IHP news 494  :  Alma Ata revisited: Back to the Future?

( 26 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,

For public health people, there’s only one highlight this week – the Astana conference in Kazakhstan, aka “the Global Conference on Primary Care” (25-26 October), whereby, according to WHO framing, ‘the world [came] together to renew a commitment to PHC to achieve UHC and the SDGs’. Quite a few analyses and blogs ahead of the meeting were titled, not inaccurately, “Back to the Future“. Now let’s hope we don’t need to repeat the whole thing in 40 years from now, as I recall from my younger days that the Back to the Future sequels didn’t exactly improve on the original.

One of the questions you might have is whether, 40 years after the first Alma Ata Declaration, we can be more optimistic than last time. What is clear is that, although the world is certainly wealthy (and technologically advanced) enough now to make it all happen in our lifetime, challenges are at least as big, if not bigger, than last time. At the ITM symposium on 40 years Alma Ata from earlier this week, an EV representative emphasized that, instead of being optimistic or pessimistic, it’s important to be pragmatic, and try to make concrete progress. In addition, she said we need to first scrutinize the lessons of past decades (i.e. why “Alma Ata“ has, by and large, failed to materialize in many settings) in order to avoid making them all over again. All very valid points.

Having said that, the pragmatic millennial generation will have its work cut out, in a now deglobalizing world – last time that happened, it didn’t end well – with ever increasing ecological pressure. Whether you call it a global “ecological civilization”, doughnut economics or, like Renzo Guinto, ‘Planetary Health Care’, the urgency of this Alma Ata 2.0 ‘New International Economic Order’ adds an extra level of wickedness emphasized to the challenge ahead. The revised declaration remains rather silent on this NIEO 2.0, unfortunately. And how we are going to get there in time, now that we see more and more big-business strongmen foul-mouthing on the global scene (instead of the pro-environment leaders we need), is anybody’s guess.

For now, as my colleague Remco van de Pas pointed out earlier this week, global health remains largely stuck in an “age of dissonance“. As my generation is too lame (and the one before probably doesn’t care enough, on average, as they know the worms are already waiting for them), it’ll be up to the millennial generation to fundamentally change our economic system, make it fit for the 21st century, and push the current big shots aside who seem to think just a tweak here and there will do. In the end, millennials (and their offspring) are the ones who will eventually have to live with the consequences. So I’d encourage them not to be too pragmatic in the epic battle that awaits them:

This week, we have two short editorials – one on homeless people in Liverpool (by Councillor Paul Brant), the other by 2 EV alumni (Renzo Guinto & Roopa Dhatt) who were around in Kazakhstan for
the 30th anniversary of Alma Ata, and have since reinvented Alma Ata in their own way, as young global health leaders. They’re also in Kazakhstan this time.

Enjoy your reading.

Kristof Decoster

**Featured Articles**

**Rough sleeping in Liverpool**

By Councillor **Paul Brant** (*Labour Councillor for Fazakerley Ward; Cabinet Member for Health & Social Care*)

No visitor to any major town or city in the UK can fail to be shocked by the rise in street homelessness. As major destination and regional visitor hub, Liverpool is no exception.

The background to this rise is the eight years of austerity imposed on the welfare support system and on local government in particular. The cuts have fallen hardest on the poorer Councils which get the highest proportion of central Government support. Liverpool has lost over 60% of its grant.

The Council responded by creating a shelter ‘Labre House’ open every night, to anyone in the City who needs it providing a free to use shelter which also accommodates dogs, and provides food.

The Mayor has said that the Council will ignore the Government’s rule that certain groups, such as failed asylum seekers, cannot receive any publicly funded support.

During recent summers the Council funded a safe ‘wet’ space for drinking by street drinkers. This facility (known as the ‘Rest Centre’) ensured that the drinkers were also in a space where support was available.

We have seen a move towards a problem with the street taking of drugs requiring more complex interventions, but the commissioning of a specific primary health care service for the street homeless (with ulcer and other specialist clinics) has received high praise from the regulator.

Liverpool’s homeless team helps over 7000 people a year and all but a few are kept in housing. However there are about 30 or so rough sleepers who are not in accommodation. The problem of finding the right offer of support at a time when these people feel able to accept it is a very difficult exercise.

The Council funds a local charity to provide outreach work, walking the streets, building relationships and encouraging the rough sleepers to engage with local services. It can take weeks or months to build up confidence and trust which may lead to that offer being accepted.

Ultimately there is a unique set of reasons which leads to each rough sleeper. Their problems can only be solved by a unique tailored response which meets their needs. The wrap around support and
welfare cuts need to be reversed to properly support vulnerable people to maintain their tenancies.

A journey of friendship: how Alma-Ata made us young global health leaders

Renzo Guinto and Roopa Dhatt

It has been 40 years since the adoption of the Declaration of Alma-Ata, which reaffirmed that health is a fundamental human right and that gross inequalities in health are unacceptable. We agree.

Ten years ago, we were medical students, and attending the 30th anniversary conference in Kazakhstan helped us become young global health leaders. It was our first time to participate in a global health conference and we were honored to be selected by the International Federation of Medical Students Associations (IFMSA), a global network of more than a million medical students, as its representatives. Our attendance was supported by the United Nations Children’s Fund (UNICEF), which was the co-architect of the Alma-Ata Declaration along with the World Health Organization (WHO) back in 1978.

Along with the other youth delegates, we stayed in Hotel Kazakhstan, which was built four decades ago for the participants of the original Alma-Ata conference. Beside it is the main hall where more than a thousand delegates witnessed the Declaration being signed by more than a hundred national governments, sealing their commitment to make primary health care – essential, scientifically sound, and socially acceptable health services – accessible to all people.

During that week, we listened to panel discussions and met with public health leaders from around the world. We even had a closed-door roundtable discussion with Margaret Chan and Ann Veneman, then the heads of WHO and UNICEF. As youngsters we were both new to the global health arena, but we saw ourselves leading the youth delegates draft a statement calling for meaningful participation of young people in strengthening primary health care around the world.

While we were both students and thus neophytes to global health during that time, we both understood early on that we were there as spokespersons for the world’s youth and therefore should not allow ourselves to be victims of tokenism. We did not want our involvement in global health and the promotion of primary health care to end in Alma-Ata. Hence, we made a personal commitment, not just to remain connected after the conference, but to spread the messages of the conference to fellow young people globally and take on some serious global health challenges moving forward.

We both moved on to become leaders of our respective national medical student associations (American Medical Student Association and Asian Medical Students Association-Philippines), co-organized workshops in several countries, from Jakarta to Geneva, on topics as wide-ranging as the
social determinants of health and global health diplomacy, and later assumed leadership roles in IFMSA as president (Roopa) and envoy to the WHO (Renzo), working together to advance youth participation in global health policy.

Ten years later, we are still in the frontlines of global health and there are no signs of stopping. In fact, we are only beginning our journey towards active engagement in global health – not as young students but as young-at-heart professionals imbued with youthful energy and optimism. The vision of Alma-Ata to achieve “Health for All” by year 2000 has already been long overdue, but new global health challenges have evolved, making our mission extra difficult.

Having experienced first-hand the challenges of being an emerging woman leader in the global health field, Roopa launched a global movement - **Women in Global Health** (WGH) - to shift the narrative from women as beneficiaries of global health initiatives to women as leaders and change agents of global health transformation. Global health delivery is diminished by gender inequality – ideas, innovation, expertise and talent are lost. With nearly 10,000 supporters from 70-plus countries, WGH is working to transform today’s environments such that all genders, especially women can thrive and reach their maximum leadership potential. Today, the movement continues to spread around the world, with the **new annual conferences**, **high-level reports**, and even major reforms in the **leadership composition of the WHO cabinet**.

Meanwhile, coming from one of the most climate-vulnerable countries in the world, Renzo has taken on the challenge of transforming health systems worldwide to become more resilient in the era of climate change. He has grown into one of the freshest voices in the emerging field of planetary health, working hard to build bridges across disciplines, sectors, geographies, and generations in advancing the health of both people and the planet. At present, he serves in the editorial advisory board of the new journal **The Lancet Planetary Health**, is finishing his doctoral thesis on building **climate-smart local health systems in the developing world**, and is now establishing **PH Lab** in the Philippines that will generate innovative solutions for the world’s pressing public health and planetary health challenges.

When we both set foot in Alma-Ata ten years ago, we had no clue that it would be a launching point for us for an exciting journey in global health – one that would be parallel but at many times intertwining. For instance, the Declaration did not highlight the importance of women participation in primary health care, and it mentioned environmental concerns only in passing, so in a way, we both reinvented Alma-Ata. We claimed it as ours and made it relevant to the changing times since women continue to be undervalued and as the planet endures a slow-burn crisis – both of which are detrimental to the future of global health.

Ten years hence, on the **Declaration’s 40th anniversary**, we both return to Kazakhstan, this time in its capital Astana, to convey our energy and passion to a new generation of **young primary health care leaders**. New declarations may be made, but we still carry in our hearts the lessons we learned from Alma-Ata and reaffirm the promise we made – to do our part in making “Health for All” a reality within our lifetime.

**Renzo Guinto** (@RenzoGuinto) is a Doctor of Public Health candidate at the Harvard T.H. Chan School of Public Health and former Liaison Officer to the WHO of the International Federation of Medical Students Associations (IFMSA). **Roopa Dhatt** (@RoopaDhatt) is Executive Director of Women in Global Health.
Global Health (@WomeninGH) and former President of IFMSA. Both Renzo and Roopa are alumni of the Emerging Voices for Global Health (EV4GH) program.

**Highlights of the week**

**WB - 2018 Health Equity and Financial Protection Indicators Database**

Earlier this week, the WB published a massive new dataset on Health Equity and Financial Protection (HEFPI). “... The dataset has grown over time from the first dataset published in 2000 which pulled data from 42 surveys and one type of survey, covered just 42 countries, and included just 34 indicators, which all concerned maternal and child health. In 2013, for the first time, the database included household out-of-pocket health expenditures, noncommunicable disease indicators (NCD), and data from high-income countries. The 2018 database follows this trend by employing over 1,600 surveys, covering 183 countries, and encompassing multiple years of data, richer NCD data, and more extensive data on household out-of-pocket expenditures.”

The dataset comes with a (freely downloadable) data visualization portal, with 12,000+ country-level data points.


For some quick info & background on the new database:


For a short overview of the dataset, see also the [Lancet Global Health: Introducing the World Bank’s 2018 Health Equity and Financial Protection Indicators database](https://www.lancet.com/subsite/2018-03-14-world-bank-database-introduction) (by A Wagstaff et al)

And if you really can’t get enough of it, there’s also a 50-page working paper (by A Wagstaff et al), with all the details of the dataset and multiple examples of its use. “The 2018 database on Health Equity and Financial Protection indicators provides data on equity in the delivery of health service interventions and health outcomes, and on financial protection in health. This paper provides a brief history of the database, gives an overview of the contents of the 2018 version of the database, and then gets into the details of the construction of its two sides -- the health equity side and the financial protection side. The paper also provides illustrative uses of the database, including the extent of and trends in inequity in maternal and child health intervention coverage, the extent of inequities in women's cancer screening and inpatient care utilization, and trends and inequalities in the incidence of catastrophic health expenditures.”
Going forward, the dataset will form an integral part of the Bank’s tracking of UHC in the years to come.

Astana Conference – Global conference on Primary Health Care (25-26 October, Kazakhstan)

http://www.who.int/primary-health/conference-phc/

Astana was “the place to be” this week, for public health people, old & young.

Objectives of the conference were: (1) renew political commitment from member states and global organizations to developing people-centred health care at the heart of UHC; (2) commemorate the 1978 Alma Ata Declaration on PHC; (3) provide the Foundation for the UNGA High-Level meeting on UHC in 2019; and (4) implementation of renewed declaration from 2019-2030 tied to WHA and UNGA.

So a key objective would also be the operationalization of this renewed commitment.

Below some of the main news, analyses, new reports & initiatives, and other reads.

WHO (News release) - New global commitment to PHC for all at Astana conference: Declaration of Astana charts course to achieve UHC, 40 years since declaration on PHC in Alma-Ata


We reckon you know this by now : )

“Countries around the world [today] agreed to the Declaration of Astana, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage. The Declaration of Astana reaffirms the historic 1978 Declaration of Alma-Ata, the first time world leaders committed to primary health care.

“…The Declaration of Astana comes amid a growing global movement for greater investment in primary health care to achieve universal health coverage…

“…UNICEF and WHO will help governments and civil society to act on the Declaration of Astana and encourage them to back the movement. UNICEF and WHO will also support countries in reviewing the implementation of this Declaration, in cooperation with other partners….”

“…The Declaration of Astana, unanimously endorsed by all WHO Member States, makes pledges in four key areas: (1) make bold political choices for health across all sectors; (2) build sustainable
primary health care; (3) empower individuals and communities; and (4) align stakeholder support to national policies, strategies and plans....”

Astana Declaration: From Alma-Ata towards universal health coverage and the Sustainable Development Goals

https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf

A 12 pager. We bet you’ll want to read this. Some of you might even want to hang it on the wall, in your bedroom.

The Declaration was apparently adopted on the cheerful tones of Dallas (or was it Indiana Jones)? Let’s hope decision makers won’t betray the new Declaration at the rate Dallas characters used to commit adultery.

Some early reactions via Twitter:

““Ted Chaiban of @unicef challenges us to make #PHC a movement, and not just a moment!”

On this, “From a moment, make it a movement”, see also http://apps.who.int/primary-health/commitments/ where you can share your own commitment to PHC.

Tedros quote – “we have a historical second chance to get #PHC right #astana2018.”

“The final version of the #AstanaDeclaration that is about to be adopted by MS now includes both #gender & #SRHR language (with a footnote). Thank you to all member states that pushed for inclusive, people centered & gender sensitive integrated services #PHC as a pathway to #UHC.”

Arush Lal: “As the #Astana2018 declaration is passed, notably absent is any mention of "youth". World leaders: If you truly believe the next generation is an important partner in health systems, a simple first step is to explicitly include #youth as a stakeholder in all outcome documents!”

Simon Wright: “Some self-reflection at #Astana2018 would be good. Why did Alma-Ata not achieve change? Why did @UNICEF @WorldBank and many others promote selective primaryhealthcare, Bamako Initiative and the #MDGs. Will #UHC and #SDGs be any different?”

Simon Wright - “Alma ATA #PHC was deeply grounded in the political climate of the 1970ties - the health equivalent of the new economic order - therefore you cannot just press „repeat“. What is the political vision today? What global social contract for health do we envisage? @WHO @UHC2030 #AA40”

Renzo Guinto - “1 thing we don’t mention is that the #AlmaAta40 Declaration isn’t legally binding, has no teeth. Is it magic that it still draws inspiration even 40 years later, or is #GlobalHealthLaw the missing ingredient that’s why #HealthforAll still not a reality? #Astana2018 @who @unicef”
Astana background documents

**WHO/UNICEF - A vision for Primary Health Care in the 21st century: towards UHC & the SDGs**

[https://www.who.int/docs/default-source/primary-health/vision.pdf](https://www.who.int/docs/default-source/primary-health/vision.pdf)

“…A Vision for Primary Health Care in the 21st Century provides the rationale for and foundation of the Astana Declaration, with its continued political focus on the right to integrated, quality, personal and population-level primary care; on health as a multisectoral social and economic construct, dependent on many sectors; and on community engagement in health, and empowerment with respect to health services. It reviews evidence gathered over the last 40 years, and explains why progress on PHC, as originally envisioned, has been mixed. It provides a detailed description of how the components of PHC might evolve, and ends with an appealing and achievable vision for PHC in the 21st century.”

**Technical series on PHC: series of background papers**

[https://www.who.int/primary-health/conference-phc/background-documents](https://www.who.int/primary-health/conference-phc/background-documents)

Check out all the background papers. There’s quite a few, so you’ll know what to do during the holidays. There’s even one on the [economic case for PHC](https://www.who.int/primary-health/conference-phc/background-documents). Cfr a tweet on this ‘investment case for PHC’: “Investment in #phc pays off! At least 50 million deaths averted and 360 million healthy life years gained by 2030!”

We especially want to flag the [Brief written by our colleagues, Primary Health Care and emergencies](https://www.who.int/primary-health/conference-phc/background-documents). (Clara Affun-Adegbulu, Button Ricarte, Sara Van Belle, Wim Van Damme, Remco van de Pas and Willem van De Put).

“A primary health care approach is an essential foundation for health emergency and risk management, and for building community and country resilience within health systems…”

Or cfr a tweet: “Why a PHC-approach preparing for and during emergencies is crucial for health systems, GHS and UHC.”

**Civil society declarations and statements**

**PHM - Alternative Civil Society Astana Statement on Primary Health Care**

[https://phmovement.org/draft-alternative-civil-society-astana-statement-on-primary-health-care/](https://phmovement.org/draft-alternative-civil-society-astana-statement-on-primary-health-care/)

Slightly revised compared to a previous version. Still very much a recommended read (and do spot the differences with the Astana Declaration!).
Remark: “after some consultation it was agreed to call this a “statement” rather than a “declaration”. The statement is a re-affirmation of the Alma Ata declaration, which to PHM and others remains the ultimate declaration on primary health care; the principles are clear and remain relevant. This statement can be seen as a re-commitment to the Alma Ata declaration of 1978: a number of points have been drawn out from the Alma Ata Declaration; with a few additions relevant to the current context and challenges. …”

If you want this more in blog form, see PHM on Medium - The Alma-Ata Declaration — Updated and Re-affirmed

“…The fundamental reason for this inadequate progress towards ‘health for all’ is the rejection by governments — primarily, governments in the Global North — of the core tenets of the Alma-Ata declaration: the need to address the political, economic, social, and cultural determinants of health inequalities; to ensure that approaches to PHC are driven by the affected communities; to massively increase the resources available for PHC, rejecting neoliberal economic policies and pursuing policies of independence, peace, détente and disarmament; etc”

“Secondly, we need to identify trends in global health policy, governance and practice that are eroding the Alma-Ata principles…”

Official Civil Society Statement -UHC 2030 Civil Society Mechanism

“…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….“

More analyses, articles related to Alma Ata then and now, reports, initiatives...

CGD - The Declaration of Alma-Ata at 40: Realizing the Promise of Primary Health Care and Avoiding the Pitfalls in Making Vision Reality

BMJ (response) Call for indicators on people participation in health promotion for universal health coverage (UHC)
F Omaswa, I Kickbusch, G Ooms et al; https://www.bmj.com/content/361/bmj.k1716/rr-0

“... We the undersigned are making a call for correction of this important omission of an explicit indicator on health promotion through community participation. SDG targets and indicators are regularly reviewed and the next review will take place in 2020. We therefore call for the inclusion of at least one explicit target and indicator on community participation in health promotion and wellbeing in the official UN SDG Indicator Classification. The process for this should be taken up urgently, and should be led by Member States, Civil Society and the WHO....”

Renzo Guinto in HHR blog - ALMA-ATA at 40: Time to Expand to Planetary Health Care

Excellent blog in the HHR blog series.

“... a revitalized PHC—Alma-Ata 2.0—must now stand for ‘Planetary Health Care’. Alma-Ata 2.0 must push not just for improved sanitation locally, as was the case for PHC, but for ecological integrity on a regional and even global scale. ... ... Planetary Health Care therefore opens a new opportunity for whole-of-society activism for human rights. Health advocates must intensify their partnership and solidarity with other human rights activists, including environmental rights activists who are now being killed in record numbers globally. This revitalized and expanded Alma-Ata 2.0 will unify a much broader range of advocates and actors, including the millennial generation who are hugely dissatisfied with the status quo...”

BMJ Special collection on Primary Health Care
https://www.bmj.com/primaryhealthcare

“The Alma Ata declaration of 1978 was a pivotal moment in public health, stating primary healthcare would be essential to obtaining the goal of “Health for All” by the year 2000. That vision proved to be a mirage, yet a renewed commitment by WHO and the United Nations to universal health coverage means that 40 years later, the approach championed by the Alma Ata declaration remains an enlightened and forward thinking blueprint for countries striving to achieve health for all. In support of these principles and to further the debate, this special collection brings together content on the progress and future of primary healthcare.”

Make sure you read:

BMJ Editorial - Alma Ata and primary healthcare: back to the future
Z Bhutta et al; https://www.bmj.com/content/363/bmj.k4433
“After 40 years, global health is returning to the vision of the Alma Ata declaration.”

**BMJ Analysis - Unfulfilled potential of primary care in Europe**

Luke Allen, Jan de Maeseneer, Hans Kluge et al; [https://www.bmj.com/content/363/bmj.k4469](https://www.bmj.com/content/363/bmj.k4469)

“The Alma Ata declaration’s compelling vision of health for all will not be realised until we take community level prevention seriously, argue Luke Allen and colleagues.”

**BMJ blog - Alma Ata, Astana and beyond—patients and communities as the core of universal primary healthcare**


“As the 40 year anniversary of the Alma Ata Declaration on Primary Health Care arrives, it prompts a range of reflections, on primary healthcare and its position in the wider landscape of health, as well as the virtues and realities of bold global visionary documents.”

Excerpt: “…Exploration of these declarations and reflection in the context of their anniversaries raises another debate regarding their impact. In a world of evidence based medicine and “informed policy”, do we know how many of these ambitious global goals are achieved, and how the benefits are distributed among people more vulnerable and marginalised? Indeed, how much progress made towards them is attributable to the vision in the original declarations? The bold declaration in the original 1978 declaration of “an acceptable level of health for all the people of the world by the year 2000…” has not been achieved. Has the progress that has been seen in the past forty years happened because of or despite global declarations?...”

**Global Health Now - Let’s End the Fuzziness in Universal Health Coverage**

Gavin Yamey & David Watkins; [GHN](https://www.globalhealthnow.org);

In this piece for GHN, the authors come back on their new [Lancet Commission](https://www.thelancet.com/papers/S0140-6736-20-04630-2). From last week:

“...In our new [paper](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30131-0/fulltext), “Alma Ata at 40: Reflections from the Lancet Commission on Investing in Health,” co-authored with 21 colleagues, we try to clarify the fuzziness surrounding UHC. Our starting point is “a concrete notion of UHC that makes use of an explicitly defined, guaranteed, publicly financed set of essential health interventions.” Building on evidence from the [Disease Control Priorities](https://dcp.cs.mcgill.ca) project, we define a package of 218 unique interventions as “essential UHC” (EUHC), based on being locally relevant, feasible to implement, pro-poor and providing high value for money....”

On the same issue, last week Kumanan Rasanathan started a Twitter discussion with Gavin Yamey, after the latter summarized the Lancet Commission in a thread.
Kumanan: “Thanks @GYamey for this excellent thread and paper. But isn’t “essential UHC” uncomfortably close to “selective PHC”? And a bit of an oxymoron? #AA40” to which Yamey answered.

G Y - “I am not sure there is a contradiction, more of a complementarity between -a UHC vision and social contract at country level with a collectively financed benefit package chosen by citizens - guidance at global level on which interventions have been shown to bring value for money.”

K R - “Yes, the paper’s very useful as global guidance - a priority package to inform country decisions on moving towards UHC. But package doesn’t capture political UHC vision so I worry calling it “essential UHC” is reductionist. As I said, framing, not substance, is issue.”

In the end, the two agreed to write a joint paper : )

**WHO launches new guideline on health policy and system support to optimize community health worker programmes**

http://www.who.int/hrh/community/guideline-health-support-optimize-hw-programmes/en/

“The new WHO guideline on health policy and system support to optimize community health worker programmes was launched today at the Global Conference on Primary Health Care. The guideline uses state-of-the-art evidence to identify effective policy options to strengthen community health worker (CHW) programme performance through their proper integration in health systems and communities….”

This is the first ever WHO guideline on the topic.


A-E Birn et al; https://gh.bmj.com/content/3/Suppl_3/e000992

“In September 1978, the WHO convened a momentous International Conference on Primary Health Care in Alma-Ata, capital of the Soviet republic of Kazakhstan. This unprecedented gathering signalled a break with WHO’s long-standing technically oriented disease eradication campaigns. Instead, Alma-Ata emphasised a community-based, social justice-oriented approach to health. Existing historical accounts of the conference, largely based on WHO sources, have characterised it as a Soviet triumph. Such reasoning, embedded in Cold War logic, contradicts both the decision-making processes in Geneva and Moscow that led the conference to be held in the Union of Soviet Socialist Republics (USSR) and the reality that the highest Soviet authorities did not consider it a significant ideological or political opportunity. To redress the omissions and assumptions of prior accounts, this article examines the Alma-Ata conference in the context of Soviet political and health developments, drawing from Soviet archival and published sources as well as WHO materials and interviews with several key Soviet protagonists. We begin by outlining the USSR’s complicated relationship to WHO and the international health sphere. Next, we trace the genesis of the proposal for—and realisation and repercussions of—the primary healthcare (PHC) meeting, framed by Soviet, Kazakh, WHO and Cold War politics. Finally, we explore misjudgements and competing meanings of
“PHC from both Soviet and WHO perspectives, in particular focusing on the role of physicians, community participation and socialist approaches to PHC.”

Community Health Roadmap

https://www.communityhealthroadmap.org/

“Community health is a critical part of the primary care continuum to address people’s health needs. Community health can be defined in many ways, but for the purposes of this roadmap, it includes: Health promotion and service delivery activities that occur primarily outside of a health facility; Both supply of and demand for health care, including activities that community members undertake as agents of their own health; Community health workers (CHWs) as one, but not the only, delivery channel; Delivery through public, NGO, and private sectors; Linkages to a broader multi-sectoral community system.”

“Throughout this roadmap process, national governments and their key partners will define the most critical actors in community-level primary health care systems and their roles in achieving outcomes.”

“...In order to achieve this vision, partners are working with Ministries of Health across multiple countries to develop this investment Roadmap. The Roadmap will elevate national priorities and create a common agenda for investments in community health to strengthen primary health care. The Roadmap will be launched in 2019...” “The Roadmap will highlight the greatest opportunities for impact in community health the coming years, as identified by the Ministry of Health and key partners. Fifteen countries have been selected for initial inclusion in the Roadmap, based on assessment of potential health impact and feasibility. Additional countries are encouraged to join the Roadmap process.”

Health Affairs (blog) - Implementing The Astana Declaration—What Alma-Ata Taught Us


“This post is authored by The Alma-Ata 40 Roundtable, a group of policymakers and scholars who met on Sept 12, 2018 to recognize the 40th Anniversary of the Alma-Ata Declaration and assess its impact and current relevance.”

Medium blog series related to Astana

https://medium.com/health-for-all

We especially want to draw your attention to Palliative Care Ticks All the Boxes: UHC — PHC — SDGs — NCDs — UDHR (by K Pettus).

Other reports, advocacy pieces & tweets
Women in Global Health - Forty Years Later: Let's Not Be Gender Blind

By Roopa Dhatt et al.

NCD Alliance - Meaningfully Involving People Living with NCDs

“The meaningful involvement of people living with noncommunicable diseases is a critical element of an effective NCD response. From policymaking to awareness raising, clinical trials, academic research, advocacy, organisational governance, and more, people living with NCDs can contribute to many different facets of the NCD response and act as role models breaking barriers to inclusion. Promoting meaningful involvement requires recognition of its importance and the creation of enabling environments, including dedicated spaces for involvement. This review lays out some definitions of key concepts and explores what meaningful involvement of people living with NCDs currently looks like within Civil Society, Government, and Health Care Delivery.”

Video (civil society) on the ‘elephant in the room’: Why, 40 years after the Alma-Ata Declaration, the call for a New International Economic Order is still relevant and should be recalled and renewed.

Simon Wright (Save the Children) blogs on the Astana conference (and totally nails it) - From Alma Ata to Astana

“Alma Ata is 1,300km, 40 years and a world away from the #Astana2018 conference on #PrimaryHealthCare. We need to put the politics back into global health to achieve #HealthforAll #UHC2030. ”

“...Despite this renewed interest in health systems, UHC and primary health care, the world we are now living in does not seem to have the ideological equipment to achieve the changes that everyone says they want to see. Health is political but this is health without politics....”

“The death of politics in global health means no discussion here in Astana about the role of nation states....”

A few tweets:

“#astana2018 exciting side event on the costs and expenditure of #phc. 1st attempt ever to measure #phc expenditure in a comparative manner for L-MIC countries using a common tracking framework @asoucat”

Agnes Soucat: “@WHO new study preliminary results shows an average of $36 per capita expenditures on #PHC among 27 Low and Middle-Income countries using standardized comparable methodology”
PHCPI (Primary Health Care Performance Initiative)– new website & Vital Signs Profiles for ‘trailblazer countries’

https://improvingphc.org/

As a reminder, “PHCPI is a partnership between the Bill & Melinda Gates Foundation, World Bank Group, and World Health Organization, with technical partners Ariadne Labs and Results for Development.”

Check out their new website.

Press release - New Vital Signs Profiles provide country-by-country snapshot of primary health care, enabling leaders to identify problem areas and make improvements over time


Launched in Astana. With detailed info for a dozen of ‘trailblazer countries’. “PHCPI and several “Trailblazer” countries partnered to develop and release the first set of Vital Signs Profiles in October 2018.”

“…The Vital Signs Profiles offer a more complete picture of the state of primary health care in different countries than ever before, providing insights into where systems are strong and where they can be improved. The Vital Signs Profile helps answer several key questions on primary health care systems: Financing: How much money does the country spend on primary health care? Capacity: Does the country have policies that prioritize primary health care? Does the system have enough drugs, supplies and health care providers? Performance: Are people able to get the care they need, without financial or geographic barriers standing in the way? Is the care people receive of high quality? Equity: Does the system reach the most marginalized people in society?…”

“…By partnering with PHCPI to develop and launch Vital Signs Profiles, countries are making a public commitment to collect more and better data on primary health care, and use it to improve the health of their citizens.”

See: https://improvingphc.org/blog/2018/10/17/phc-vital-signs-profiles

And the (16 p) Primary Health Care Vital Signs report

New BMJ series on health, wealth and profits

BMJ Editorial – The extricable links between health, wealth, and profits

G Yamey, D Sridhar et al;
https://www.bmj.com/content/363/bmj.k4418.full?ijkey=l35GCPYVi6mYolo&keytype=ref
“The BMJ is launching a new series to capture the evidence and restate the profound social and economic benefits of investing in health. ... ... The BMJ series on health, wealth, and profits has three themes: The first is the link between health and wealth, documented by 2001’s influential Commission on Macroeconomics and Health... ... the second theme in our series will be the rising cost of non-communicable diseases to societies, and the losses in both health and wealth to households, health systems, and national economies; ... international collective action, global regulatory frameworks, and other efforts to tackle key risk factors for poor health form the third theme of our series. ... ... Our broad vision for this series is to reignite the debate on investing in health and healthcare systems, with a focus on non-communicable diseases....”

BMJ - Valuing health as development: going beyond gross domestic product

Victoria Fan et al: https://www.bmj.com/content/363/bmj.k4371

“GDP per capita is a narrow, inadequate metric for capturing the true, full value of health investments, say Victoria Fan and colleagues.” One of the first articles in the new series.

Nature (News) - British universities set up European outposts as Brexit looms

https://www.nature.com/articles/d41586-018-07121-6

“Establishing partner institutions in Europe might allow UK researchers to keep full access to EU funds.”

“Of several alliances launched in recent months, a partnership between the University of Oxford and four institutions in Berlin is so far the most comprehensive. Established at the end of 2017, the Oxford–Berlin Research Partnership is mainly financed by the Berlin state government and private sponsors...”

Last week’s Safeguarding Summit in London: a few more reads

Irin - Schemes to stop sex abuse in the aid sector off to a shaky start

“UK Development Secretary Penny Mordaunt has probably had better days. As the host of the 18 October London conference on steps to address sexual abuse in the aid sector, she went for a bumpy ride: a prominent activist conspicuously boycotted the event; a whistleblower interrupted Mordaunt’s keynote address, walking on stage and charging that victims were not being heard; and the agenda, speaker list, and planning process all came under heavy fire in private and across social media. On top of all that, critics charged that the event was elitist and white-dominated.”
World Polio Day (24 October) celebrates history in the making

WHO - WHO Euro;

Always a bit tricky to use the term ‘history in the making’…. Anyhow, “Thanks to the widespread use of safe and effective vaccines, poliomyelitis (polio) is expected to become the second human disease ever to be eradicated (after smallpox). Only 20 cases of wild poliovirus have been detected so far this year in the 3 remaining endemic countries (Afghanistan, Nigeria and Pakistan). World Polio Day, on 24 October, celebrates this progress and the people who make it possible by getting their own children vaccinated and those working to reach every last child until no child’s future is threatened by the crippling impact of this disease.”

See also Time – (by B Rassin & dr Tedros) What Must Be Done to Create a World Without Polio

Cfr a tweet: “@DrTedros + @RotaryRassin discuss the progress the GPEI has made to #EndPolio. In 1988, polio was endemic in 125 countries. Today, it is endemic in 3. They also discuss the dangers ahead if we stop now, and the bold steps needed to reach zero cases.”

On these challenges, see also Polio resurfaces less than two years before the end of the Global Polio Eradication Initiative funding

“On the World Polio Day, 25 Civil Society Organizations have issued a stern warning on the challenges to the impact of global efforts to eradicate Polio, in developing countries. An epidemic has just been declared in 3 regions of the Democratic Republic of Congo and Polio is still endemic in Afghanistan, Nigeria and Pakistan....”

“As Polio is yet to be completely eradicated globally, it has resurfaced in the Democratic Republic of Congo where the health and vaccination systems remain weak, and this provides no protection to populations who are traveling for various reasons. ... The organizations are also concerned by the ending of the Global Polio Eradication Initiative funding in 2020 as it will result into a drastic reduction in financial resources. This transition poses a threat to the health systems in many countries as the funding to eradicate Polio has been their main support in the last decades....”

Simon Chapman - Is Big Tobacco really trying to get out of tobacco?


In-depth analysis. Recommended.
Meanwhile, the FT reported “Marlboro maker to pull ecigarette pods from market. Altria, maker of Marlboro cigarettes, is to stop selling most flavoured vaping products US, warning it needed to take “rapid action” in the face of a regulatory crackdown on devices seen as the future for big tobacco.”

Planetary Health

IHP - Global health in the age of dissonance
Remco van de Pas; http://www.internationalhealthpolicies.org/global-health-in-the-age-of-dissonance/

After visiting the Liverpool HSR symposium and the 10th World Health Summit in Berlin, my colleague Remco van de Pas argues that global health, like much of the world (cfr a tweet by Kate Raworth), seems stuck in an age of dissonance. Recommended!

Guardian – Our planet can’t take many more populists like Brazil’s Bolsonaro

“Just when Earth badly needs pro-environment leaders, we get big-business strongmen. There’s a reason for this grim irony.”

“…Centre-ground politicians who once talked chummily about “win-win solutions” have been pushed to the sidelines. No one believes this anymore…” Organizers of the WHS might want to take note : )

Foreign Policy - The Hope at the Heart of the Apocalyptic Climate Change Report

“Along with their latest dire predictions, the world’s leading climate scientists offered a new path forward—but will anyone take it?”

Jason Hickel’s take on the latest IPCC report. You know you have to read this. System-level change is needed, according to scientists in their IPCC report.

A key paragraph: “…There’s just one catch. This approach requires evolving beyond the rigid constraints of capitalism. Whatever else capitalism might be, it is ultimately a system that is dependent on perpetual growth, which places immense pressure on our living planet. Such a system might have seemed reasonable enough when it first emerged in the 1800s, but in an era of ecological breakdown, it just won’t do....”
Guardian - Trump administration wants to remove 'gender' from UN human rights documents


“The US mission to the United Nations is seeking to eliminate the word “gender” from UN human rights documents, most often replacing it with “woman”, apparently as part of the Trump administration’s campaign to define transgender people out of existence.”

“If you only say violence against women, it doesn’t really tell the whole story,” a senior diplomat at the UN said. “We shouldn’t be going along with encouraging their society to be regressive. And if that means a blazing row in the Third Committee, I would have a blazing row in committee because I think some things are worth cherishing and worth hanging on to.”

Foreign Policy – The Trump Administration Is Erasing Reproductive Rights at Home and Abroad

Stefanie Schmidt; Foreign Policy

“The removal of information from the State Department’s annual reports has grave consequences for human rights monitoring worldwide.”

“Over the past two years, most Americans fighting for women’s rights have focused on the Trump administration’s regressive domestic policies. But the administration is also attempting to erase women and girls’ reproductive rights globally. In April, the U.S. State Department published its annual congressionally mandated Country Reports on Human Rights Practices without the prepared reproductive rights subsection, after senior political appointees at the department ordered its removal. The 2018 reports are being prepared right now with explicit instructions to continue this excision.

These last-minute cuts deleted vital reporting on some of the most common deprivations of women’s reproductive freedoms worldwide, including rates of unsafe abortions, accounts of denial of family planning information, statistics on maternal mortality and its causes, and research on discrimination and violence against women in health care settings.

NYT – ‘Transgender’ could be defined out of existence under Trump administration

NYT:

“The Trump administration is considering narrowly defining gender as a biological, immutable condition determined by genitalia at birth, the most drastic move yet in a government-wide effort to roll back recognition and protections of transgender people under federal civil rights law. The sex listed on a person’s birth certificate, as originally issued, shall constitute definitive proof of a person’s
sex unless rebutted by reliable genetic evidence.” - as per the memo drafted by the Department of Health and Human Services.

This new definition, if it materializes, will eventually exclude a population of around 1.4 million Americans (who opted to recognize themselves as a gender other than the one they were born with) from civil rights protections and roll back the more fluid definition of gender identity by defining them out of existence.

A linked read: Stat - CDC’s Redfield on Trump’s transgender proposal: Stigma is ‘not in the interest of public health’

“The director of the Centers for Disease Control and Prevention on Tuesday suggested a Trump administration proposal that would define someone’s sex at birth risked heightening stigma around transgender people. The director, Robert Redfield, did not directly criticize the proposal. But when asked whether any such effort might hamper efforts to treat HIV, especially among transgender women, he replied: “We need to understand that stigmatizing illness, stigmatizing individuals is not in the interest of public health.” ...”

Ebola outbreak DRC

For the latest WHO situation report (25 October), see WHO.

Guardian - Wave of rebel attacks leads to surge in DRC Ebola cases


“A wave of attacks by rebels and militia on health officials fighting the latest Ebola outbreak in Democratic Republic of Congo is leading to a surge in reported cases as the response to the lethal disease weakens. There have been 157 deaths, of which 122 have been confirmed as Ebola cases, in the outbreak, which was declared almost three months ago. The total of probable and confirmed cases has now reached 244, with 63 recovering from infection. The outbreak is centred on the North Kivu and Ituri provinces, both wracked by armed rebellion and ethnic killing since two civil wars in the late 1990s....”

“...Attacks by rebel groups have repeatedly disrupted treatment, burials and vaccination programs in recent weeks but also reinforced suspicion of the authorities. “The confidence of the general population in the government is in crisis and this has an impact on our work ... Every time there is a clash, all the work we have done to engage the local community is wiped out, and without that we can’t beat Ebola,” Ndjokolo said.” ...

Stat News - At a dangerous point in the Ebola outbreak, residents increase cooperation with containment efforts

“The Ebola outbreak in the Democratic Republic of the Congo has reached a dangerous phase, with the response operation acknowledging it hasn’t got a full picture of where the virus is spreading in a large urban center. That concerning development is tempered slightly by signs that people living in Beni, the current hot spot of transmission, are beginning to comprehend more fully the danger the virus poses, said a senior World Health Organization official. That understanding is translating into better cooperation — a welcome development in an outbreak response that has had more than its share of bad luck....”

And a few quick links: (Stat News) - CDC director says he pushed to keep U.S. experts in Ebola zone but was overruled

“The director of the Centers for Disease Control and Prevention said Tuesday that he argued that American experts should stay in the outbreak zone of the latest Ebola epidemic but was overridden by others in the Trump administration because of security concerns.

“... Those decisions are security decisions that really are outside the realm of my public health expertise,” said the director, Robert Redfield, who said he made a case to the Department of Health and Human Services about why public health experts should remain in the outbreak area but that, at the end of the day, his argument didn’t win out....”

Stat News - An Ebola outbreak presents a new mystery involving children

“There is a working theory perhaps that “...it is currently peak malaria season in Beni. Children in particular can become severely ill when they contract malaria. And it appears that a lot of the children who contracted Ebola in Beni had recently seen medical practitioners or traditional healers. If a clinic or traditional healer is treating an undiagnosed Ebola patient, other people also present could become infected. That is believed to have happened recently to a plumber who worked on the U.N. peacekeepers’ compound at Beni. It’s also possible that children who were brought for care for malaria might have received a therapy — something injectable — that could explain the exposures, Salama said. ...”

Belt and Road Initiative - 5th anniversary

Apparently, there’s a book in the making on the Belt and Road Initiative’s track record so far, but for now, you’ll have to stick to articles reflecting on 5 years BRI. For example:

China’s BRI in doldrums: Multilateralism to the rescue?
R Passi; https://www.orfonline.org/expert-speak/bri-china-doldrums-multilateralism-rescue-44893/
As the challenges facing China’s BRI multiply, the initiative’s links to international financial institutions, such as the World Bank and the AIIB, could help Beijing sustain BRI activity and course-correct on key implementation parameters.

FT - China’s Belt and Road at 5: ‘one-to-many’ or ‘many-to-many’?
https://www.ft.com/content/a1b0e858-d2eb-11e8-a9f2-7574db66bcd5

Analysis related to the BRI’s dollar constraint.

“...there is another reason the BRI is not as healthy a five-year-old as the Chinese government would like it to be: China might be running out of resources to support it.”

Excerpt: “...China’s response to this dollar constraint seems partly to lie in an effort to open up the BRI by placing more emphasis on co-financing its projects with institutions such as the World Bank, Asian Development Bank, Asian Infrastructure Investment Bank, European Investment Bank, European Bank for Reconstruction and Development and other multilateral development banks. That could fundamentally change the nature of the BRI, because these banks need to follow strict “open-content” rules that forbid them from preferring contractors from any particular country....”

World Bank Group launches new multi-donor fund in support of SDG implementation


News from last week. The WBG launched a new multi-donor fund to incentivize catalytic activities strengthening the SDG implementation and fill the funding gap for high impact initiatives at global, regional, national and local levels. Being a critical partner in supporting countries to achieve SDG goals, the WBG sees this SDG fund strengthening these country partnerships with special focus on SDG 17. The first few funding allocations will be towards: developing new methods to enhance the welfare impact of private sector investments, refugee investment and business matchmaking platform, and a 2020 vision for a data-driven exploration of SDG monitoring and implementation among others.

“Sweden is the first partner to help launch the SDG Fund, with an initial contribution of US$7 million....”

See also IISD - World Bank Group Launches Fund to Catalyze High-Impact SDG Initiatives.

New MSF report – DR-TB Drugs under the microscope

MSF - High prices restrict access to best drug-resistant tuberculosis treatment
“MSF calls on US pharma corporation Johnson & Johnson to halve the price of the newer TB drug bedaquiline.”

“People with drug-resistant tuberculosis (DR-TB) continue to be deprived of today’s best-possible treatment in part because of high drug prices, according to a new report – DR-TB Drugs Under the Microscope – released today by Médecins Sans Frontières (MSF) at the 49th Union World Conference on Lung Health in The Hague. MSF is calling, in particular, on US pharmaceutical corporation Johnson & Johnson (J&J) to cut the price of the newer TB drug bedaquiline in half, so more lives can be saved....”

The report comes with an online supplement with more information on drug prices and quality, registration status, and formulations available to treat children with DR-TB.

Related reads & links:

Treatment Action Campaign (Brief) - The price of bedaquiline

Plos Speaking of Medicine (blog) - Inexcusable Excuses: Reluctance to Quickly Improve MDR-TB Treatment. “It’s time to stop making excuses and start taking action and implement the new WHO guidance for treating MDR-TB, argue Helena Huerga, Uzma Khan, KJ Seung.” (MSF)

And see also TB drug price protests take centre stage at World Lung Conference launch

“Protesting activists have demanded that the price for the blockbuster tuberculosis drug bedaquiline be slashed, at the opening of 49th Union World Conference on Lung Health, in the Netherlands....”

Coming up: GFF replenishment (Oslo, 5-6 November)

GFF - Global Financing Facility Expansion Plan to Support 50 Countries in the Period 2018-2023


“The GFF Expansion Plan presents the expansion strategy for the GFF over the period 2018-23. The aim of the GFF replenishment is to raise an additional US$2 billion for the GFF Trust Fund for 2018–23 to support the 50 countries with the highest maternal, newborn, and child mortality burdens and funding needs and to enable them to accelerate progress on universal health coverage in support of the health- and nutrition-related Sustainable Development Goals. The Expansion Plan is based on an analysis by the GFF Secretariat — including feedback from a range of stakeholders — of the main lessons learned to date from implementing the GFF....”
Coming up: first Global Conference on Air Pollution and Health (Geneva, 30 Oct-1 Nov)

Lancet Comment - Tackling air pollution, climate change, and NCDs: time to pull together

[link]

“Air pollution, climate change, and non-communicable diseases (NCDs) are three linked threats to planetary health that share common origins and joint solutions. Yet efforts to address these problems have too often moved down separate paths....”

“...To seize this [new] moment, the Berggruen Institute and the Leonardo DiCaprio Foundation will launch the Every Breath Matters initiative on Oct 30, 2018, to mobilise policy makers, business leaders, and opinion-shapers to champion the right of all people to breathe clean air.

On that same day in Geneva, Switzerland, WHO, the World Meteorological Organization, UN Environment, the Secretariat of the UN Framework Convention on Climate Change, and other partners convene the first Global Conference on Air Pollution and Health. This high-level meeting brings together global, national, and local leaders in environmental health, climate change, and NCD control. The goal is to formulate comprehensive strategies to reduce air pollution and curb NCDs, while mitigating climate change and protecting the health of vulnerable populations....

Vox - Scientists have estimated the cost of stopping 11 diseases that could kill millions in a pandemic

[link]

“One of the best ways to save humanity from a global pandemic in the future is by developing infectious disease vaccines now. But research has been sluggish, partly because no one knows how much producing such vaccines would cost. That changed last week when researchers from the Coalition for Epidemic Preparedness Innovations (CEPI) published a study in Lancet estimating the cost of developing vaccines for diseases that have the potential to escalate into global humanitarian crises. ... ... Thanks to CEPI’s research, we now know the minimum cost of developing at least one vaccine for each of the 11 diseases experts have highlighted as pandemic risks: $2.8 billion to $3.7 billion. ... ... The researchers chose the pathogens based on a list the World Health Organization developed after the 2014 Ebola outbreak of the 11 pathogens that it believed were the most likely to cause severe outbreaks in the near future....”

For the study in the Lancet Global Health, see Estimating the cost of vaccine development against epidemic infectious diseases: a cost minimisation study.
Yemen

Guardian - Famine in Yemen could become one of worst in living memory, UN says

“Yemen is sliding fast toward what could become one of the worst famines in living memory, the UN’s top emergency relief official has warned.”

“The country is in “clear and present danger” of mass deaths from starvation, and as many as 14 million people – half the population – could soon be entirely dependent on aid to survive, the under-secretary general for humanitarian affairs, Mark Lowcock, said.”

Continuous civil war for three years, airstrikes, mortar bombardments, minefields have resulted in thousands of civilians being killed and millions displaced in Yemen. (‘humanitarian catastrophe’); exposing them to hunger, starvation and infectious disease outbreaks. The fighting has not only made it difficult for the humanitarian agencies to make the aid reach these civilians by destructing the infrastructure, roads and ports, but has also affected the economic status of the country. With steep depreciation in Yemen Riyal and slow collapse of the economy, the civilians are dealing with unpaid salaries, exorbitantly inflated food prices and threats to survival, all at the same time.

UN World Data Forum (Dubai, 22-24 October)

This is the second time this World Data Forum was organized – the first time was in Cape Town (January 2017).

UN News - Funding boost for sustainable development data agreed at UN conference

“In a declaration agreed at the close of the 2018 UN World Data Forum in Dubai on Wednesday, leaders in the field agreed on measures to boost funding for data and statistical analysis, to speed up progress towards the 2030 Sustainable Development Goals.”

The (3 p.) Dubai Declaration : see here

Devex – Making the invisible visible: Insights from the UN World Data Forum
Devex;

“Making the invisible visible within national data systems was an important area of discussion at the United Nations World Data Forum. Invisible population groups in data are commonly the most vulnerable populations — women and girls, people with disability, refugee and migrants, and the
**elderly.** Disaggregating data, or breaking it down beyond total figures into sex, age, disability, and more, helps enable better detail and insight. But convincing governments to demand better data within their own borders is not always easy....”

Some other links related to this UN World Data Forum:


“Big data offers promises to better support and facilitate the delivery of the Sustainable Development Goals. And Robert Kirkpatrick, the director of United Nations Global Pulse, believes big data is what governments will need to achieve the SDGs....”

And a tweet: “On my way to #worlddataforum in Dubai. In age of Trump and post-news and fake-truth, data and evidence is political. Simply insisting on facts and stats is taking a moral stand.”

**Lancet (Offline) – In defence of precision public health**

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32741-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32741-7/fulltext)

As you can probably guess from the title, Horton makes a case here for precision public health: “Precision public health offers a compelling opportunity to reinvigorate a discipline that has never been more important for advancing the health of our most vulnerable and excluded communities.”

Read why he thinks so.


“Depression is the leading cause of mental health-related disease burden globally, affecting an estimated 300 million people worldwide. It represents a barrier to sustainable development in all regions. Depression prevents people from reaching their full potential, impairs human capital, and is associated with premature mortality from suicide and other illnesses...”

“... There has been a failure to address the global burden of depression for many reasons. ...”
“...Recognising the urgent need to implement interventions to reduce the global burden of depression, The Lancet has partnered with the World Psychiatric Association to establish a clinical Commission on depression.”

Lancet (Editorial) – Doctors and scientists must defend a free press

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32547-9/fulltext

“Nov 2 marks the International Day to End Impunity for Crimes against Journalists. UNESCO has recorded 1010 killings of journalists in the past 12 years. In 90% of cases, the killers went unpunished. The work of journalists worldwide offers a vital platform to discuss and debate the health and wellbeing of populations whose plight might otherwise never come to international attention....”

“...Let Nov 2, this year, mark a change in the way we think of journalists. It is not just the job of press colleagues, lawyers, and governments to defend the rights of journalists worldwide—health professionals and scientists must stand up for a free press too. If we hope for the better health of people worldwide, we must defend the rights of the most objective international monitoring mechanism we have—a free press.”

Some key publications & papers of the week

Lancet Global Health – Population-based rates, timing, and causes of maternal deaths, stillbirths, and neonatal deaths in south Asia and sub-Saharan Africa: a multi-country prospective cohort study

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30385-1/fulltext

“A large population-based surveillance study provides valuable empirical data on maternal deaths, stillbirths, and neonatal deaths in south Asia and sub-Saharan Africa.”

For a related Comment, by Ties Boerma et al - Delivering data on pregnancy outcomes through prospective studies in high-burden settings.

Globalization & Health - The bumpy trajectory of performance-based financing for healthcare in Sierra Leone: agency, structure and frames shaping the policy process


This article zooms in on the political economy of PBF in Sierra Leone. Well worth a read. The article is part of broader research (ReBUILD) on PBF in fragile settings.
On Wednesday 31 August, a webinar is scheduled to present the findings of this research and have a discussion with practitioners and audience on how relevant they are for practice.

More information on this webinar and registration link:

Lancet (Comment) – Sex and gender analysis for better science and health equity
S Heidari et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32619-9/fulltext

“Despite growing recognition of the imperative to address gender disparities and inequity in health, researchers, funders, and editors do not treat the gendered aspects of health research and practice as a priority. It is unacceptable that members of the scientific community, who are putatively committed to rigour and objectivity, undervalue the importance of the gender bias in academic research and neglect to act....

“... The Sex and Gender Equity in Research (SAGER) guidelines were launched in 2016. Aspiring to be implemented across journals and endorsed by researchers and funders, these recommendations encourage systematic reporting of sex and gender dimensions in research as a matter of routine. ....”

Some key blogs and articles of the week

IHP - Warning! The Age of Global Health Confusion
Shakira Choonara; http://www.internationalhealthpolicies.org/warning-the-age-of-global-health-confusion/

Shakira Choonara argues global health campaigners should also think beyond their silos, in a more holistic way. If only, not to confuse decision makers too much, who check their Twitter Feed and can see 3 or more global health related campaigns running on an average day.

Oxfam (blog) - One step forward, two steps back? Why WDR 2019 harms the World Bank’s role as a thought leader on employment and gender equality

Guest post on the new World Development Report by Shahra Razavi and Silke Staab of the UN Women Research and Data Section. Must-read.
BMJ (blog) - The hegemony of “health people”


Smith is not one to mince words. Also not in this (recommended) blog.

Global health events

HPW - Global Health Grand Challenges Meeting Ends On Hopeful Note

https://www.healthpolicy-watch.org/global-health-grand-challenges-meeting-ends-on-hopeful-note/

Final coverage on the Grand Challenges Meeting in Berlin, last week: “More dedicated to scientific research and much more “colourful” than the World Health Summit were descriptions for the 14th Global Grand Challenges Meeting 2018 that ended last night in Berlin and brought together some top researchers, policymakers and civil society. Like the WHS, the Grand Challenges Meeting focused on antimicrobial resistances and pandemic pathogens. But it also talked a little more on the issue of how better to incentivize R&D to fulfil SDG3, the UN Sustainable Development Goal on health, according to participants….”

Excerpt: “…Civil society also commented favourably on the Grand Challenges meeting. Not only was the meeting more balanced in terms of participation, Health Policy Watch was told by participants. Patient help organisations like Medicins Sans Frontieries (MSF, Doctors without Borders) also acknowledged that the issue of how to incentivize innovation in health was on the agenda. “It was well perceived that the industry’s business model is not delivering for non-profitable health needs,” Marco Alves from MSF wrote in a short comment after the end of the meeting. Different interpretations on what exactly needs to be done remain, he added. From the point of view of his organisation, “we need an R&D ecosystem that is built on collaboration, data and information sharing, open source innovation, and transparency,” he said. According to Alves, it is important that a growing number of publicly and philanthropically funded R&D incentives make sure that R&D efforts adhere to the principles several UN declarations – the 2016 UN Declaration on AMR and 2018 UN Declaration on TB…..”

WHO - HH Pope Francis and WHO Director-General: Health is a right and not a privilege

Earlier this week, “the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, met with His Holiness Pope Francis to discuss ways to ensure that all people can obtain the healthcare they need, whoever they are, wherever they live. His Holiness Pope Francis and Dr Tedros have both reiterated that health is a right, and should not be a privilege, and share a commitment to improving the health and wellbeing of the most vulnerable and marginalized – in both rich and poor countries....”

Coming up soon:

- First WHO Global Conference on Air Pollution and Health (Geneva, 30 Oct-1 Nov)

For a flavor, do read already (UN News) - Oslo leads the way in ‘Breathe Life’ campaign for cleaner cities in climate change era “…Oslo is one among 42 cities taking part in Breathe Life, a campaign led by the World Health Organization (WHO), UNEP, and the Climate & Clean Air Coalition aimed at exploring clean air options and reducing pollutants to safe levels by 2030....”

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

“The Independent Panel on Global Governance for Health organizes its first annual international conference in Oslo.” Fully booked, but you can still register for livestreaming.

- GFF Replenishment (5-6 November, Oslo, Norway): https://www.globalfinancingfacility.org/events/gff-replenishment-event

- Women Leaders in Global Health conference in London (8-9 Nov)

- Colloque annuel 2018 de l’AUF : l’enseignement supérieur et les politiques de santé publique (6-7 November)

https://www.auf.org/nouvelles/agenda/colloque-annuel-de-lauf-sante-publique/

At the ULB in Brussels, Belgium. (6-7 November) Registration is possible till 28 October. Meeting from the Francophone academic community related to global health.
Global governance of health


F M Gebremariam;

Paper from 2017. Maybe good to read now that the NIEO (or something along these lines) is conspicuously absent in the revised Alma Ata declaration.

“Employing secondary sources of data this paper aims to assess the history, elements, and criticisms against New International Economic Order (NIEO). NIEO is mainly an economic movement happened after WWII with the aim of empowering developing countries politically through economic growth. It also criticizes the existing political and economic system as benefiting developed countries at the cost of developing countries so that a new system is needed that benefits poor countries. However, many criticize NIEO as hypothetical and unorganized movement. Clear division and disagreements among its members is evident. Developing countries failed to form unity, committed to meet the objectives of NIEO, and unable to compete in the market.”

Reuters - West Africa's Ebola outbreak cost $53 billion - study


“An Ebola outbreak that ravaged Sierra Leone, Guinea and Liberia in 2014 cost economies an estimated $53 billion, according to a study in this month’s Journal of Infectious Diseases. The study aimed to combine the direct economic burden and the indirect social impact to generate a comprehensive cost of the outbreak, which was the worst in the world....”

O’Neill institute – The Framework convention on Global Health: a vote for global solidarity in an era of nationalistic populism

Eric Friedman; http://oneill.law.georgetown.edu/the-framework-convention-on-global-health-a-vote-for-global-solidarity-in-an-era-of-nationalistic-populism/
Friedman doesn’t think that, in the current (dire) times, the moment for a Framework Convention has gone. In fact, quite the opposite; Friedman considers the FCGH as a core part of global movement against nationalistic populism.

“...The dark clouds that have gathered over much of the world will not last. The forces committed to letting the sunshine of multilateralism and global solidarity, of democratic accountability and equality, will persist. The FCGH could be a point of mobilization – for individuals, for civil society, for social movements, and for countries that have valiantly resisted current trends and instead continued to insist on fairer and more justice societies at home and abroad....”

Guardian - UK’s science reputation 'at risk if academic visa issues not resolved'


“The visa problems facing foreign academics trying to attend international conferences in the UK reveal how science could be undermined after Brexit, one of the world’s largest research funds has said. The Wellcome Trust, which grants more than £1bn for research each year, said the immigration system was “not up to scratch” after another scientific summit in the UK was marred by the visa barriers delegates and speakers faced....”

Perhaps this framing will change some minds in the current UK government (as I bet they don’t care much about foreign researchers not reaching UK soil for conferences due to visa issues).

IP-Watch - WHO Members Consider Possible Changes To Pandemic Influenza Framework


“A hundred years ago, the influenza pandemic known as the “Spanish flu” infected one-third of the world population, and resulted in an estimated 50 million deaths. Last week, the World Health Organization held a consultation on possible changes to its 2011 agreement to prepare for the next pandemic influenza. Two major questions were on the table: whether to extend its agreement to seasonal influenza, and how to deal with pandemic influenza genetic information, which is increasingly used instead of biological samples of viruses....”

Launch of Global Health and Education UNESCO Chair

WHO:
“Pressing issues around the health of children and young people across the globe are to be addressed by a newly formed United Nations Educational, Scientific and Cultural Organization (UNESCO) Chair in Global Health and Education, focusing on health education and promotion. The Chair was launched on 10 October 2018, with more than 200 participants from over 40 countries attending at UNESCO headquarters in Paris, France. The UNESCO Chair will act as a strategic resource for knowledge creation, knowledge transfer, and capacity building for policy and practice, to improve the health and well-being of children and young people worldwide. By connecting a variety of key actors, such as United Nations agencies (including UNESCO and WHO), United Nations member states, academia, educational institutes, nongovernmental organizations, companies and local communities, the UNESCO Chair will be an effective force for change.”

Sydney Statement on Global Health Security: call for input


Cfr a tweet: “Submissions for the #SydneyStatement on global health security now open! What does health security mean to you? What should be the guiding principles? What priorities should leaders focus on? This is your opportunity to have your say…”

Some background on the Sydney meeting on GHS next year in June: “...The inaugural International Global Health Security Conference will bring together stakeholders working in global health security to measure progress, determine gaps, and identify new opportunities to enhance national, regional and global health security and to formulate a promise for the future: “The Sydney Statement on Global Health Security”. The Sydney Statement will capture the boldest and most strategic thinking of governments, international organisations, civil society, scholars, and private industry to chart the future direction for managing and improving health outcomes. It will couple these ideas with commitments from partners to accelerate the necessary changes, and it will provide an opportunity for organisations and individuals to formulate their own promise to improve the outcomes of Global epidemics and health crises.”

Australian Journal of International Affairs (Editorial of special issue)- Health security policy and politics: contemporary and future dilemmas

S Davies & A Kamradt-Scott; https://www.tandfonline.com/eprint/WfAumKeJy9u4fBcBfkym/full

“...In this special issue, we survey a series of health security initiatives, issues, programmes and policies extending from the local, regional and global level.”

FT – How to save statistics from the threat of populism

https://www.ft.com/content/ca491f18-d383-11e8-9a3c-5d5eac8f1ab4
Nice read. Excerpt:

“...**International donors have a role to play.** They should push the independence of statistics as part of their criteria for good governance. It is estimated that just 0.33 per cent of aid goes towards data and statistics. As the world strives to meet SDGs, data is increasingly recognised as a driver of development, not just a way to measure it. **Donors should spend more on quality statistics.** They can call it investing in “data” if that makes it sound more sexy. **The challenge of maintaining trust in official statistics is more troubling.** Statisticians need to reflect on why some parts of the public do not have faith in their numbers. One reason may be that people do not see their own lives **reflected in the reported figures.** There is the apocryphal story of a researcher talking about growth at an event in the north of England. “That’s your bloody GDP. Not ours,” comes a cry from the audience. **Statisticians have focused too much on headline average figures, but these disguise a lot of reality.** Rich new data sources can provide disaggregated data that reflect people’s lived reality. What is happening in my region or locality, not on some national average? Statisticians also need to ensure they gather data on issues the public care about....”

**IP-Watch - G77+China Plan To Take UN TB Declaration Forward: Increased Resources, Access To Medicines**

[http://www.ip-watch.org/2018/10/19/g77china-plan-take-un-tb-declaration-forward-increased-resources-access-medicines/](http://www.ip-watch.org/2018/10/19/g77china-plan-take-un-tb-declaration-forward-increased-resources-access-medicines/)

“The Group of 77 developing countries plus China delivered a statement at the recent United Nations High-Level Meeting on Tuberculosis, calling for forward progress on the commitments to funding and action made in the UN political declaration on TB. The statement delivered by the G77 and China supported these commitments to funding and action, and called for “increased resources and means of implementation by the international community towards developing countries in most need, as well as increasing affordable access to medicines, diagnostics, vaccines and other medical tools, scaling up investments in research and development and delinking its costs from the price and sales volumes of new medical tools,” according to a South Centre press release....”

**European Commission – EU and Bill & Melinda Gates Foundation join forces to support health services in Africa**

[EC:](https://...) News from last week. “The Bill & Melinda Gates Foundation will contribute €54 million ($62.5 million) to EU efforts to strengthen diagnostic health services in Sub-Saharan Africa under the External Investment Plan.”
Washington Post (Monkey Cage)- Why this strain of Ebola will be far more difficult to stop

L Scorgie-Porter (political scientist & author of forthcoming book); WP

Three factors make responding to this Ebola outbreak enormously challenging: 1. There is little trust in the government; 2. The Allied Democratic Forces and other rebels make the region unsettled; 3. Ebola can easily traverse eastern Congo’s many cross-border networks.

Now you have all three at the same time.

CNN - Opinion: The killing of aid workers in Nigeria is a sickening situation for humanity


Related to the sad news from last week: “...The International Committee of the Red Cross has had personnel present in nearly every conflict zone for decades but never before has it had two of its young healthcare workers killed execution-style back-to-back. It’s a sickening situation for humanity and a crippling blow for healthcare in conflict zones....”

VOA News - Trump Administration Rethinks Foreign Aid With Eye Toward China

VOA;

See also last week’s IHP news. The global impact of Belt & Road is forcing the administration of U.S. President Donald Trump to rethink elements of its plan to cut back on foreign assistance under an “America First” strategy. Focus among others in this piece on the BUILD act (which created the U.S. International Development Finance Corp., or USIDFC); a recent five-year extension to an anti-hunger measure known as the Global Food Security Act; ...

On the same (development) race between China and the US, read also the Conversation (by S Schindler et al)- US sparks new development race with China – but can it win?

Their assessment: “... Ultimately, then, the IDFC will be unable to limit China’s growing influence with a mere US$60 billion, and China’s sphere of influence will continue to expand regardless. But the race to connect the world is significant because it will have tremendous impacts on emerging economies that suffer from inadequate infrastructure. Indeed, this scramble between the US and China will likely accelerate economic integration in places that have historically been isolated....”
UHC

HSG (blog) – Engaging with the private sector for UHC: what we have learned

Gerry Bloom; http://www.healthsystemsglobal.org/blog/317/Engaging-with-the-private-sector-for-UHC-what-we-have-learned.html

“Until now, research on the private health sector has been seen to be of modest relevance to global health strategies. Our Private Sector in Health Thematic Working Group symposia have focused on demonstrating the significance of the private sector as an important source of health care, mapping the complex reality of pluralistic health systems and presenting the results of relatively modest interventions. This needs to change as governments are becoming increasingly interested in the contribution that non-state actors can make towards their Universal Health Coverage (UHC) strategies. This was the major conclusion of a brainstorming session – entitled ‘Engaging with the private sector for UHC: what we have learned’ - that the Private Sector in Health Thematic Working Group organized at the Fifth Global Symposium on Health Systems Research....”

Health Systems & Reform - Achieving UHC in the Pacific, a Closer Look at Implementation: Summary of a Report for Pacific Health Ministers


“The principles of universal health coverage (UHC) are deeply embedded in health systems across the Pacific. UHC is also one of the stepping stones to achieving the Healthy Island vision, adopted by Pacific Health Ministers in 1995, which envisages healthy islands as places where citizens grow, learn, play and age with dignity. However recent evidence suggests that while health systems across the Pacific largely remain affordable, there are growing challenges in ensuring access to good quality essential services. This paper examines three common challenges to improving essential service delivery across the Pacific and reforms that are currently being put in place to address them....”

BMJ Global Health – Strategic purchasing for universal health coverage: examining the purchaser–provider relationship within a social health insurance scheme in Nigeria

E Etiaba, K Hanson et al ; https://gh.bmj.com/content/3/5/e000917

« In an attempt to achieve universal health coverage, Nigeria introduced a number of health insurance schemes. One of them, the Formal Sector Social Health Insurance Programme (FSSHIP), was launched in 2005 to provide health cover to federal government and formal private sector employees. It operates with two levels of purchasers, the National Health Insurance Scheme (NHIS)
and health maintenance organisations (HMOs). This study critically assesses purchasing arrangements between NHIS, HMOs and healthcare providers and determines how the arrangements function from a strategic purchasing perspective within the FSSHIP...."


Tom Achoki et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30472-8/fulltext

“...Health outcomes have improved in Kenya since 2006. The burden of communicable diseases decreased but continues to predominate the total disease burden in 2016, whereas the non-communicable disease burden increased. Health gains varied strikingly across counties, indicating targeted approaches for health policy are necessary.”

Lancet (Editorial) – Making sense of our digital medicine Babel

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32545-5/fulltext

“Interoperability is a common-sense idea that has proven uncommonly hard to put into practice in the world of medicine, a fact highlighted in a new report released on Oct 12 by the National Academy of Medicine, Procuring Interoperability: Achieving High-Quality, Connected, and Person-Centered Care. The idea is a simple one: ensure that electronic health records (EHR) technology—all the modern tools of medicine, such as monitors, blood pressure devices, dialysis machines, record keeping systems—can communicate so that a patient’s vital statistics can be gathered, transmitted, and used. In an interoperable system, this would allow clinicians to share information about a patient’s status, to provide a record to other clinicians working with the same patient, and to ensure that the most up-to-date information about a patient is available when it is needed....”

Planetary health

Vox - Canadian Prime Minister Justin Trudeau is betting his reelection on a carbon tax

“Climate policy has taken a remarkable turn up in Canada, where Prime Minister Justin Trudeau is effectively betting his reelection on the political salability of a nationwide carbon tax....”

Open Democracy - We need an ecological civilization before it’s too late

J Lent; https://www.opendemocracy.net/transformation/jeremy-lent/we-need-ecological-civilization-before-it-s-too-late

“Promises of green growth are magical thinking. We have to restructure the fundamentals of our cultural and economic systems.”

“...One way or another, humanity is headed for the third great transformation in its history: either in the form of global collapse or a metamorphosis to a new foundation for sustainable flourishing. An ecological civilization offers a path forward that may be the only true hope for our descendants to thrive on Earth into the distant future. “

BMJ Editorial - Global warming must stay below 1.5°C

Adam Law, David McCoy et al; https://www.bmj.com/content/363/bmj.k4410

“We are facing a global emergency and should organise accordingly.”

“Twelve years to act or we will face catastrophic climate change. This is the core message of the report from the Intergovernmental Panel on Climate Change (IPCC) released on 8 October. ...”

Although government action is crucial, so is civic action...

“But we do not have time to effect change through the usual processes of education, research, or gentle lobbying. We need to organise as we would in emergencies. We must also step out of our comfort zones—individually and collectively—to effect social, political, and economic change. We must enlist our most politically and culturally influential figures and speak to the public, the government, and the media. We can lead by example by ensuring our professional organisations divest immediately from fossil fuels. And through our work, we should mobilise patients and communities to demand and implement change. Global Warming of 1.5°C is a clear call to action.”

GeoHealth special collection – Mining and Planetary Health: A GeoHealth-Led Special Collection

Mining is necessary for providing wealth, goods, energy, and building materials and underpinning social and industrial development; Mining can release contaminants that can impact on the health of humans, ecosystems, and Earth surface environments; GeoHealth is leading a special collection of papers focusing on mining and planetary health, to which submissions are invited.

GeoHealth – Exploring the Paradox of Increased Global Health and Degraded Global Environment: How Much Borrowed Time Is Humanity Living on?


“Ample documentation of the global environmental degradation of air, land, and water paints a grim picture for the future of humanity. And yet by all measures global human health and well-being have been improving significantly over the past several decades, including significant improvements in middle- and low-income countries as well. The causes and consequences of this apparent paradox have not received the attention that they deserve, largely because they are measured and studied by different fields of inquiry. A systems approach that focuses on the drivers behind this apparent paradox of environmental degradation and human health improvement must include a combination of social and technological developments that have improved resource use, distribution, and innovation. But in many cases, such as phosphate resources and flying insect populations, the resource bank is not inexhaustible or replaceable, and priority must be placed for research and action on those critical resources upon which planetary health relies. Particularly, providing greater support and access to the table for youth leaders may be one way to create space for this first true generation of Anthroponauts to lead with solutions to our resource problems and to help build balance back into the environment-health equation.”

“Anthroponauts”, nice term!

Resource – Pensions in a changing climate

https://aodproject.net/changing-climate/

Check how pension funds are doing in the fight against climate change. “This is the first segment of a four-part report assessing the global pensions sector’s response to the recommendations of the Task Force on Climate-related Financial Disclosures (TCFD). The report uses new data to rank the world’s 100 largest global pension funds on their approach to climate-related risks and opportunities.”

Paper - The paradox of sustainable degrowth and a convivial alternative

O Krüger; http://www.whpress.co.uk/EV/papers/1648-Kruger.pdf
This paper, among others, examines two concepts for criticizing the ideology of economic growth: dépense and conviviality. Especially the latter is preferable for the purpose of developing post-sustainable critiques of growth, the author argues.

And some quick links:

**Guardian** - [Climate change is exacerbating world conflicts, says Red Cross president](https://www.theguardian.com/environment/2023/feb/02/climate-change-is-exacerbating-world-conflicts-says-red-cross-president)

**Project Syndicate** - [The Economics of the Climate Crisis](https://www.project Syndicate.org/article/2023-02/the-economics-of-the-climate-crisis)

Gradualism is no longer an option in fight against global warming, argues José Antonio O’Campo. “It is now clear that the world’s current efforts to combat climate change are woefully inadequate. As the likelihood of catastrophic developments in the not-too-distant future increases, climate-change economists must adjust their models accordingly.“

### Infectious diseases & NTDs

**Lancet Infectious Diseases (Editorial) – Tuberculosis at the United Nations: a missed chance**


The Lancet Infectious Diseases final assessment of the TB UNGA HL meeting: “...The UN high-level meeting was seen as a unique chance to gain a strong political support to strengthen measures to control tuberculosis in the coming years and define targets and responsibilities. The reality is that—despite some nice words on paper—a valuable opportunity to galvanise tuberculosis control has been missed.” Read why.

**Lancet (Comment) - Long-acting technologies for infectious diseases in LMICs**


« ... Despite their promise, Long-acting technologies are likely to pose substantial challenges in low-income and middle-income countries (LMICs). ... ... Developing a healthy market for LA products in LMICs will be more challenging than for conventional, oral medications.... »
To avoid the pitfalls of the past, when new medicines were introduced first in high-income countries and only much later in LMICs, we need to be thinking ahead about LA technologies for infectious diseases. That is why Unitaid is working with a wide range of partners and stakeholders to explore these issues, including through a global technical consultation in Geneva, Switzerland, on Nov 1–2, 2018, that will consider the science and market landscapes for LA technologies. Our shared goal should be to accelerate the development and implementation of these new approaches so that they have the greatest possible impact against global epidemics.

Global Public Health - Surveillance in the field: Over-identification of Ebola suspect cases and its contributing factors in West African at-risk contexts

A Desclaux et al; https://www.tandfonline.com/doi/abs/10.1080/17441692.2018.1534255#.W84R4YJrMgg.twitter

During an Ebola outbreak, the WHO recommends that health professionals consider people as suspect cases (SCs) when they show key signs such as the sudden onset of high fever or specific symptoms after having had contact with a suspect or confirmed Ebola case. SCs should then get care, be isolated and be reported to health authorities until the Ebola virus disease is confirmed through a lab test. This exploratory study aims to understand this identification process in the field based on a qualitative analysis of the diagnosis and therapeutic itineraries of 19 SCs in Cote d’Ivoire and Senegal (2014–2015). Results indicate that the main criteria for SC identification at the field level were fever (understood broadly) and provenance from a highly affected country (applied indiscriminately). WHO criteria were not followed in at least 9 of the 19 cases. Several medical, social and cultural factors favour over-identification of people as SCs, including relativism in defining ‘high fever’, placism, humanitarian or securitarian bias, issues in categorising SC’s contact cases, and the context of fear. To avoid undue categorisation and its possible harmful social effects, the WHO definition should be implemented more carefully in various contexts and with greater consideration for ethical issues, while prioritising diagnosis strategies with higher specificity.

The Conversation – Sewage surveillance is the next frontier in the fight against polio

M Eisenberg et al; The Conversation;

“... Epidemiologists typically detect polio transmission based on reported cases of acute flaccid paralysis (AFP). The World Health Organization certifies a country as polio-free if there are no reports of AFP for three years. But AFP is a severe outcome that occurs in a very small fraction of polio infections. It’s just the tip of the iceberg – one case of AFP indicates substantial underlying polio transmission in a population. This is why now, as the world approaches the final stages of polio eradication, environmental surveillance becomes key. Looking for poliovirus in sewage is more sensitive than counting up cases of AFP. It can detect virus shed in the feces of non-paralyzed people infected with polio – what epidemiologists call the silent circulation of polio. Environmental microbiologists have studied pathogens in sewage for decades, but its use as a public health surveillance tool is relatively new. As epidemiologists who specialize in modeling the spread of disease, we wondered if we could estimate the intensity of infection in a population by analyzing
counts of virus in its sewage. The discovery of polio transmission in Israel in 2013 – the first in that country since 1988 – provided a way for us to test whether our model, coupled with environmental surveillance data from different parts of the world, could be used to assess how much silent transmission is still happening globally....”

BMJ Global Health -What explains the lacklustre response to Zika in Brazil? Exploring institutional, economic and health system context

E J Gomez et al; https://gh.bmj.com/content/3/5/e000862

“By early-2016, the international community began to pressure Brazil for a stronger policy response to Zika. In contrast to what was seen in the past, however, these international pressures did not elicit such a response. In this article, we explore why this was the case, reviewing the government’s policy response and the broader political and economic context shaping this response. ...

We found that despite increased international pressures from the WHO, domestic political factors and economic recession hampered the government’s ability to strengthen its health systems response to Zika. Consequently, those states most afflicted by Zika have seen policy initiatives that lack sufficient funding, administrative and human resource capacity. This study revealed that despite a government’s deep foreign policy history of positively responding to international pressures through a stronger policy response to health epidemics, a sudden change in government, rising political instability, and economic recession can motivate governments to abandon this foreign policy tradition and undermine its response to new public health threats.”

AP – EU drug agency urges approval for dengue vaccine

AP;

“Europe’s drug regulator has recommended approving the first vaccine for dengue despite concerns about the vaccine’s wide use and a lawsuit in the Philippines alleging that it was linked to three deaths. The European Medicines Agency said Friday it had adopted a “positive opinion” of French pharmaceutical company Sanofi’s Dengvaxia. The vaccine is the world’s first against dengue, which sickens about 96 million people annually....”

And a quick link:

Guardian - Child malaria deaths dramatically cut by suppository drug, shows Zambia study

“A suppository form of a malaria-fighting drug could provide a lifeline to children in rural areas, drastically cutting the number of deaths caused by the disease. A study in rural Zambia found that suppository drugs administered by community health workers provided a crucial window for children with severe malaria, allowing them to reach a health facility....”
AMR

Guardian - European parliament approves curbs on use of antibiotics on farm animals

European parliament approves curbs on use of antibiotics on farm animals.

“The European parliament has approved a suite of restrictions on the use of antibiotics on healthy farm animals in a bid to halt the spread of “superbugs” resistant to medical treatment.”

CIDRAP - New test detects 100s of bacteria, resistance genes


“A team of scientists at Columbia University Mailman School of Public Health has developed a diagnostic platform that can detect all known human pathogenic bacterial species, plus antimicrobial resistance and virulence genes. In a study yesterday in mBio, the scientists report that the bacterial capture sequencing (BacCapSeq) system outperformed conventional DNA sequencing methods in identifying pathogenic bacteria and resistance genes in blood samples. It also detected a pathogen that tests that are commonly used for diagnosing bacterial infections would not be able to identify....”

Lancet Infectious Diseases – Cefiderocol, a new investigational antibiotic for the treatment of complicated UTIs?

https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30554-1/fulltext

“A trial assesses the use of the new antibiotic cefiderocol for the treatment of complicated urinary tract infections caused by Gram-negative bacteria.”

Cfr the press release:

“The Lancet Infectious Diseases: New investigational antibiotic effective against drug-resistant bacteria in phase 2 trial; Drug’s novel approach is designed to address three main mechanisms of antibiotic resistance used by Gram-negative bacteria

Results from a phase 2 randomised trial suggest that a new investigational antibiotic is as effective as the current standard-of-care antibiotic for the treatment of complicated urinary tract infections (UTIs) caused by several multidrug resistant Gram-negative bacteria. The findings, published in The Lancet Infectious Diseases, indicated that patients treated with the siderophore-based drug,
cefiderocol, had a higher and more sustained level of pathogen eradication and similar clinical outcomes to those treated with the current standard of care, imipenem-cilastatin....”

And a quick link: Antimicrobial resistance must be policy priority, say MPs (Guardian)

From the UK - “Tackling antimicrobial resistance needs to become a top-five policy priority for the government in order to help prevent the virtual loss of modern medicine, MPs have said. A report by the health and social care committee said it wants to see “tangible progress” over the next six months to “reverse the worrying exodus” from research into antimicrobial resistance (AMR)....”

NCDs


https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002679

“Based on interviews with a variety of participants, Vikram Patel and colleagues advocate for philosophical and practical progress toward recognizing decision-making capacity in people with psychosocial disabilities.”

Reuters - Philip Morris stop-smoking campaign attacked as PR stunt

Reuters;

“Marlboro cigarette maker Philip Morris International (PM.N) drew accusations of hypocrisy on Monday after using a four-page newspaper advertisement to urge smokers to quit cigarettes....”

For more on this, see this in-depth (and recommended) analysis in Financial Review - Big tobacco’s smoke and mirrors act. The story focuses on PM, its “new strategy” focusing on ‘win-wins’, how it’s being received by other tobacco companies, and how things look rather different once you go South...
BMJ Open – Is the alcohol industry doing well by ‘doing good’? Findings from a content analysis of the alcohol industry’s actions to reduce harmful drinking

T F Babor et al; https://bmjopen.bmj.com/content/8/10/e024325

“The aims of this study were to: (1) describe alcohol industry corporate social responsibility (CSR) actions conducted across six global geographic regions; (2) identify the benefits accruing to the industry (‘doing well’); and (3) estimate the public health impact of the actions (‘doing good’).”

**Results:** “The industry actions were conducted disproportionately in regions with high-income countries (Europe and North America), with lower proportions in Latin America, Africa and Asia. Only 27% conformed to recommended WHO target areas for global action to reduce the harmful use of alcohol. The overwhelming majority (96.8%) of industry actions lacked scientific support (p<0.01) and 11.0% had the potential for doing harm. The benefits accruing to the industry (‘doing well’) included brand marketing and the use of CSR to manage risk and achieve strategic goals.”

**Conclusion:** “Alcohol industry CSR activities are unlikely to reduce harmful alcohol use but they do provide commercial strategic advantage while at the same time appearing to have a public health purpose.”

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

We already flag the (upcoming) Kigali International conference on family planning (12-15 November) here: see http://2018.fpconference.org/about/

“Every other year since 2009, the International Conference on Family Planning (ICFP) has brought together the family planning community to share best practices, celebrate successes, and chart a course forward. The ICFP serves as a strategic inflection point for the family planning and reproductive health community worldwide. It provides an opportunity for political leaders, scientists, researchers, policymakers, advocates, and youth to disseminate knowledge, celebrate successes, and identify next steps toward reaching the goal of enabling an additional 120 million women to access voluntary, quality contraception by 2020....”

“...The 2018 International Conference on Family Planning (ICFP) is co-hosted by the Bill & Melinda Gates Institute for Population and Reproductive Health, based at the Department of Population, Family and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, and the Republic of Rwanda’s Ministry of Health. ...”
Access to medicines

Politico - Trump to propose sweeping changes to Medicare drug prices


“President Donald Trump on Thursday will unveil a plan to overhaul how Medicare pays for certain drugs, attacking “foreign freeloaders” that he says have driven up costs in the U.S. The bold move addresses a Trump campaign pledge to lower drug prices, just days before the tightly contested midterm elections in which health care is playing a pivotal role.”

“...Under the planned “international pricing index,” U.S. drug prices would be benchmarked against 16 other nations — Austria, Belgium, Canada, Czech Republic, Finland, France, Germany, Greece, Ireland, Italy, Japan, Portugal, Slovakia, Spain, Sweden and the United Kingdom — where target drug prices are collectively 44 percent lower. Prices would slowly be lowered to international levels over five years....”

Cfr a tweet by Tom Bollyky – “Reports by @politico & @ddiamond are that Trump admin will announce today a system of international pharmaceutical reference pricing. That would reverse roughly two decades of established US policy.”

For an update, see Stat News - Railing against ‘global freelading,’ Trump details new plan to lower drug prices

IP-Watch - Near-Monopolies On HCV Diagnostics Curb Competition, Keep Prices High, Research Finds


“Monopoly prices of diagnostic tools and lack of competition in the market constitute a barrier to treatment for people with hepatitis C virus (HCV), but the increased use of “open” diagnostic platforms could reduce prices, a health advocacy research study has found. The study focused on access to HCV diagnostics in Morocco, and compared levels of access for countries in the Middle East and North Africa (MENA) region. The results are detailed in the report Diagnosis and monitoring of hepatitis C (HCV) in Morocco: Current Status and strategies for universal access, published in May 2018 by the Association de Lutte Contre le Sida (ALCS) in Morocco. The report was written by Pauline Londeix, consultant on access to medicines and diagnostics in low and middle-income countries, and former vice president of Act Up-Paris....”
HPW - Immunisation Programmes In Africa Face Challenges


“Countries in sub-Saharan Africa face myriad obstacles in ensuring their populations receive requisite vaccinations to combat diseases. Kibet Sergon, an official of the World Health Organization (WHO), says challenges include difficulties in delivering the vaccines to targeted populations due to logistical problems and scarcity of trained medical personnel. ... The expert, who works with WHO’s department of Immunization and Vaccine preventable Diseases Programme, was speaking during a United Nations Children’s Fund (UNICEF) “News Café” event that took place in Nairobi on 16 October....”

BMJ (blog) - How to fulfil China’s potential for carrying out clinical trials

https://blogs.bmj.com/bmj/2018/10/15/fulfil-chinas-potential-clinical-trials/

How to fulfil China’s potential for carrying out clinical trials? Blog by Liming Lu et al.

China has the potential to become one of the world’s most favoured sites for performing clinical trials, but it isn’t there yet. What are the main challenges?

Human resources for health

- The latest (WHO) Health Workforce 2030 newsletter is more than worth checking out, if you haven’t done so yet.

Among others, with info on how WHO reaffirms its commitment to nursing & midwifery; on the 2nd meeting of the International Platform for health worker mobility, the publication of a new series on labour market analysis in francophone Africa, published in the journal ‘Santé Publique’, ...

Global Public Health - The use of participatory visual methods with community health workers: A systematic scoping review of the literature


“With the need to design and evaluate Community Health Worker (CHW) programmes from a more human-centred perspective, researchers and programme managers are exploring the role of participatory visual methodologies (PVMs). This review identifies, maps, and assesses the quality of current literature that describes the use of PVMs with CHWs....”
Human Resources for Health - Performance-based financing kick-starts motivational “feedback loop”: findings from a process evaluation in Mozambique


“Performance-based financing (PBF) reforms aim to directly influence health worker behavior through changes to institutional arrangements, accountability structures, and financial incentives based on performance. While there is still some debate about whether PBF influences extrinsic or intrinsic motivators, recent research finds that PBF affects both. Against this backdrop, our study presents findings from a process evaluation of a PBF program in Mozambique, exploring the perceived changes to both internal and external drivers of health worker motivation associated with PBF....”

Conclusions: “...The PBF program helped workers feel that they had well-defined and achievable goals and that they received recognition from verification teams, management committees, and colleagues due to enhanced accountability and governance. Our paper shows that financial incentives could serve as the “driver” to kick-start the feedback loop, of responsibility, achievement, and recognition, in environments that lack other drivers. Understanding how PBF programs can be designed and refined to reinforce this feedback loop could be a powerful tool to further enhance and track positive motivational changes. For countries thinking about PBF, we recommend that policymakers assess the loop in their contexts, identify drivers, determine whether these drivers are sufficient, and consider PBF if they are not.”

Miscellaneous

CHETRE (blog) - Peak Urban : The glocal disconnect in the Anthropocene

Evelyne De Leeuw; https://chetre.org/2018/10/634/

“Networked, distributed glocal urban (health) governance is the only way beyond Peak Urban, Evelyne de Leeuw argues. “


“Taking stock: A decade of drug policy’ evaluates the impacts of drug policies implemented across the world over the past decade, using data from the United Nations (UN), complemented with peer-reviewed academic research and grey literature reports from civil society. The important role of civil society in the design, implementation, monitoring and evaluation of global drug policies is recognised in the 2009 Political Declaration and Plan of Action on drugs, as well as in the Outcome Document of the 2016 United Nations General Assembly Special Session (UNGASS) on drugs. It is in this spirit that the International Drug Policy Consortium (IDPC) has produced this Shadow Report, to contribute constructively to high-level discussions on the next decade in global drug policy.” Some of the conclusions: “The commitments and targets set in the 2009 Political Declaration and Plan of Action have not been achieved, and in many cases have resulted in counterproductive policies. The Shadow Report also raises a number of issues on the past and future evaluation of global drug policies...”

The report also suggests which goals and metrics could be considered for the post-2019 global drug strategy.

Global Dashboard - What kinds of personal transformation help to drive system transformation?

Alex Evans; https://www.globaldashboard.org/2018/10/19/personal-system-transformation/

“What kinds of personal transformation help to drive whole system transformation? That was just one of the questions explored at a fascinating event hosted by Perspectiva earlier this week – if you don’t know them they’re really worth checking out, especially their great project on Beyond Activism...”

A bit more info on ‘Beyond Activism’: “... This initiative is about developing the case for deeper forms of activism, informed by an inquiry into the relationship between the personal and the political. Beyond Activism starts by acknowledging that however broadly we define activism and activists, what we are doing is clearly not enough, and the solution is probably not more of the same. ... ... “What happens to activism when we wake up to the depth of the connection between the personal and the political? Beyond Activism is therefore an enquiry into three related awakenings: We wake up politically and desire to change the world for the better. We wake up spiritually and grasp the limitations of changing society without also changing ourselves, and begin to sense the depth of that connection. We wake up to the challenge of creating a new world where the development of our inner lives is part of the source code of a new political economy and social imaginary.”

UN News – Governments, businesses ‘walk the talk’ for investment in sustainable development: UN forum


“Business and government leaders from around the world have gathered at a major United Nations conference in Geneva, in search of innovative and strategic solutions to complex investment and development challenges. The 2018 World Investment Forum, organized by UNCTAD, the primary UN
agency on trade and development, comes against the backdrop of declining investment flows around
the world and concern over how that is affecting sustainable development, according to the agency.
It is now time “to walk the talk” and scale up private investments in the Sustainable Development
Goals (SDGs) said UNCTAD Secretary-General Mukhisa Kituyi, welcoming over 6,000 participants
from more than 160 countries, to the Forum....”

The Atlantic – The U.S. Used to Criticize Countries That Didn’t Allow Their Citizens to Leave


“Trump is now asking Guatemala, Honduras, and El Salvador to do just that.” “President Donald
Trump said on Twitter on Monday that the United States was cutting off aid to Guatemala,
Honduras, and El Salvador because they hadn’t stopped “people from leaving their country and
coming illegally to the U.S.” The remarks are significant: For decades, the United States criticized
totalitarian regimes that didn’t allow their citizens to leave in violation of international norms. Now,
by demanding that these three countries stop their citizens from leaving, Trump is breaking from that
precedent....”

USC Institute for Global Health - Interested in Global Health? Subscribe to these Newsletters!

https://globalhealth.usc.edu/2018/09/28/interested-in-global-health-subscribe-to-these-newsletters/

Happy to see that IHP is one of them : ) But always good to read a few, we reckon.

Research

Social Science and Medicine - Resilience capacities of health systems: Accommodating the needs of Palestinian refugees from Syria


Highlights: “Assesses UNRWA health system resilience during the Syria crisis using a pro-capacities
framework. Demonstrates deployment of absorptive, adaptive and transformative capacities in
response to threats to systems functioning. Argues that this framework is helpful in extracting
generalizable lessons for other health systems facing adversity.”
Health Research Policy & Systems - Knowledge translation for realist reviews: a participatory approach for a review on scaling up complex interventions


“Knowledge syntheses that use a realist methodology are gaining popularity. Yet, there are few reports in the literature that describe how results are summarised, shared and used. This paper aims to inform knowledge translation (KT) for realist reviews by describing the process of developing a KT strategy for a review on pathways for scaling up complex public health interventions....”

Special Issue International Journal of Care coordination: Realist research in health services research and care coordination

http://journals.sagepub.com/toc/icpe/21/3?utm_source=Adestra&utm_medium=email&utm_content=8J1093&utm_campaign=not+tracked&utm_term=

Start with the Editorial.