vaccine despite WHO recommendations?

Healio

Debate with point & counterpoint. Respectively, “Inclusion of pregnant women in live vaccine trials is an ethical imperative” and “An unlicensed Ebola vaccine could be given to pregnant women now only if both DRC and WHO agree”.

Reuters – Zika in Africa: Rare birth defect on the rise in Angola

Reuters

“... Cula is one of at least 72 babies born with microcephaly in Angola between February 2017 and May 2018, suspected victims of an emerging Zika outbreak. The cases have gone largely unreported, but an internal World Health Organization report reviewed by Reuters concluded in April that two cases of a potentially dangerous strain of Zika confirmed in early 2017, along with the microcephaly cases identified since then, provided “strong evidences” of a Zika-linked microcephaly cluster in Angola....”

AMR

Nature (Editorial) – Progress on antibiotic resistance

https://www.nature.com/articles/d41586-018-07031-7

“This week, “a consensus statement [was published] that seeks to find common ground on defining the obstacles and recommending ways to overcome them. The statement is signed by specialists who represent organizations from the French diagnostics company bioMérieux to the European Commission’s Joint Programming Initiative on Antimicrobial Resistance, which coordinates national research programmes. It’s a landmark effort and a triumph of cooperation and communication for the community. Now the hard work really begins: addressing the issues in the roadmap....”
HPW - Novartis, GARDP Join Forces To Reduce Child Deaths From Antimicrobial Resistance


“Novartis and the Global Antibiotic Research & Development Partnership (GARDP) have announced that they are “joining forces” to reduce child deaths from antimicrobial resistance (AMR) by accelerating “the development and availability of generic antibiotic treatments for children in low- and middle-income countries,” according to a GARDP press release....”

Quick link:

Cidrap - Report highlights declining sales of vet antibiotics in Europe

“A report yesterday from the European Medicines Agency (EMA) shows a significant drop in overall sales of veterinary antibiotics across Europe. The data from the EMA’s eighth European Surveillance of Veterinary Antimicrobial Consumption (ESVAC) report show a 20.1% decline in sales of antibiotics for food-producing animals in 25 European Union (EU) countries from 2011 through 2016, with notable decreases in the sales of antibiotics that are critically important in human medicine. The EMA says the reduction shows that efforts by the EU, its member states, and various stakeholders to promote prudent use of antibiotics in the animal sector are having a positive impact....”

NCDs

Paper - Should We Tax Soda? An Overview of Theory and Evidence


Paper from August, from some health economists. “Taxes on sugar-sweetened beverages (SSBs) are growing in popularity and have generated an active public debate. Are they a good idea? If so, how high should they be? Are such taxes regressive? Americans and some others around the world consume a remarkable amount of SSBs, and the evidence suggests that this generates significant health costs. Building on recent work by Allcott, Lockwood, and Taubinsky (2018) and others, we review the basic economic principles for an optimal sin tax on SSBs. The optimal tax depends on (1) externalities: uninternalized costs to the health system from SSB consumption; (2) internalities: costs consumers impose on themselves by overconsuming sweetened beverages due to poor nutrition knowledge or lack of self-control; and (3) regressivity: how much the financial burden and the internality benefits from the tax fall on the poor. We then summarize the empirical evidence on the key parameters that determine how large the tax should be, which suggests that SSB taxes can be welfare enhancing. We end with seven concrete suggestions for policymakers considering an SSB tax.”
Global Public Health - Prevalence of traditional, complementary, and alternative medicine use by cancer patients in low income and lower-middle income countries


“The use of traditional, complementary, and alternative medicine (TCAM) for cancer may influence the delivery or effectiveness of conventional cancer treatment. In this systematic review, we aimed to (1) summarise the available prevalence data on traditional medicine use by cancer patients in less developed countries (LDCs), and (2) stratify the prevalence data by world region and country income level....”

Sexual & Reproductive / maternal, neonatal & child health

BuzzFeed News – Inside The Covert Group Of Lawyers Working To Fight The “Chilling Effect” Of Trump’s Abortion Policy

Buzzfeed

“The group has been working under the radar for nearly two years to include and implement exceptions to what they refer to as Trump’s “global gag rule.”...

“A cabal of lawyers has been working pro bono and under the radar for nearly two years to fight against the harm they say President Donald Trump’s anti-abortion foreign policy is causing globally. This is the first time a faction of lawyers of this size and reach has covertly convened to mitigate the health-related global policies of a US president, according to the two organizations that convened this group, two lawyers in the group, and five experts familiar with the group’s work....”

“...The “legal working group” (as its members refer to it) comprises mostly lawyers representing US-based nongovernmental organizations, many of which have “consultative status” to the UN, meaning they attend UN meetings and contribute to UN policy processes and discussions. The group was brought together by the Center for Health and Gender Equity (CHANGE), a US-based, UN-certified, international aid organization, and the Center for Reproductive Rights. ...

“...The chief concern of the group, four of its members told BuzzFeed News, is making sure organizations in countries that rely on US funding to provide health care are not “over-complying” with the Mexico City Policy, meaning ending family-planning programs that don’t technically violate the policy, out of fear of the US cutting funding — a phenomenon advocates call the “chilling effect.”...”
Globalization & Health - Results-based aid with lasting effects: sustainability in the Salud Mesoamérica Initiative


“The Salud Mesoamérica Initiative is a public-private partnership aimed at reducing maternal and child morbidity and mortality for the poorest populations in Central America and the southernmost state of Mexico. Currently at the midpoint of implementation and with external funding expected to phase out by 2020, SMI’s sustainability warrants evaluation. In this study, we examine if the major SMI components fit into the Dynamic Sustainability Framework to predict whether SMI benefits could be sustainable beyond the external funding and to identify threats to sustainability....”

Journal of Interpersonal violence - Transformative or Functional Justice? Examining the Role of Health Care Institutions in Responding to Violence Against Women in India

Anuj Kapilashrami et al; http://journals.sagepub.com/eprint/USI9arFwiY3RWyjmXys2/full

“With the growing salience of ideas and reforms concerning women’s human rights and gender equality, violence against women (VAW) has received heightened policy attention. Recent global calls for ending VAW identify health care systems as having a crucial role in a multisector response to tackle this social injustice. Scholars emphasize the transformative potential of such response in its ability to not only address the varied health consequences but also prevent future recurrence by enabling wider access to support and justice. This wider consensus on the role of health systems, however, demands stronger empirical basis. This article reports findings from an exploratory research developed around the core question: What are the perceived strengths and challenges confronting health systems in offering a comprehensive response to VAW in India? Drawing on site visits, observations, and interviews with front-line staff and program managers of an integrated intervention to tackle violence in Kerala and nongovernment organisation staff in Delhi and Mumbai, the article presents its historical context and key barriers to effective implementation....”

BMJ Global Health (Analysis) – Mapping the landscape of global programmes to evaluate health interventions in pregnancy: the need for harmonised approaches, standards and tools

P L F Zuber et al; https://gh.bmj.com/content/3/5/e001053

“Pregnant women and their babies are among the populations most vulnerable to untoward health outcomes. Yet current standards for evaluating health interventions cannot be met during pregnancy because of lack of adequate evidence. The situation is even more concerning in low-income and middle-income countries, where the need for effective interventions is the greatest. Meeting the
Sustainable Development Goals for health will require strengthened attention to maternal and child health. In this paper we examine ongoing initiatives aimed at improving the assessment of maternal interventions. We review current methodologies to monitor outcomes of maternal interventions and identify where harmonisation is needed. Based on this analysis we identify settings where different minimal data sets should be considered taking into consideration the clinical realities. Stronger coordination mechanisms and a roadmap to support harmonised monitoring of maternal interventions across programmes and partners, working on improving pregnancy and early childhood health events, will greatly enhance ability to generate evidence-based policies.”

And a quick link:

Guardian - Strict parents and social stigma limit mobile use for girls in poor countries

Access to medicines

GAVI - Government of Brazil signs grant agreement for US$ 20 million in support to IFFIm


“The Government of Brazil formally approved today a grant of US$ 20 million to the International Finance Facility for Immunisation, or IFFIm, which will accelerate the availability of funding for immunisation programmes supported by Gavi, the Vaccine Alliance. Brazil’s commitment of $1 million per year for 20 years makes it the 10th donor to IFFIm overall and the second BRICS donor after South Africa....”

And a quick link:

NYT - China imposes record fine on vaccine maker over safety scandal.
Human resources for health

Human Resources for Health - Healthcare workers’ industrial action in Nigeria: a cross-sectional survey of Nigerian physicians


“The Nigerian health system has been plagued with numerous healthcare worker strikes (industrial action) at all levels. The purpose of this study is to document physicians’ views on healthcare worker-initiated strike action in Nigeria and represent a follow-on to a previous study where poor leadership and management were cited as the most common cause of strike action by healthcare workers....”

Miscellaneous

Reuters - Sober start as recreational marijuana becomes legal in Canada

Reuters;

“Canada became the first industrialized nation to legalize recreational cannabis on Wednesday, but a lawful buzz will be hard to come by in its biggest cities like Toronto and Vancouver, where stores are not yet open....”

An extra argument – together with climate change – to all move to Trudeau’s country : )

For the more scientific fans of the policy measure, see Nature - What legal weed in Canada means for science. “Opportunities abound to improve the cultivation of a once-forbidden plant.”

Devex - Why did India really reject the human capital index?


Indian readers might want to have a look at this article.
Guardian – Exclusive: dramatic slowdown in global growth of internet access


“Report showing dramatic decline in internet access growth suggests digital revolution will remain a distant dream for billions of people.”

Brookings (blog) - Systems thinking for multilaterals: New report on global financial governance

A Bhattacharya & H Khara; Brookings;

“The report of the G-20 Eminent Persons Group (EPG) on Global Financial Governance, chaired by Singapore’s Deputy Prime Minister Tharman Shanmugaratnam, released [this] week at the Annual Meetings of the IMF and World Bank in Bali, offers consequential ideas for making the global financial system work for all. The report covers development finance as well as reforms for global financial resilience. This post summarizes the content of the development finance portion. The EPG report makes three basic points on development finance: (1) The world needs a better system to achieve development impact through promoting economic stability and sustainable growth, and it needs it now. (2) This requires global development finance institutions to work together as a system, rather than as separate entities. (3) A new governance structure should provide coherence across key institutions to ensure that the system works well across all its component parts. Each of these points represents a fresh perspective on the global economy. Together, they could result in radical change….”

CGD (blog) - USAID’s Country Roadmaps are a Small, Early Step on the Journey to Self-Reliance


“USAID Administrator Mark Green regularly underscores his view that the goal of foreign assistance is to end its need to exist. Consistent with that objective, Green is spearheading a shift in how USAID works to better support partner countries’ ability to plan, implement, and finance their own development. The agency is calling this new country-centered approach the “Journey to Self-Reliance,” and—as we’ve discussed previously—it incorporates a number of worthwhile elements. Last week, the agency came out with its first major, visible Journey to Self-Reliance product—a series of country “roadmaps” that use 17 indicators to plot low- and middle-income countries’ “commitment” to and “capacity” for self-reliance....” Sarah Rose’s take.
Guardian - Yemen on brink of 'world's worst famine in 100 years' if war continues


“Yemen could be facing the worst famine in 100 years if airstrikes by the Saudi-led coalition are not halted, the UN has warned. If war continues, famine could engulf the country in the next three months, with 12 to 13 million civilians at risk of starvation, according to Lise Grande, the agency’s humanitarian coordinator for Yemen....”

Devex – 'Significant mistakes' in USAID global health supply chain, House says

Devex

“The United States House Committee on Foreign Affairs on Monday found in a report that “significant mistakes were made by all parties” in handling the U.S. Agency for International Development’s global supply chain contract with Chemonics International. The report was released at the conclusion of a congressional oversight investigation after Devex last year revealed the agency’s $9.5 billion contract faced chronic problems....”

Emerging Voices

Lancet Planetary Health - Planetary health and food systems: insights from global SDGs

Adithya Pradyumna (EV 2014) et al; https://www.thelancet.com/journals/lanph/article/PIIS2542-5196(18)30202-X/fulltext

“An article by Pradhan and colleagues in Earth’s Future contributes to the empirical basis for planetary health action. The article, which looked at country-level trends of SDG indicators between 1983 and 2016 for 227 countries, showed the challenge of intersectoral coordination in the era of the SDGs. The key findings are that SDGs 3 (good health and wellbeing), 12 (sustainable consumption and production), and 15 (life on land) were the most prevalent country-level trade-offs, and this Comment further analyses the findings....”