

IHP news 495 : First WHO Global Conference on Air Pollution and Health

(2 Nov 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,

With the exception of the [First WHO Global Conference on Air Pollution and Health](#) in Geneva (31 Oct-1 Nov), this has been a fairly quiet week in global health. Politically, it's a different story, as you know. The world seems to be moving faster than expected from right-wing xenophobic populism to fascism. I'm probably not the only person wondering whether 'partnerships' and SDG 'win-wins' will be possible in such a world. But I hope there'll be some better news on 6 November. My faith in humanity tells me that at some point Drumpf's luck has to run out.

This week's issue features **two short editorials**, one by **Deepika Saluja** (IHP resident) who just attended the air pollution & health conference in Geneva, the other by **Bart Criel** (ITM) who reflects on a recent ITM symposium on 40 years Alma Ata (which took place a few days before Astana), and his participation in the "real" Astana conference. Do also read my colleagues' **Willem & Werner's complementary take on the ITM symposium**, [The ITM symposium on 40 years PHC: is there a doctor in the house?](#) (on IHP) Given their age, they have earned the right to be grumpy :)

Enjoy your reading.

Kristof Decoster

Featured Articles

The 1st global WHO conference on Air Pollution and Health in Geneva

Deepika Saluja (IHP resident)

I was no less than thrilled to be attending the [WHO's first Global Conference on Air Pollution and Health](#) (30 Oct-1 Nov) this week, one for the fact that it was organised by WHO (in collaboration with many intergovernmental organisations) at its headquarters in Geneva, and two for my interest in exploring the area of air pollution and health. Being at the headquarters and attending the plenaries in the WHO Executive Board Room with the key leaders from WHO and representatives from several other national and international organisations, governments and institutes, was an amazing

experience in itself. I was not only overwhelmed to be educated about the breadth and depth of issues connecting air pollution, climate change and health, but also felt committed to do my bit at the individual and community level in reducing air pollution. In that sense, the conference already had a (micro-) 'impact' ! :)

The conference was held in response to a few World Health Assembly Resolutions (68.8 in 2015 and 69.18 in 2016) to address the increasing morbidity and mortality resulting from air pollution. The 3-day meeting in Geneva included workshops, plenaries and parallel sessions on a wide range of issues related to air pollution including households' access to clean energy, ambient air quality monitoring, air pollution and children's health, air pollution and NCDs, air pollution and climate change, reducing health sector emissions, protecting workers from air pollution outdoors and indoors, and equipping national health workforces to deal with air pollution amongst many others. The conference brought together substantial evidence on each of these issues from across the world (with some creative and feasible solutions like targeting pregnant women rather than poor households for using clean fuels for cooking), highlighting the complex interlinkages and their potential implications on human health as well as ecological (i.e. planet) well-being. In addition to the intensive sessions, the conference also showcased some very interesting and innovative ways to create awareness about air pollution as a critical health, climate and environmental issue, like [Pollution Pods](#): a sensory art exhibit created by UK artist Michael Pinsky in which the air quality from the 5 most polluted cities of the world was simulated. On 31 October, a [Breathe Life Concert](#) also took place - the cultural event of the conference that featured "United Nations Humanitarian Artist" Ricky Kej along with several other Grammy award winners, nominees and artists from across the world advocating their (likeminded) messages through music and art.

Given the scale of impact from air pollution (ambient and indoor combined) killing around 7 million people every year and [significantly affecting the health and development of 1.8 billion children](#), everybody in the room agreed it's more than time to speed up the global response to prevent these deaths and sufferings. Billions of people are breathing toxic air (referred to as the '[new tobacco](#)' by Dr. Tedros) every day, not only risking their own lives but also jeopardizing the health of future generations and the environment in which they will grow up. In his opening plenary speech, Dr. Tedros highlighted that 'if the cost of action appears so high, then imagine how enormous would be the cost of our inaction'. The urgency of taking real action, using a more systemic approach (rather than a siloed one) was being reiterated multiple times during the conference and special emphasis was laid on multi-sectoral collaboration, bringing the health sector at the forefront in addressing these emerging challenges. Although the harmful effects of air pollution are widespread and nobody from mother's womb to the grave is spared, air pollution disproportionately impacts women and children and other vulnerable population groups in terms of income, age levels, zip codes etc. resulting more often than not in huge [inequities](#). Therefore, we need to make these people the focal point of our actions and include their voices in the decision making.

As is customary, the conference ended with a 'High-Level action day' where key messages from the previous days of the conference were taken stock of, in order to identify future steps. An aspirational goal of reducing the number of deaths from air pollution by two-thirds by 2030 was announced in the closing plenary along with around 70 voluntary commitments from different countries and international organisations. Commitments ranged from making cities plastic free and converting public transport to electric buses, over manufacturing zero emission vehicles and achieving WHO prescribed air quality standards, to bringing air pollution and clean energy access to the political agenda, capitalizing on children as young advocates for change, and last but not least, committing more investment and research in data collection, surveillance and air quality monitoring.

Only if we are as unified in our vision to produce results on these commitments, as we were in (vigorously) announcing them, we will be able to prevent a great proportion of deaths due to air pollution and substantially reduce the suffering. Every human being is entitled to breathe clean air and (only the clean air of) the sky should be the limit!

PS: I'm rooting for the next global WHO conference on air pollution and health to take place in Delhi :)

From Alma-Ata 1978, over a modest symposium on PHC at ITM, to Astana 2018

Bart Criel (ITM)

On 23 October, an [ITM symposium](#), titled '40 years after Alma Ata, Primary Health Care in 2018 and beyond, In South and North' took place in Antwerp. The event was of course a dwarf in the company of the two Primary Health Care (PHC) conference giants, Alma Ata and Astana respectively. We know our place, do not be mistaken. No hubris at play. Nevertheless, below I offer a few words on it, having been prominent in its design, and, foremost, having learned from it. Life-long learning, you know - even at 62!

The symposium was well attended, with around 200 people present. Somewhat unexpected, perhaps, but heart-warming and encouraging. A diverse audience, with people from North and South (*to the extent that these terms still have meaning in our times*); Masters and postgraduate students (making up about 2/3 of the audience) and experienced professionals; academics and practitioners. In short: a diverse public but also – unfortunately – still a bit a biased one given the dominance of people with a medical background in the room.

Let me first share the main lessons I draw from the ITM symposium. Firstly, PHC – a value and rights-based framework – is still considered as relevant, both in 'technical' as well as in 'political' terms, despite the unsatisfactory global track record when it comes to implementation and notwithstanding the dramatic changes that have taken place in our world since 1978. Secondly, there's a consensus on the need for a pragmatic, inclusive and systemic vision on the concrete implementation of PHC. No room for rigid and dogmatic one-size-fits-all blueprints, but rather context-specific combinations of models ranging from genuine community involvement, over specific and complementary contributions by first-line professional multidisciplinary teams, to specialists at referral hospitals, and cadres from specific disease-control interventions.

With some hindsight, however, there are also three issues that would have deserved more attention, in my opinion (*even if a one-day symposium of course only lasts... for one day!*).

First of all, there is a clear need for more insight into – and thus research on - *how* to achieve effective and sustained multi-sectoral collaboration. How to move beyond the slogan? Which

approaches work and which don't? And why? And should we per se start from the health sector? We somehow seem to take that for granted, but is that justified? For instance, in my experience with Belgian local governments, which play a growing role in the local stewardship of PHC, the social welfare sector is a more important driver for multisectoral collaboration...

Secondly, it's important to caution for a too naïve – i.e. overly smooth - view on participation. Indeed, participation tends to go hand in hand with a tension between people and professionals, sometimes a very frank one. Social movements channeling people's needs and expectations, via (social) media and through demonstrations or other public activities, may indeed pressure politicians and policymakers to act. That's when and how 'political will' gets created in the first place, in many settings. The case of the recent Belgian municipal elections is telling in this respect: people's call for radically different mobility and environmental policies in our inner cities and for more clean air became, a bit unexpectedly, a central theme in the debates preceding the elections.

And thirdly, there is the elephant in the room... What about the clear and loud call in 1978 for a New International Economic Order (NIEO)? What about a NGEO (*we would probably call it a New Global Economic Order nowadays*) in 2018? There are doubtlessly many explanations for the relative silence on this front... I wish to share a hypothesis. A new social, economic, political *and* ecological order encompasses so many interlinked & intermingled issues (complexity!) that debating such an order is anything but easy. How to engage into a wider public debate on something that virtually influences *all* dimensions in our societies and lives? What language to use? I have no definitive answer. But I believe it would be useful to consider a 'pedagogical' approach – a narrative - that enables a dialogue with the general public. A suggestion? Well, [the recent book](#) by Oxford economy professor Kate Raworth - "Doughnut Economics" – made a deep impression on me. The clarity and coherence of her analysis, and, above all, the power of the images she uses, stood out for me. In her book, the inner ring of the "doughnut" represents the "social foundation", the situation in which everyone on the planet has sufficient food and social security. The outer ring represents the "ecological ceiling", beyond which excess consumption degrades the environment beyond repair. The aim is to get humanity into the area between the rings, where everyone has enough but not too much – or, as Raworth calls it, "the doughnut's safe and just space". Perhaps the doughnut is a good starting point for a new narrative on the NGEO anno 2018?

Over to the meeting in Astana, then.

I am truly happy (and proud) that I could attend this historical conference, hosted by WHO (with a prominent role for WHO Europe), UNICEF and the government of Kazakhstan - as part of the official Belgian (federal) delegation. This landmark meeting was only possible because of the commitment of so many national governments, international and multilateral organizations. The conference was attended by 2156 delegates coming from 96 countries. The relevance of the core values and principles of the Alma-Ata declaration were explicitly reconfirmed and the vital role of PHC in Universal Health Coverage (UHC) emphasized. The Director-General of WHO, Tedros Ghebreyesus, was crystal clear: there's no UHC without PHC. He further referred to the forthcoming United Nations General Assembly (UNGA) High-Level meeting on UHC in September 2019 "as a powerful opportunity for PHC".

Even if the world may have become a healthier place compared to 1978 (see the increased life expectancy and the improvements in child and maternal mortality, for example), there is no room for complacency. The conference acknowledged that progress in PHC implementation is lagging behind and that for many the promise of PHC remains unfulfilled. Achievements are uneven and unfair. Social determinants of health are insufficiently addressed. And people should be at the

center, not diseases. Henrietta Fore, UNICEF's executive director, was firm: "at the current pace, we will not reach SDG 3.8". In short, it is now time to deliver.

The two-day event was built up around six plenary sessions and some 25 parallel more specific sessions. Youth got a prominent place in Astana (120 youth delegates attended the conference!). A number of new focal areas were addressed in light of the dramatically changed (and ever faster changing) world. These 'updates' covered a wide range of issues and concerns: the digital revolution, connectivity, development of new technologies, disruptive innovations, quality of care, research on PHC, family medicine, social accountability, mental health (cyber bullying!), health for indigenous people, metrics for monitoring PHC implementation, the interface of health with ministries of finance, healthy cities (even healthy islands!) and the positioning on PHC by European mayors, human resources for health as an investment and not a cost, and much more...

The issue of a NGE0 was also addressed in a specific session organized by the network organization Medicus Mundi International (see [video](#)), but with limited participation, unfortunately. Again that same elephant in the room...? One of the speakers in that session, a well-known academic and activist from South Africa, put it bluntly: "people do not seem to have a clue what we are talking about". So, still (much) work to be done, it seems.

My main take-home message? The glass is definitely half full (*which, arguably, tends to be my 'natural' sort of perspective on things :)*) The renewed commitment from the international community towards PHC presents a powerful opportunity and PHC *does* remain a pertinent and rock-solid societal program. Still, the glass is also half empty: if during the last 40 years we were not as successful as we would have liked to be, why then would we succeed now? Quoting Primo Levi's epic book is appropriate here: "If not now, when?"

Let me conclude on a positive note. I was pleasantly struck by the intervention of the Nuncio of Vatican City at the opening of the conference in which he explicitly blamed the "current systemic tendency in our world towards inequalities and inequities in health and health care". And then there was the hopeful and rallying *pro*-PHC speech by Dr Caryssa Etienne, current PAHO Director, at the closing session of the conference. She was rewarded with a standing ovation from the audience.

Primary Health Care, here we come!

PS: on a side note, Alma-Ata means 'father of apples' in Kazakh. Alma-Ata claims the honor of being the birthplace of this fruit. The Kazakh Minister of Health Elzhan Birtanov in his final closing speech mentioned that... 17.000 apples were eaten during the conference!

Highlights of the week

Guy Standing's Theory of Change

(new) Essay – The Precariat: Today's Transformative Class?

Guy Standing; <https://greattransition.org/publication/precariat-transformative-class>

The question mark is probably warranted, but more than worth a read. And let's hope he's right.

*“Since 1980, the global economy has undergone a dramatic transformation, with the globalization of the labor force, the rise of automation, and—above all—the growth of Big Finance, Big Pharma, and Big Tech. The social democratic consensus of the immediate postwar years has given way to a new phase of capitalism that is leaving workers further behind and reshaping the class structure. **The precariat, a mass class defined by unstable labor arrangements, lack of identity, and erosion of rights, is emerging as today's “dangerous class.”** As its demands cannot be met within the current system, **the precariat carries transformative potential.** To realize that potential, however, the precariat must awaken to its status as a class and fight for a radically changed income distribution that reclaims the commons and guarantees a livable income for all. Without transformative action, a dark political era looms.”*

See also **Open Democracy** - [How the precariat – and UBI - can stop neoliberalism from destroying the planet](#)

*“**Taxes on exploiting the commons** - both exhaustible and non-exhaustible resources - could be used to give people basic financial security.”*

For the time being, however, it's [Big Man politics 2.0](#) (Jan Blommaert, excellent read) calling the shots, though, in much of the world. The 'Big Man' is no longer 'The Other'. And unlike Big Man, Big Man 2.0 is equipped with the most advanced techniques of knowledge control ever made available to mankind.

(Implicit) Donor complicity in detention in DRC ?

AP Investigation: Congo hospitals openly jail poor patients

<https://www.apnews.com/86372d0fec5c44bf9760ffa5fe75c2de>

“The most surprising thing about the fact that Congolese hospitals detain patients who fail to pay their bills is that it's no secret: Administrators, doctors and nurses openly discuss it, and the patients are held in plain sight. **An Associated Press investigation found that only one of more than 20 hospitals and clinics visited in the copper-mining metropolis of Lubumbashi did not routinely imprison patients.** Though government officials condemn the illegal practice, and say they stop it when they can, a Ministry of Health official in Kinshasa noted that “health officials cannot be

everywhere.” **The only ones who claim they don’t know what’s happening in Congo, it seems, are more than a dozen major health donors and agencies who invest billions of dollars in the country and have major operations there — including the European Union, UNICEF, the International Committee of the Red Cross, PATH, Save the Children, the U.S. Agency for International Development and World Vision. They all told the AP they had no knowledge of patient detentions or insufficient information to act....”**

Excerpts: *“Some organizations, such as **the Global Fund**, make grants contingent on countries upholding certain standards. The fund has invested about \$1.5 billion in Congo, mostly for programs for HIV, tuberculosis and malaria, including hospitals and health centers, and **its contracts specify that medical detentions “are to be used only as a last resort.” ...”***

*“...Karen Cowgill, an assistant professor at the University of Washington who has studied patient detentions in Congo, said **external agencies should at least acknowledge publicly that patient detentions occur, so that the issue can be addressed by the wider community....”***

The article also has **Rob Yates’ view on the practice, and what WHO and others should do.**

“As part of their drive for universal health care, WHO could sit down all the health ministers and say we publicly commit to ensuring we’re not illegally locking up people in our health facilities,” he said. “As uncomfortable as this might be for everyone, the U.N., governments and donors need to confront this issue as a human rights abuse and then actively monitor this so that it can be officially banned and ended.”

Anyway: yet another tricky question for the Global Fund’s Peter Sands to answer, it seems...

Stat News - Merck cuts back on vaccine commitment to West Africa as shipments to China ramp up

https://www.statnews.com/pharmalot/2018/11/01/merck-rotavirus-vaccines-china/?utm_content=buffer1541d&utm_medium=social&utm_source=twitter&utm_campaign=twitter_organic

“In a controversial move, Merck is rolling back its commitment to provide a life-saving rotavirus vaccine to parts of West Africa at the same time the drug maker is ramping up supplies to China, where the product would reportedly be sold for a much higher price. The company supplies its RotaTeq vaccine through an arrangement with GAVI, the Vaccine Alliance, a public-private partnership that helps provide medicines and vaccines to low-income countries. However, Merck is reducing shipments by one-third this year and next, according to GAVI. After that, supplies are not expected. About 4.7 million doses will be delivered this year and 4 million next year. As a result, more than a half million children in four countries — Burkina Faso, Mali, Ivory Coast, and Sao Tome — may not receive the vaccine for the illness, which inflames stomachs and intestines and is the world’s leading cause of diarrhea. About 213,000 deaths among children were attributed to rotavirus in 2013, according to the World Health Organization....”

1st WHO Global conference on air pollution and health (Geneva, 30 October-1 November)

<http://www.who.int/airpollution/events/conference/en/>

HPW - First WHO Global Conference On Air Pollution And Health To Call For Drastic Scale-Up In Interventions

<https://www.healthpolicy-watch.org/first-who-global-conference-on-air-pollution-and-health-to-call-for-drastic-scale-up-in-interventions/>

The World Health Organization held *“its first-ever global conference on air pollution and health (30 October-1 November) in order to shed light on the **alarming death toll of 7 million premature deaths caused every year by toxic air pollution and to call for a drastic scale-up of effective interventions to combat the problem....”***

Guardian - Air pollution is the ‘new tobacco’, warns WHO head

https://www.theguardian.com/environment/2018/oct/27/air-pollution-is-the-new-tobacco-warns-who-head?CMP=Share_iOSApp_Other

Ahead of the conference, **dr Tedros himself set the scene** (with the help of a brilliant speechwriter, we assume):

*“**Air pollution is the “new tobacco”**, the head of the World Health Organization has warned, saying the simple act of breathing is killing 7 million people a year and harming billions more. **Over 90% of the world’s population suffers toxic air and research is increasingly revealing the profound impacts on the health of people, especially children.** “The world has turned the corner on tobacco. Now it must do the same for the ‘new tobacco’ – the toxic air that billions breathe every day,” said Dr Tedros Adhanom Ghebreyesus, the WHO’s director general. **“No one, rich or poor, can escape air pollution. It is a silent public health emergency.”** “Despite this epidemic of needless, preventable deaths and disability, **a smog of complacency pervades the planet,**” Tedros said, in an article for the Guardian. **“This is a defining moment and we must scale up action to urgently respond to this challenge.”** The WHO is hosting its first global conference on air pollution and health in Geneva next week, **including a high-level action day at which nations and cities [are expected] to make new commitments to cut air pollution....”***

“A smog of complacency pervading the planet... ”. Brilliant. Now let’s do something about it.

WHO report – Air pollution and child health: prescribing clean air

[WHO:](#)

*“... This report summarizes the latest scientific knowledge on the links between exposure to air pollution and **adverse health effects in children.** Recent data released by the World Health Organization (WHO) show that **air pollution has a vast and terrible impact on child health and survival. Globally, 93% of all children live in environments with air pollution levels above the WHO***

guidelines. More than one in every four deaths of children under 5 years is directly or indirectly related to environmental risks. Both AAP and household air pollution (HAP) contribute to respiratory tract infections that resulted in 543 000 deaths in children under 5 years in 2016. Although air pollution is a global problem, **the burden of disease attributable to particulate matter in air is heaviest in low- and middle-income countries (LMICs), particularly in the WHO African, South-East Asia, Eastern Mediterranean and Western Pacific regions....”**

For **Guardian coverage**, see [90% of world's children are breathing toxic air, WHO study finds](#). **“Report says air pollution is having a devastating impact on children worldwide, storing up a public health time bomb... ... The study found that more than 90% of the world’s young people – 1.8 billion children – are breathing toxic air, storing up a public health time bomb for the next generation....”**

For some more info on what the conference had in store, see [WHO](#):

“... This conference [wil]l showcase some of WHO’s work on air pollution, including the findings of its Global Platform on Air Quality and Health. ... the conference next week will call for urgent action, seeking agreement on a target for reducing deaths from air pollution. ... WHO and partners such as UN Environment are developing ways to support countries. For example, WHO is developing a toolkit (the Clean Household Energy Solutions Toolkit, CHEST) to help countries implement WHO’s recommendations on household fuel combustion and to develop policies to expand clean household energy use. BreatheLife – a global campaign for clean air, headed by WHO, the Climate and Clean Air Coalition, and UN Environment – is mobilizing communities to reduce the impact of air pollution in cities, regions and countries, currently reaching around 97 million people....”

A **Breathe Life for a Healthy Planet concert** was even organized in Geneva this week.

A last good read related to the conference: **IDS (blog, by P Schröder et al) - [Tackling the challenges of urban air pollution – why does air pollution impact inequality as well as health?](#)**

*“... .. Several studies have established clear links between air pollution and health outcomes and have underlined how air pollution has become silent a public health emergency or a ‘new tobacco’. But **what is too often ignored in the debate is the link between air pollution, health and socio-economic inequalities.**”*

*“...We undertook a **pilot study in Beijing and Delhi in 2017, supported by the Sussex Sustainability Research Programme**, which sought to understand the social inequalities related to the toxic urban environment, particularly their protective capabilities and lack of participation in political processes and social practices....”*

Lancet (Letter) - It's time to consider pollution in NCD prevention

Andy Haines et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32200-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32200-1/fulltext)

“In the first paper of the Lancet Taskforce on non-communicable diseases (NCDs) and Economics Series, Rachel Nugent and colleagues (April 4, p 2029) describe the increases in numbers of deaths

from NCDs that are projected to occur over the next 15 years, most of which occur in rapidly developing low-income and middle-income countries (LMICs). The Taskforce argues that targeted investments in NCD prevention and management could blunt the anticipated increases in the numbers of deaths, reduce poverty, enhance worker productivity, advance many of the Sustainable Development Goals, and thus produce great economic benefits. ... **However, the Lancet Taskforce never mentions the contributions of environmental risk factors to NCD causation or the reductions in NCD mortality that could be achieved by instituting measures to control pollution, such as climate change mitigation policies that reduce emissions of greenhouse gases and short-lived climate pollutants...**"

"... in today's rapidly changing world the pollution control and NCD agendas can no longer afford to remain separate. The Lancet Taskforce on NCDs and economics could substantially enhance its influence and further increase the return on investment in NCD prevention if it were to expand its scope to include a new focus on prevention of pollution."

For Nugent's reply, see [here](#).

Post-Astana analysis

Thomas Schwarz (MMI) – Astana Global PHC conference: a future for PHC?

<http://www.medicusmundi.org/contributions/events/2018/astana2018>

Must-read - in-depth report on what Thomas considers the strengths & flaws of the Astana summit.

Read also **two other blogs** from Thomas on side events: [Astana: official side event on "international cooperation and strengthening or weakening national health policies and systems](#) & [Astana: civil society café session on calling for a new global economic order](#).

Plos blog - After Astana: The post-conference agenda for global primary health care

Luke Allen; <https://blogs.plos.org/globalhealth/2018/10/after-astana-the-post-conference-agenda-for-global-primary-health-care/>

Always worth a read, Luke Allen. Cfr his own tweet: *"What's the post-#Astana2018 agenda for global #PrimaryHealthCare? -Three layers of integration -Grappling with capitalism -Aligning spheres of influence with spheres of concern -Messy compromise and more..."*

You might also want to read (on **Global Health Now**) - [Better Primary Health Care? Get Better Data](#)

"On the ground in Astana was Beth Tritter, executive director of the Primary Health Care Performance Initiative. In an exclusive Q&A with GHN, Tritter reflects on the future impact of of Astana, what else besides money is needed to improve primary health care, and a new data tool that her organization launched in Astana..."

“..Last week in Astana, **PHCPI launched the first set of Vital Signs Profiles in partnership with 11 Trailblazer country governments** – Argentina, Burkina Faso, Cote d’Ivoire, Ghana, Kenya, Rwanda, Senegal, South Africa, Malaysia, Nepal and Sri Lanka...”

Upcoming webinar – Graduate Institute: Two Weeks After Astana - What next? (Monday 5 November)

http://graduateinstitute.ch/lang/en/pid/8646-1/_/events/globalhealth/two-weeks-after-astana---what-ne

“With reflections from the Astana conference by Dr Edward Kelley, Director of Service Delivery and Safety, World Health Organization. We will explore what the conference achieved, what challenges remain, and what happens next? What are the next steps at different levels of governance?”

ODA news & development landscape

Devex - Donors agree to new rules on untied aid and eligibility

V Chadwick; <https://www.devex.com/news/donors-agree-new-rules-on-untied-aid-and-eligibility-93737>

News from late last week: “**Leading aid donors set new rules** Thursday making it possible for countries to become re-eligible for official development assistance if their income levels fall back below the threshold. Donors also agreed to expand the number of places where aid should be “untied” — that is, where they should not reserve aid contracts for their own companies. **The rule changes were reached in Paris, France, at a delegate-level meeting of the Organisation for Economic Co-operation and Development’s Development Assistance Committee**, a group of 30 leading donor countries that set the international rules for ODA....”

Guardian - UK 'exaggerated number of lives saved' by maternal health aid project

<https://www.theguardian.com/global-development/2018/oct/30/uk-exaggerated-number-of-lives-saved-by-maternal-health-aid-project>

“The UK government has been criticised by an aid watchdog for exaggerating the number of women’s lives it saved through its maternal health programmes. **A review, published by the Independent Commission for Aid Impact (Icai)** on Tuesday, also said the number of lives saved “were significantly below what they could have been, given the level of investment”....”

Brookings - The shifting landscape for international development institutions

Tana Johnson; <https://www.brookings.edu/blog/future-development/2018/10/31/the-shifting-landscape-for-international-development-institutions/>

“Since 1944, when the World Bank and IMF were established, the arena of international development institutions has changed a lot. Some changes are hard to miss. Decolonization and the

*dissolution of the Soviet Union meant that the number of developing countries mushroomed. Other changes are less obvious. For instance, many development institutions now tie their economic assistance to “extra-economic” considerations such as environmental safeguards, gender equality, or good governance. One could discuss many others. But **here I focus on three changes that create the conditions international development institutions face today, and will continue to shape their future: proliferation, pressure for performance, and a need for partnerships....”***

The global health & political disaster called Trump

Foreign Policy - Inside Trump’s Plan to Scale Back U.N. Resolutions on Sexual Health, Violence Against Women

<https://foreignpolicy.com/2018/10/30/inside-trump-state-department-plan-to-scale-back-united-nations-resolutions-on-sexual-reproductive-health-violence-against-women-abortion-global-gag-rule-gender-equality/>

*“Internal memos reflect the **growing influence of conservative Christians in the Trump administration.**”* One of the must-reads of the week.

*“.. **the State Department is directing American diplomats around the world to scale back U.S. support for a raft of overseas sexual and reproductive health programs** that proponents see as vital to women’s health, but conservatives believe promote abortion and sexual activity among young people. **New State Department directives**, outlined in internal memos obtained by Foreign Policy, **show how the Trump administration is instructing U.S. diplomats at the United Nations to push back on U.N. resolutions on women’s issues, outlining so-called red lines on language related to sexual health and sexual harassment....”***

See also Politico - [Trump's State Department eyes ban on terms like 'sexual health'](#)

PS: for some info on the **Trump administration’s new Medicare drug plan**, released last week, see **Health Policy Watch** - [US Releases New Medicare Drug Plan To “Pay The Prices Other Countries Pay”](#)

WHO Bulletin – November issue

<http://www.who.int/bulletin/volumes/96/11/en/>

The **Editorial** is an absolute must-read: [Results-based financing in health: from evidence to implementation](#) Authors are: **M McIsaac, Joe Kutzin, Agnès Soucat**, ... Including 4 policy relevant messages.

Too many global health conferences?

Cfr a **tweet by Devi Sridhar**: *"Is it just me who thinks #globalhealth has too many meetings, summits & declarations- and not enough of the actual substance of getting things done?"*

The tweet was frantically retweeted (presumably by a number of people going to too many of these global health conferences)

In Nature Microbiology, **Madhukar Pai** had part of the answer - [TB Conferences: We Must Do Better](#)

"TB conferences will have greater impact if they are held in high-burden countries, engage affected communities and support participants from LMICs to lead the agenda." As **Robert Marten** added, this is probably true for global health conferences in general.

Ebola outbreak DRC – UN Security Council resolution

Cidrap News - UN calls down international law in DRC Ebola outbreak

<http://www.cidrap.umn.edu/news-perspective/2018/10/un-calls-down-international-law-drc-ebola-outbreak>

*"As the Democratic Republic of the Congo (DRC) continues to battle an Ebola outbreak in North Kivu and Ituri provinces, **the United Nation (UN) Security Council yesterday passed a resolution demanding that all armed rebel groups in outbreak zones respect international law.** The council passed the measure to "ensure full, safe, immediate, and unhindered access for humanitarian and medical personnel, and their equipment, transport and supplies to the affected areas," according to a UN news release. In adopting resolution 2439 (2018), **the UN also officially condemned attacks by armed groups in the region.** The resolution was sponsored by Ethiopia and Sweden, and the Security Council said negotiations on the text were influenced by two recent briefings to the council from the WHO director-general...."*

*"Also yesterday, during a session at the American Society of Tropical Medicine and Hygiene's (ASTMH's) annual meeting, Merck's Jakub Simon, MD, MS, presented **preliminary findings on the effectiveness of the ring vaccination strategies in DRC's two Ebola outbreaks this year....***

See also **AP News** - [UN demands immediate halt to attacks in Ebola areas in Congo.](#)

Some other links with news snippets on the Ebola outbreak:

Cidrap News - [Ebola total hits 276 as lasting effect noted for 3 vaccines](#)

“In research developments, ...scientists [yesterday] reported durable immune response for three Ebola vaccines, including the one currently deployed in the DRC.”

WHO Afro - [WHO and the Ministry of Health Train Members of the Armed Forces on Ebola Case Management](#)

Another episode in the “securitization of health”.

Reuters - [Children dying of Ebola at unprecedented rate in Congo -health ministry](#)

“Children in eastern Democratic Republic of Congo are dying from Ebola at an unprecedented rate due largely to poor sanitary practices at clinics run by traditional healers, the health ministry said on Sunday...”

Cidrap News - [Amid Ebola surge, experts don't give nod to vaccine in pregnancy](#)

“...the World Health Organization's (WHO's) vaccine advisory group said there's still not enough evidence to recommend Ebola vaccination for pregnant women...” See also **Healio** on this - [Insufficient evidence to recommend Ebola vaccine for pregnant women, WHO advisory group says.](#)

NPR Goats & Soda - [Why Are People So Angry At Ebola Responders In The Democratic Republic Of The Congo?](#)

*“...The DRC's government reports that **on average** burial teams, health workers and other responders are being threatened like this as often as **three or four times a week....”***

*“... **Partly it's because many people in the communities where Ebola is now spreading had never heard of it** — so they're resistant to giving up their loved ones to strangers in scary plastic suits. But there's another issue, says Ashish Pradhan, a U.S.-based senior analyst with International Crisis Group, a research organization that is a leading authority on conflict areas: **“The local population is very distrustful of the government. Their default mode is not to trust the government.”**...”*

Planetary Health

Guardian - [To save the planet we need a treaty – and to consider rationing](#)

https://www.theguardian.com/environment/2018/oct/29/to-save-the-planet-we-need-a-treaty-and-to-consider-rationing?CMP=Share_AndroidApp_Tweet

*“Bill McKibben, Naomi Klein, Caroline Lucas, John Sauven, Craig Bennett, Ann Pettifor and Leo Murray add their voices to **calls for a fossil fuel non-proliferation treaty.**”*

See also the Guardian - [We need a fossil fuel non-proliferation treaty – and we need it now](#) (by Andrew Simms et al)

Heinrich Böll Foundation - Radical Realism for Climate Justice

<https://www.boell.de/en/radicalrealism>

*“Limiting global warming to 1.5°C above pre-industrial is feasible. And it is our best hope of achieving environmental and social justice, of containing the impacts of a global crisis that was born out of historical injustice and highly unequal responsibility. **Our Dossier is a civil society response to the challenge of limiting global warming to 1.5°C while also paving the way for climate justice.** Because it’s neither ‘naïve’ nor ‘politically unfeasible’, it is radically realistic.”*

Includes eight volumes. For a quick summary of the system changes proposed, see Project Syndicate - [A Radically Realistic Climate Vision](#).

Guardian - Humanity has wiped out 60% of animal populations since 1970, report finds

<https://www.theguardian.com/environment/2018/oct/30/humanity-wiped-out-animals-since-1970-major-report-finds>

You probably already got this via the media, this week.

As many pointed out on Twitter, only the headline is wrong. Instead of ‘Humanity’, it should have been ‘Capitalism’.

*“... Runaway human consumption is to blame: the biggest cause of wildlife loss is the annihilation of natural habitats, much of it to create farmland to feed humans and livestock, followed by killing for food. **The WWF is calling on world leaders to strike a global deal at the United Nations’ Convention on Biological Diversity in 2020, similar to the Paris agreement on climate change, to limit and reverse the destruction....”***

Guardian - Five countries hold 70% of world's last wildernesses, map reveals

<https://www.theguardian.com/environment/2018/oct/31/five-countries-hold-70-of-worlds-last-wildernesses-map-reveals>

*“...The UQ and WCS study, published in the journal Nature, identifies **Australia, the US, Brazil, Russia and Canada** as the five countries that hold the vast majority of the world’s remaining wilderness....”*

Global Policy (blog) - A Non-Carbon Future: Part 2 – Analysing the Options

S Montgomery; <https://www.globalpolicyjournal.com/blog/29/10/2018/non-carbon-future-part-2-analysing-options>

Must-read. *“Part 2 of this essay continues the topic of a post-carbon future but from an unconventional perspective. It delves into questions about how we conceive of “clean” energy and how this plays out in **the two main visions of such a future** at the level of underlying ideas and demands.”*

For **Part 1** of the essay, see [here](#).

Annual Review of Environment and Resources - Research On Degrowth

G Kallis et al; <https://www.annualreviews.org/doi/full/10.1146/annurev-environ-102017-025941>

*“Scholars and activists mobilize increasingly the term degrowth when producing knowledge critical of the ideology and costs of growth-based development. Degrowth signals a radical political and economic reorganization leading to reduced resource and energy use. The degrowth hypothesis posits that such a trajectory of social transformation is necessary, desirable, and possible; the conditions of its realization require additional study. Research on degrowth has reinvigorated the limits to growth debate with critical examination of the historical, cultural, social, and political forces that have made economic growth a dominant objective. **Here we review studies of economic stability in the absence of growth and of societies that have managed well without growth. We reflect on forms of technology and democracy compatible with degrowth and discuss plausible openings for a degrowth transition.** This dynamic and productive research agenda asks inconvenient questions that sustainability sciences can no longer afford to ignore.”*

Coming up next week – the GFF replenishment in Oslo (5-6 November)

<https://www.globalfinancingfacility.org/gff-replenishment>

Ahead of the meeting, we recommend you read:

Lancet Comment – Financing the SDGs: mobilising and using domestic resources for health and human capital

R M C Kaboré, E Solberg, M Gates & J Y Kim ;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32597-2/fulltext?code=lancet-site](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32597-2/fulltext?code=lancet-site)

*“Under the 2015 Addis Ababa Action Agenda on financing for development, countries pledged to reach the Sustainable Development Goals (SDGs) primarily using domestic resources. The Global Financing Facility for Every Woman and Every Child (GFF), launched at the Addis Ababa summit, advances this agenda by working with ministries of finance and health to link development assistance to increased domestic health investment. **On Nov 6, 2018, we are co-hosting GFF's first replenishment event in Oslo, Norway, to expand GFF's crucial work to improve maternal, child, and adolescent health and nutrition outcomes. We will also be co-hosting a linked conference a day earlier, on Domestic Resource Use and Mobilisation for health (DRUM).** Many countries today are testing health financing policies that hold promise for generating the funds needed to achieve the health-related SDGs (SDG3+) and, ultimately, other development goals. At the DRUM conference, countries will compare experiences to further shape a joint agenda for more and better domestic health spending, as part of their broader investments in human capital. Drawing on the GFF experience, the conference will look at the part that international development assistance for health has to more effectively enable countries to attain SDG3+....”*

... The Oslo DRUM conference will highlight emerging opportunities **to solve four main challenges for domestic investment in health**...

“...The time to mobilise domestic resources for health is now. ...”

“...The GFF replenishment and Oslo DRUM conference are platforms for countries to lead this change. We commit ourselves to sharing what we learn in Oslo in November so that these lessons contribute to a more concerted global response to health finance needs and the broader SDG financing challenge. We will work with countries and multilateral bodies to accelerate this agenda in 2019, through important events of the African Union, the G20 hosted by Japan, and UN General Assembly. ...”

Save the Children’s GFF Briefing paper - Tick Tax – Why taxation is critical to the GFF’s success

https://resourcecentre.savethechildren.net/node/14260/pdf/gff_drm_brief_final.pdf

For a quick overview, see this **blog by C Twiss** - [Tick Tax: how the Global Financing Facility can become a game changer for children's futures](#)

“... This week we are launching Tick Tax, our new GFF briefing paper, which asserts that increasing government revenue for essential services can only be done by incorporating substantive tax reform into the GFF’s operations across recipient countries. The GFF has developed good relationships across ministries of finance and of health, which have enabled its successful introduction of ‘sin taxes’ in various countries. But while welcome, these do not go far enough – wider ranging tax reform is a logical, and essential, next step.”

Finally, on the **role of civil society in the GFF**, you might also want to read (on Medium) (by P Irungu, PATH Kenya) - [Civil society as the indispensable broker for multi-sectoral collaboration to drive GFF impact](#)

“...Ultimately, in Kenya — as in other countries — civil society can help governments deliver on the GFF Investment Framework. With deep roots at the community level, civil society organizations are often the best at delivering services and reaching the end users prioritized in the Investment Framework. Importantly, civil society plays a nimble role in implementing, results tracking, and ensuring that commitments made, priorities promised, and resources invested are implemented, monitored, and accounted for to save the most lives in the most cost-efficient ways. But just as government agencies can’t function without a budget, neither can civil society organizations. As development partners meet in Oslo to commit to replenish the GFF, we hope this will include sufficient resources to enable civil society to do its part — while also ensuring we can maintain our independent voices and ability to hold governments and other duty bearers accountable for resources and results. For the GFF to be successful in reaching its goal of ending preventable deaths of women, children, and adolescents, civil society must have the capacity and resources to fully take on our strategic — and indispensable — role.”

Africa must tackle birth control 'taboo' - philanthropist Mo Ibrahim

[Thomson Reuters Foundation;](#)

*“African countries must cut their booming birth rate and provide secure jobs for young people or risk a rise in conflict and militant groups, **Sudanese billionaire philanthropist Mo Ibrahim warned on Monday.** Leaders across the continent need to tackle a “taboo” against birth control and ensure their youth have prospects, he said **as he launched his foundation’s annual index showing the state of governance across 54 African countries....”***

Guardian - Act now or a billion young Africans will be undone by 2050 – Mandela widow

<https://www.theguardian.com/global-development/2018/nov/01/act-now-or-a-billion-young-africans-will-be-undone-by-2050-mandela-widow-graca-machel-african-child-policy-forum-report>

Along slightly the same lines: *“**Nelson Mandela’s widow has warned Africa could become the continent of a billion “angry, underfed, under-educated and under-employed” young people by 2050, unless African governments act to invest in their children.** In advance of the **publication of a major report on child rights across Africa,** Graça Machel has expressed concern that a “toxic combination” of undernutrition, poor education and the world’s fastest-growing youth populations pose a threat to the continent’s future. “Even though our youth have the potential to transform Africa, if neglected, they could exacerbate poverty and inequality while threatening peace, security and prosperity,” said Machel, chair of the international board of trustees of the African Child Policy Forum (ACPF), which will publish the **2018 Africa Report on Child Wellness** on Friday....”*

Nature (news) - Research is often unpaid in sub-Saharan Africa

<https://www.nature.com/articles/d41586-018-07244-w>

“Over 80% of academics and students polled report that they have held unpaid research positions.”

*“Unpaid research stints are the norm for scientists in sub-Saharan Africa, according to **an online survey of 412 academics that spanned 6 countries.** Eighty-five per cent of respondents report having had research positions with no pay. Of those, 33% had spent between 1 and 5 years doing research for free, and 4% had spent more than 5 years doing so (see ‘Unpaid research in Africa’)....”*

Lancet (Comment) - Academic promotion policies and equity in global health collaborations

B Hedt-Gautier et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32345-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32345-6/fulltext)

Hard-hitting piece & thus must-read. “...Here we **outline five key areas that need to be addressed by HIC institutions, particularly during faculty promotion review**, to foster equity in global health research collaborations.”

Related to: embedding; equitable engagement of LMIC collaborators; authorship that reflects real collaboration; training and mentorship; adequate funding for LMIC institutions and collaborations.

Devex - New alliance aims to connect the dots between global health activities in the Bay Area

<https://www.devex.com/news/new-alliance-aims-to-connect-the-dots-between-global-health-activities-in-the-bay-area-93757>

“While a growing number of organizations in the **San Francisco Bay Area** are taking on global health challenges, their efforts are not as coordinated as they could be. A new initiative aims to change that. The **Bay Area Global Health Alliance** will bring together a network of organizations ranging from nonprofits to companies to universities, to strengthen their global health impact. The alliance builds on the success of the Washington Global Health Alliance, which has served as an adviser to other regional alliances from Atlanta, Georgia to Melbourne, Australia....”

“...So far, **supporters of the alliance** include Gilead Sciences, Chevron, Global Impact Advisors, PATH, and programs from the University of California, Berkeley, UC Davis, UCSF, and Stanford....”

“...The Bay Area Global Health Alliance is still forming its leadership team, and is still in the midst of fundraising, but expects to launch its programming next year....”

World Cities Day – 31 October

UN News - Weekly migration of 1.4m to cities can contribute to ‘disasters’

<https://news.un.org/en/story/2018/10/1024462>

“**The migration of some 1.4 million people every week to cities around the world** “can strain local capacities, contributing to increased risk from natural and human made disasters” according to the United Nations Secretary-General António Guterres.”

“...The theme of this year’s commemoration, Building Sustainable and Resilient Cities, focuses on the need to preserve human life and limit damage and destruction while continuing to provide infrastructure and services after a crisis...”

Lancet (Letter) – Is the global tuberculosis control strategy too big to fail?

R Granich ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32751-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32751-X/fulltext)

*“Tuberculosis is a major killer and will remain so without considerable changes. Recent UN meetings are “déjà vu all over again”. Hackneyed tuberculosis political slogans are unhelpful. Decades of greater attention and increased political will has not been enough—**a serious review of global tuberculosis control strategy is merited....**”*

He concludes: *“...Budgeting for ambitious targets makes sense and is necessary to successfully tackle tuberculosis control. However, calling for increased funding for a poorly performing disease control strategy is never easy. **Requests for funding should be based on new strategies that review available resources and past returns on investments. There are many hard questions to be asked about strategy, leadership, and longstanding inefficiencies, including wasteful meetings, redundant international organisations, and antiquated, ineffective service delivery.** Asking tough questions should not be seen as an attack; it is essential to rapidly learn from past failures and course correct to ensure increased funding and the success of robust tuberculosis control efforts.”*

Guardian - Drones to deliver vaccines in Vanuatu in world-first trial

<https://www.theguardian.com/world/2018/oct/31/drones-vaccines-vanuatu-trial>

“Drones will take delicate drugs to dozens of remote villages in test that could be replicated around the world.”

FT Health - Scientists launch \$4.7bn project to read DNA of all life on Earth

<https://www.ft.com/content/1ca67310-ddd3-11e8-9f04-38d397e6661c>

*“International biologists have launched an ambitious project to read all the DNA in each of the world’s known animal, plant and fungal species over the next 10 years, sequencing 1.5m different genomes at an estimated cost of \$4.7bn. The anticipated spend by the **Earth BioGenome Project (EBP)** would be similar, allowing for inflation, to the cost of the Human Genome Project, which read the genetic code of just one species, Homo sapiens, between 1990 and 2003....”*

...Jim Smith, science director of the Wellcome Trust, compared the potential benefits to those from Human Genome Project, which has transformed research into human health and disease. **“From nature we shall gain insights into how to develop new treatments for infectious diseases, identify drugs to slow ageing [and] generate new approaches to feeding the world or create new bio materials,”** he said....”

1st World Flu Day – 1 November

Lancet Editorial - World Flu Day: momentum from China for influenza control

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32770-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32770-3/fulltext)

“Nov 1 marks the first World Flu Day and was formally launched at the Asian-Pacific Centenary Spanish 1918-flu symposium in Shenzhen, China. The campaign was developed by George F Gao, director of the China Center for Disease Control and Prevention (CDC), in collaboration with other leading influenza specialists...

... Unlike official global health campaigns such as World Health Day and World Tuberculosis Day, marked and sponsored by WHO, **the proposal and implementation of World Flu Day are mainly driven by scientists who work on unsolved questions in influenza research. Furthermore, the major organising institution in the influenza campaign this year is China CDC.**

... In the changing landscape of global health, China has increased its global health engagement and influence through health aid, health security, health governance, and knowledge exchange. Historical lessons from influenza should remain at the core of global efforts for pandemic preparedness. **Launching the first World Flu Day in China is not just a timely call for raising global awareness about this common and easily ignored disease, but also an important opportunity for China to strengthen global collaboration in influenza research and control.”**

Key publications & papers of the week

Lancet Global Health – Health policy and system support to optimise community health worker programmes: an abridged WHO guideline

G Cornetto et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30482-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30482-0/fulltext)

We already flagged the new WHO guidelines last week. This is the “short” summary.

BMJ - Gosport must be a tipping point for professional hierarchies in healthcare— an essay by Philip Darbyshire and David Thompson

<https://www.bmj.com/content/363/bmj.k4270>

Time for a Nurse revolution against all doctors on earth. Or this at least my very own interpretation of this essay (which focuses on a scandal from the 90s in the UK on which a report was published recently) :)

In more diplomatic English: *“All healthcare staff must be empowered to question the decisions of colleagues at every level and to have their concerns heard without reprisal, write Philip Darbyshire and David Thompson.”*

JAMA - Should Failure to Disclose Significant Financial Conflicts of Interest Be Considered Research Misconduct?

J Botkin; <https://jamanetwork.com/journals/jama/fullarticle/2712193>

Valéry Ridde added on Twitter: *“It is time to strengthen institutional COI policies by considering the ... failure to disclose significant financial relationships relevant to the conduct of research to be research misconduct.” Also valid for #HPSR @H_S_Global*

Plos Med Editorial - Health systems thinking: A new generation of research to improve healthcare quality

H Leslie, M Kruk et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002682>

“Hannah Leslie and colleagues of the High-Quality Health Commission discuss improvements needed to prevent declines in individuals’ health as the scope and reach of health systems increase. Patient-centered care at the population level, improved utility of research products, and innovative reporting tools to help guide the development of new methods are key to improved global healthcare.”

Plos Med (Perspective) –Epidemiological metrics and benchmarks for a transition in the HIV epidemic

P G-Faussett, M Over, ...

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002678>

*“Peter Godfrey-Faussett and colleagues present **six epidemiological metrics for tracking progress in reducing the public health threat of HIV.**”*

Health Systems and reform – What Are Governments Spending on Health in East and Southern Africa?

M P-Fünfkirchen, M Lindelow et al;

<https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1510287>

*“Progress toward universal health care (UHC) in Africa will require sustained increases in public spending on health and reduced reliance on out-of-pocket financing. **This article reviews trends and patterns of government spending in the East and Southern Africa regions and points out***

methodological challenges with interpreting data from the World Health Organization's (WHO) Global Health Expenditure Database (GHED) and other sources....”

“Government expenditure for health has increased for most countries, albeit at a slower rate than gross domestic product (GDP). In most countries there has been a prioritization away from health in government budgets, putting the onus on the private sector and donors to fill the gap. Donor support is important in the region but reliance on external spending is not consistent with countries’ stated ambitions of universal health coverage....”

Health Systems & Reform - Fresh Money for Health? The (False?) Promise of “Innovative Financing” for Health in Malawi

C Chansa et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1506643>

“Since 2013, the government of Malawi has been pursuing a number of health reforms, which include plans to increase domestic financing for health through “innovative financing.” As part of these reforms, Malawi has sought to raise additional tax revenue through existing and new sources with a view to earmarking the revenue generated to the health sector. In this article, a systematic approach to assessing feasibility and quantifying the amount of revenue that could be generated from potential sources is devised and applied....”

BMJ Global Health - Traditional, complementary and alternative medicine use in Sub-Saharan Africa: a systematic review

P B James et al; <https://gh.bmj.com/content/3/5/e000895>

Some of the results: “... the review highlights a relatively high use of TCAM alone or in combination with orthodox medicine, in both general population and in specific health conditions in SSA. TCAM users compared with non-TCAM users are more likely to be of low socioeconomic and educational status, while there were inconsistencies in age, sex, spatial location and religious affiliation between TCAM users and non-TCAM users. Most TCAM users (55.8%–100%) in SSA fail to disclose TCAM use to their healthcare providers, with the main reasons for non-disclosure being fear of receiving improper care, healthcare providers’ negative attitude and a lack of enquiry about TCAM use from healthcare providers....”

HP&P - Does payment for performance increase performance inequalities across health providers? A case study of Tanzania

P Binyaruka, J Borghi et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czy084/5151301>

Interesting research question.

Some blogs & other articles of the week

HSG – A call to Astana: Health must not remain a privilege of the powerful alone

Asha George; <http://www.healthsystemsglobal.org/blog/318/A-call-to-Astana-health-must-not-remain-a-privilege-of-the-powerful-alone.html>

Hard-hitting blog, published ahead of the Astana conference.

Unpaywall – a beautiful way to help everyone get The Research

<http://blogs.lse.ac.uk/impactofsocialsciences/2018/10/28/unpaywall-a-beautiful-way-to-help-everyone-get-the-research/>

*“To round off the Impact Blog’s coverage of Open Access Week 2018, Heather Piwowar and Jason Priem reiterate the beauty in appearance, ideals, and promise of **Unpaywall**, and also preview the team’s **soon-to-be-launched GetTheResearch initiative**, which will enable citizen scientists, patients, practitioners, policymakers, and millions more beyond academia to find, read, and understand the scholarly research on any topic.”*

Medium – IPPHL: Empowering a New Generation of African Health Leaders

Chris Elias (Gates Foundation); <https://medium.com/@ChrisJElias/ipphl-empowering-a-new-generation-of-african-health-leaders-9541443cb3d6>

“Do you know mid-career public health professionals working for government health agencies in Africa who are seeking to advance their careers? Then encourage them to apply to IPPHL. Applications for 2019 will be accepted between November 1 and December 6, 2018.”

*“...For the past two years, the Gates Foundation has been supporting **the International Program in Public Health Leadership (IPPHL)**, a summer training program for mid-career African doctors who work in health ministries across the continent...”*

Global health events

Oslo conference (1-2 November) - The Political Origins of Health Inequities and Universal Health Coverage

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

Was livestreamed. With a dazzling line-up of speakers & panelists.

For some of the action and quotes, you might want to check the hashtag [#UHCpolitics](#).

HPW - WHO Expert Group On Immunization Highlights Global Vaccination Progress, Challenges

<https://www.healthpolicy-watch.org/who-expert-group-on-immunization-highlights-global-vaccination-progress-challenges/>

“The World Health Organization’s Strategic Advisory Group of Experts (SAGE) on Immunization met from 23-25 October to review progress and recommendations for the Global Vaccine Action Plan, including the need for guidance on the use of Ebola vaccines in emergencies, the contribution of human papillomavirus (HPV) vaccination toward eliminating cervical cancer, and the current status of polio and measles eradication, according to a press briefing.”

Devex - Takeaways from the UN World Data Forum

<https://www.devex.com/news/takeaways-from-the-un-world-data-forum-93732>

“The 2018 United Nations World Data Forum has concluded with new commitments and partnerships to push forward an agenda that will enable data to better support the delivery of the Sustainable Development Goals...” **Takeaways** focusing on the Dubai Declaration, standardizing interoperability, satellite data for the SDGs, political will still lacking, and the road to Bern (where the third UN World Data forum will take place in 2020), ...

IISD - Africa Climate Conference Discusses SDGs-Agenda 2063-NDC Nexus (10-12 October, Nairobi)

<http://sdg.iisd.org/news/africa-climate-conference-discusses-sdgs-agenda-2063-ndc-nexus/>

*“The **seventh Climate Change and Development in Africa conference** sought to facilitate science-practice-policy dialogue to address available options for NDC implementation in Africa and to clarify options for financing climate actions, including modalities for unlocking available and new climate finance. **Participants emphasized that interconnections between the Agenda 2063, NDCs and the SDGs**, particularly SDGs 6 (clean water and sanitation), 2 (zero hunger) and 7 (affordable and clean energy), are critical for managing the continent’s environmental resources in an integrated manner.”*

Panelists also urged: ... **African leaders and negotiators to demand, at the Katowice Climate Change Conference in December, an “amendment” to the Paris Agreement on climate change that explicitly spells out what Africa requires to “survive the onslaught of climate change”; ...**”

Quick answer: a new economic system before it’s too late. Just like the rest of the world, actually.

Coming up: 10th anniversary Global Health Centre (Graduate Institute, Geneva) – 3 December

http://graduateinstitute.ch/fr/home/research/centresandprogrammes/globalhealth/archives/events.html/_/events/globalhealth/the-overlapping-crises-of-democr

The centre celebrates its 10th anniversary with an interesting **event on December 3**: *“The Overlapping Crises of Democracy, Globalisation and Global Governance – what does it mean for global health?”*

Coming up next year: the third Planetary Health Alliance Annual Meeting September 4-6, 2019 (Stanford University, USA)

Next year, *“Stanford University will host the third Planetary Health Alliance Annual Meeting on September 4-6, 2019. The conference's overarching objective is to catalyze efforts towards resolving the great planetary health crises of our time. We aim to:*

- *Strengthen the scientific case for planetary health framing;*
- *Learn from efforts to solve planetary health problems – both failures and successes;”*

Global governance of health

IISD – Paper Outlines Suggestions to Enhance HLPF Effectiveness

<http://sdg.iisd.org/news/paper-outlines-suggestions-to-enhance-hlpf-effectiveness/>

“The paper titled, ‘UN Reforms for the 2030 Agenda: Are the HLPF’s Working Methods and Practices “Fit for Purpose”?,’ authored by Marianne Beisheim, SWP, reviews the effectiveness of the HLPF and proposes ideas for improvements. On the review of the format and organizational aspects of the HLPF planned for the 74th session of the UNGA in 2019-20, the paper suggests that the German government, together with other interested UN Member States, could support a preparatory process that would call on the UN Secretary-General to present a report setting out options for HLPF reform no later than early 2020.”

Devex - What can stock exchanges do for the SDGs?

<https://www.devex.com/news/what-can-stock-exchanges-do-for-the-sdgs-93753>

*“To achieve the ambitious Sustainable Development Goals, the United Nations has been widening calls for support from the private sector — and some believe stock markets could play an important role. Last week, **partners of the Sustainable Stock Exchanges initiative met in Geneva, Switzerland, for annual talks.** The group aims to promote responsible investment in development by stock exchanges and their listed companies. **Launched in 2009, it is coordinated by the U.N. Conference on Trade and Development, together with several other U.N. or related bodies....”***

*“...**SSE identifies four SDG targets as most relevant to stock exchanges internally:** gender equality (SDG 5); decent work and economic growth (SDG 8); responsible consumption and production (SDG 12); and climate action (SDG 13). Through those actions, it hopes to contribute to other SDGs such as sustainable energy (SDG 7) and sustainable communities (SDG 11)....”*

Global Policy - G20 Summit in Argentina

<https://www.globalpolicyjournal.com/blog/31/10/2018/g20-summit-argentina>

“Ten years after the G20 held its first ever summit, the informal group is meeting for the first time in South America. But can the closely watched gathering calm tensions amid the escalating trade war?”

*“...**Argentina holds the rotating presidency of the G20 informal group of key leaders of developed and emerging economies and is inviting them to Buenos Aires between 30 November to 1 December.** President Mauricio Macri has earmarked **three priorities**, which he sees as particularly pressing for the South American country: **the future of work, infrastructure as a developmental motor and sustainable food security.** Despite their importance, these topics are set to be overshadowed by recent global-trade tensions...”*

*... The G20 provides an opportunity to air these conflicts. But this is also the problem. After all, the group's ability to strike a common position depends on individual state's willingness to cooperate. **Informal groups like the G7 and G20 therefore reach their limits when faced with the uncompromising "America First" attitude of the USA....”***

Stop Corporate Impunity – Declaration of the Global Campaign for the closing of the 4th session of the open-ended intergovernmental working group on transnational corporations and other business enterprises with respect to human rights

<https://www.stopcorporateimpunity.org/declaration-of-the-global-campaign-for-the-closing-of-the-4th-session-of-the-oeiwg-on-transnational-corporations-and-human-rights/>

*“It captures the **key elements** that the Global Campaign understands are **needed for the success of the work of the OEIWG and for the elaboration of a meaningful instrument** that allows those affected to have access to effective and tangible justice.”*

Buzzfeednews - Bernie Sanders Is Partnering With A Greek Progressive To Build A New Leftist Movement

<https://www.buzzfeednews.com/article/lesterfeder/bernie-sanders-yanis-varoufakis-european-spring-movement>

“Vermont Sen. Bernie Sanders is teaming up with former Greek finance minister Yanis Varoufakis to formally launch a new “Progressives International” in Vermont on Nov. 30, Varoufakis said in Rome on Friday.”

They better hurry up.

Bloomberg - TPG in Talks to Combine Abraaj's Health-Care Assets in Rise Fund

<https://www.bloomberg.com/news/articles/2018-09-24/tpg-in-talks-to-combine-abraaj-s-health-care-assets-in-rise-fund>

“Private equity firm TPG is in exclusive talks to take over Abraaj Group’s \$1 billion health-care fund.

The firm is discussing combining the health-care assets with its Rise Fund, which aims to achieve market returns while also making a positive social and environmental impact. Abraaj’s fund has a mandate to provide affordable, high-quality health care to lower-income patients in sub-Saharan Africa and South Asia, and it’s in the process of separating from Dubai-based Abraaj Group....”

ODA resource – compare your country (ODA data 2017)

<https://www2.compareyourcountry.org/oda?cr=20001&cr1=oced&lg=en&page=1>

Nice resource.

Devex - Innovation at Gavi: 'The status quo will not suffice'

<https://www.devex.com/news/innovation-at-gavi-the-status-quo-will-not-suffice-93704>

(gated) *“When Gavi, the Vaccine Alliance, convened Silicon Valley leaders at a lunch in the San Francisco Bay Area almost a year ago, the discussion centered on how to scale up private sector innovations so that vaccine deliveries can meet global health priorities while also benefiting the companies delivering the care. “If we are to succeed we will need your help,” wrote Seth Berkley,*

CEO of Gavi, in the email invitation. “As technology leaders, investors, and entrepreneurs, we believe that the solutions to many of these challenges are in many ways aligned with your own goals and are therefore asking for your input.” ...”

IJHPM - Reducing Health Inequities Through Intersectoral Action: Balancing Equity in Health

M Smith et al; http://www.ijhpm.com/article_3553.html

*“Significant attention has been devoted to developing intersectoral strategies to reduce health inequities; however, these strategies have largely neglected to consider how equity in health ought to be weighted and balanced with the pursuit of equity for other social goods (eg, education equity). Research in this domain is crucial, as the health sector’s pursuit of health equity may be at odds with policies in other sectors, which may consider the reduction of health inequities to be peripheral to, if not incompatible with, their own equity-related aims. **It is therefore critical that intersectoral strategies to reduce health inequities be guided by a more general account of social justice that is capable of carefully balancing equity in health against the pursuit of equity in other sectors.**”*

Global Advocacy for Universal Health Coverage: An effort by The Rockefeller Foundation’s Transforming Health Systems initiative to influence global health policy

<https://assets.rockefellerfoundation.org/app/uploads/20180116194108/Global-Advocacy-for-Universal-Health-Coverage.pdf>

Case study from August 2017.

“...This case study, part of an evaluation conducted on THS [Transforming Health Systems] by Mathematica Policy Research, assesses how the activities of the initiative impacted the trajectory of UHC over its decade-long march from misunderstood concept to full acceptance as an issue of global concern. It examines how and how well the initiative strategically executed its approach – disseminating UHC evidence and information, promoting UHC dialogue, identifying and supporting UHC champions, and promoting UHC at the country level. Through its examination of the design, evolution, and success of the THS global influence agenda, the case study illuminates the important contributions made by The Rockefeller Foundation and its grantees at critical points in the advance of the UHC concept – first, through support for the World Health Report 2010, Health Systems Financing: The Path to Universal Health Coverage, and the THS-initiated Economists’ Declaration on UHC, and then with promotion among and by other thought leaders in the health sector. The ultimate reward for this engagement was inclusion of UHC by the United Nations General Assembly in the Sustainable Development Goals, adopted in 2015....”

Devex - The White House foreign aid review is long overdue. Here's how to get reform right.

M Dybul et al; <https://www.devex.com/news/opinion-white-house-foreign-aid-review-is-long-overdue-here-s-how-to-get-reform-right-93745>

*“The Donald Trump Administration is nearing the final stages of a White House-led foreign assistance review. This is an undertaking that is overdue and one that we have consistently advocated for over the past decade. **The administration’s goal, as we understand it, is to align our foreign assistance more clearly with our national interests.** We strongly support such alignment and believe that effectively reformed foreign assistance is a powerful tool that can simultaneously advance our national interests and those of the people we seek to help. But the particulars of the foreign aid review are critically important, and **we are concerned that a process that in the end renders a development strategy and budget that simply divides countries into two categories — friends and everyone else — is unlikely to have a positive effect on our national interests and could actually harm them....”***

And some tweets from this week:

Simon Hix – “This is why political polarization is so bad. Throughout history, when the choice has been between the far right and far left, the middle classes and economic elites have sided with the far right.”

Gavin Yamey – “We need a diagram! Seriously, **could @TheLancet create one showing the various commissions in the pipeline, anticipated launch dates, and the possible inter-connections & synergies between them?**”

Goran Thomson – “Agree absolutely. Apply systems thinking! Imagine all opportunities re synergies between Commission recommendations! Ex of “doing the right thing right” Also needed 4 more rationale use of evidence in the 2030 Agenda where decisionmakers urgently need tools 4 right investments”

And a few tweets related to a [meeting of the Oslo SDG initiative](#) on 29 October:

“Key findings #UiOSDG: **Innovative process of setting #SDGs gave voice to different actors and led to more transformative goals, but the indicator framework has led to the slippage of ambition,** says @sfparr. **Special Issue to be published in 2019: [Knowledge and Politics in Setting and Measuring SDGs: An Independent Research Initiative](#)** “

“Interesting comment by @jon_lomoy on academic analysis of “ruling by numbers” - **The biggest challenge for @norad is not the fine-tuning of #SDG indicators, but the lack of basic statistics in many poor countries, and whether to invest in national statistics or big data @sum_uio**”

Guardian - In about-face, Republicans make fixing Obamacare central to re-election push

<https://www.theguardian.com/us-news/2018/oct/29/in-about-face-republicans-make-fixing-obamacare-central-to-re-election-push>

*“Republicans wanted to gut Obamacare. Now, a wave of candidates advertise **support for the ‘pre-existing conditions’ provision.**”*

Even Trump tweeted: *“Republicans will totally protect people with Pre-Existing Conditions, Democrats will not!”*, adding: *“Vote Republican.”*

See also **the Guardian** - [Democrats unify around healthcare as Republicans play on immigration fears. Who will win?](#)

“Democrats’ focus on healthcare has propelled it to ‘the top of the issue list in national polls, ahead of the economy and jobs’”.

And see a **NEJM Special report** - [Health Care in the 2018 Election](#) *“Polls indicate that health care is the number one issue for democrats, but is not in the top five for Republicans. ...”*

BMJ (Feature) - China’s plan for 500 000 new GPs

<https://www.bmj.com/content/363/bmj.k4015>

“How to create primary care from scratch. Flynn Murphy reports.”

“China has big plans for primary healthcare. The nation’s policymakers want one general practitioner for every 2000 residents by the year 2030—which means training 500 000 GPs in 12 years to more than triple the current GP workforce. The aim, says Chen Qi, associate professor of medical history at the Peking University Health Science Center, is to relieve pressure on top tier hospitals crammed with patients who often travel great distances for medical care. “Because of the disparity in healthcare quality, patients lack trust and confidence in local primary care centres,” he told The BMJ....”

In other China related news, you might also want to read a new **WHO Bulletin paper** - [People-centred integrated care in urban China.](#)

HP&P- Long-term care systems as social security: the case of Chile

P V Dintrans; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czy083/5145711>

“Similar to many other countries, Chile is facing the challenges of rapid ageing and the increase in long-term care (LTC) needs for this population. Implementation of LTC systems has been the response to these challenges in other countries, however, Chile still lacks a strategy for addressing LTC needs. This article advocates for the implementation of a LTC system in Chile, demonstrating that this could be an effective and efficient response to cope with the current and future challenges faced by the country. The rationale for implementing a LTC system is based on the principles of the country’s social security system and on the fact that not having a LTC in place is not costless.”

BMJ Global Health - Special collection of papers: Empowering frontline providers to deliver universal primary healthcare using the Practical Approach to Care Kit

https://gh.bmj.com/content/3/Suppl_5

Start with [Crossing borders: the PACK experience of spreading a complex health system intervention across low-income and middle-income countries.](#)

Planetary health

Over to a section that feels increasingly desperate (and where you’ll probably see thus more and more desperate ‘moonshots’ in the years to come).

Vox - Silicon Valley wants to fight climate change with these “moonshot” ideas

<https://www.vox.com/future-perfect/2018/10/26/18018454/silicon-valley-sam-altman-yc-climate-change-carbon-moonshot>

*“The startup accelerator Y Combinator is diving into **carbon-removal research**. Here are the wild technologies they’re looking to invest in.”*

The Conversation - Foundations are making climate change a bigger priority

<https://theconversation.com/foundations-are-making-climate-change-a-bigger-priority-104883>

*“Twenty-nine mostly U.S.-based philanthropic institutions, including the John D. and Catherine T. MacArthur Foundation, the David and Lucile Packard Foundation and the William and Flora Hewlett Foundation plan to **spend an unprecedented total of US\$4 billion over the next five years addressing climate change...**”*

Guardian – Bolsonaro to merge environment and agriculture ministries in threat to the Amazon

<https://www.theguardian.com/world/2018/nov/01/bolsonaro-environment-agriculture-ministries-amazon>

“Jair Bolsonaro will merge Brazil’s environment and agriculture ministries, a senior aide has confirmed, raising fears the ultra-right leader will ramp up conversion of Amazon rainforest into farmland...”

IISD - Climate Bonds Initiative Report Calls for Increased Investment in Renewables to Implement SDGs, Paris Agreement

<http://sdg.iisd.org/news/climate-bonds-initiative-report-calls-for-increased-investment-in-renewables-to-implement-sdgs-paris-agreement/>

*“A **report published by the Climate Bonds Initiative (CBI)** underscores significant potential for the growth of the labeled green bond market. The report identifies US\$1.45 trillion in climate-aligned bonds, including US\$389 billion in green bonds. This suggests a large “universe” of unlabeled bonds financing green infrastructure, which implies “huge” potential for a larger and more diverse green bond market. ... **To successfully combat climate change, global green finance must reach US\$1 trillion by the end of 2020, and grow each year thereafter.**”*

And a few quick (and worrying) links:

BBC News - [Climate change: Oceans 'soaking up more heat than estimated'](#)

*“The world has seriously underestimated the amount of heat soaked up by our oceans over the **past 25 years**, researchers say. Their **study suggests that the seas have absorbed 60% more than previously thought**. They say it means the Earth is more sensitive to fossil fuel emissions than*

estimated. This could make it much more difficult to to keep global warming within safe levels this century....”

Mark Kaufman (on Mashable) - [Earth’s carbon dioxide levels are likely the highest they’ve been in 15 million years.](#)

Well, it was Halloween anyway this week.

Devex - [In Bahrain, UN Green Climate Fund board meeting shows a house back in order](#)

Ahum.

Infectious diseases & NTDs

Mosquito emoji: “Let’s start with some nice news on the **Mosquito emoji:** “The long-awaited #Mosquito emoji is here! 🦟 Proposed by @JohnsHopkinsCCP’s @marlashaivitz the mosquito emoji is available for you to text, tweet and more. This will help health communicators around the world share more about mosquito-borne diseases!”

WSJ – Venezuela’s Health Crisis Is Crossing the Border

[WSJ](#);

“Contagion from Venezuela’s economic meltdown is starting to spread to neighboring countries—not financially, but literally, in the form of potentially deadly diseases carried among millions of refugees. The collapse of Venezuela’s health system has turned what was once Latin America’s richest nation into an incubator for malaria, yellow fever, diphtheria, dengue and TB, as well as the virus that caused AIDS, medical officials in Brazil, Colombia and Venezuela told the WSJ....”

See also the **Washington Post** - [Venezuela’s crisis has become our own’](#) “As the health system collapses, disease is spilling over Venezuela’s borders.”

UNAIDS - Global HIV prevention targets at risk

<http://www.unaids.org/en/resources/presscentre/featurestories/2018/october/resource-tracking-for-hiv-prevention-r-d>

“As the world grapples with how to speed up reductions in new HIV infections, great optimism is coming from the world of HIV prevention research with a slate of efficacy trials across the prevention pipeline. Major HIV vaccine and antibody efficacy trials are under way, as is critical follow-on research for proven antiretroviral-based prevention options. However, [a new report](#) by the **Resource Tracking for HIV Prevention R&D Working Group** shows that rather than bolstering

the new research by increasing investments into these exciting new advances, resources for HIV prevention research and development are actually slowing down. ... In fact, in 2017, HIV research funding declined for the fifth consecutive year, falling to its lowest level in more than a decade. In 2017, funding for HIV prevention research and development decreased by 3.5% (US\$ 40 million) from the previous year, falling to US\$ 1.1 billion....”

Lancet Letter – Comparing estimates of spending on health and HIV/AIDS

J A I-Licea et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32198-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32198-6/fulltext)

“We commend the Global Burden of Disease (GBD) Health Financing Collaborator Network (April 17, p 1799) for publishing HIV spending estimates. However, we are concerned that some readers could interpret the GBD's reported estimates to mean that the global HIV-resource needs have been met....”

Methodological discussion. Read also Dieleman’s team’s answer, [Comparing estimates of spending on health and HIV/AIDS – Authors' reply](#).

UNAIDS - HIVR4P 2018 highlights new possibilities for HIV prevention

<http://www.unaids.org/en/resources/presscentre/featurestories/2018/october/HIVR4P-2018-highlights-new-possibilities-for-HIV-prevention>

“The possibilities for new and improved HIV prevention options were showcased at the recent HIV Research for Prevention (HIVR4P) conference, although the participants heard that many new tools are still several years from being ready for implementation. The importance of pre-exposure prophylaxis (PrEP), including PrEP delivered by a vaginal ring and long-acting PrEP, including injectable PrEP, was featured in many presentations. Vaginal ring PrEP offers better female-controlled prevention options that can protect women without their partner’s knowledge, while injectable PrEP would mean that daily pill-taking and the risk of forgetting to take the pill would be history. Both vaginal ring PrEP and long-acting PrEP are still some way from being available, however, with the vaginal ring currently being reviewed for regulatory approval by the European Medicines Agency and trials for long-acting PrEP not due to deliver results until 2021 or later...”

Guardian - Tax on drinks to raise funds for HIV treatment in Uganda

<https://www.theguardian.com/global-development/2018/oct/26/tax-on-drinks-to-raise-funds-for-hiv-treatment-in-uganda>

“Taxes levied on alcohol and soft drinks in Uganda will be used to fund the country’s HIV treatment programmes, in a move designed to make the country less reliant on donors. The government believes \$2.5m a year will be generated from the 2% total tax levies collected from drinks, including beer, spirits and waragi, a local liquor, which will be channelled into a new HIV and Aids trust fund (ATF). Provision for the fund was included in the HIV Prevention and Control Act, passed in 2014, but the regulations for how it would operate have only recently been passed...”

Martin McKee was – on Twitter – not convinced: “Not convinced this is a good idea. A) role of taxes on specific goods should be to reduce consumption/ push reformulation not raise money; B) only raises a fraction of what’s needed; C) too easy to argue problem solved; D) unstable revenue base.”

Plos One - Calculating indirect costs from international PEPFAR implementing partners

B Honerman et al; <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0206425>

*“UNAIDS estimates global HIV investment needs in low- and middle-income countries (LMICs) at \$26 billion per year in 2020. Yet international financing for HIV programs has stagnated amidst despite the increasing number of people requiring and accessing treatment. Despite increased efficiencies in HIV service delivery, evaluating programs for greater efficiencies remains necessary. **While HIV budgets have been under scrutiny in recent years, indirect costs have not been quantified for any major global HIV program, but may constitute an additional avenue to identify program efficiencies. This analysis presents a method for estimating indirect costs in the President’s Emergency Plan for AIDS Relief (PEPFAR).**”*

*“...Of \$37.01 billion in total COP (country operational plan) funding between 2007 and 2016, \$22.24 billion (60.08%) was identifiably allocated to IOs (\$17.95B) and universities (\$4.29B). After excluding funding for sub-awards (\$1.92B) and other expenses (\$3.89B) to which indirect rates cannot be applied, \$16.44B remained in combined direct and indirect costs. From this, we estimate that **between \$1.85B (8.30% of total international partner funding) and \$4.34B (19.51%) has been spent on indirect costs from 2007–2016, including \$157–\$369 million in 2016. To our knowledge, this is the first analysis to quantify the indirect costs of major implementing partners of a global HIV funder...**”*

BMJ Open - Progress in voluntary medical male circumcision for HIV prevention supported by the US President’s Emergency Plan for AIDS Relief through 2017: longitudinal and recent cross-sectional programme data

S M Davies et al; <https://bmjopen.bmj.com/content/8/8/e021835>

*“This article provides an overview and interpretation of the performance of the US President’s Emergency Plan for AIDS Relief’s (PEPFAR’s) male circumcision programme which has supported the majority of voluntary medical male circumcisions (VMMCs) performed for HIV prevention, **from its 2007 inception to 2017, and client characteristics in 2017.**”*

... PEPFAR supported a total of 15 269 720 circumcisions in 14 countries in Southern and Eastern Africa. In 2017, 45% of clients were under 15 years of age, 8% had unknown HIV status, 1% of those tested were HIV+ and 84% returned for a follow-up visit within 14 days of circumcision. **Over 15 million VMMCs have been supported by PEPFAR since 2007.** VMMC continues to attract primarily young clients. The non-trivial proportion of clients not testing for HIV is expected, and may be reassuring that testing is not being presented as mandatory for access to circumcision, or in some cases reflect test kit stockouts or recent testing elsewhere. While VMMC is extremely safe, achieving the highest possible follow-up rates for early diagnosis and intervention on complications is crucial, and programmes continue to work to raise follow-up rates. **The VMMC programme has achieved rapid scale-up but continues to face challenges, and new approaches may be needed to achieve the new Joint United Nations Programme on HIV/AIDS goal of 27 million additional circumcisions through 2020.**

Indian Express - More potent healers

J Das & M Pai; <https://indianexpress.com/article/opinion/columns/tuberculosis-patients-in-india-tb-symptoms-medicine-cure-5424297/>

“Understanding how private operators diagnose and treat TB patients could be first step towards making the unregulated private sector more effective in treating the disease.”

Excerpts: *“With a quarter of TB cases and deaths, India’s efforts are critical for the global push to ending the epidemic by 2030. But there is a problem. Well-executed programmes that screen and effectively treat potential patients can stop TB in its tracks (China halved its TB prevalence rate between 1990 and 2010), but most such programmes rely on a top-down public healthcare system. With a largely unregulated private sector that treats two-thirds of its patients, what should India do differently? **An innovative pilot that works closely with private providers** may hold the key. In 2014, the Central TB Division, in partnership with local governments and two NGOs (PATH and World Health Partners), put in place a new programme in Patna and Mumbai that sought to improve the quality of TB diagnosis and treatment in the private sector. A critical part of the programme was first understanding how the private sector treated patients and the problems they faced...”*

“... Now, the government, supported by The Global Fund, is expanding this model of private sector engagement to several cities through its Joint Effort for Elimination of Tuberculosis. It is likely that they will face a comparable situation, with high-quality, dedicated doctors practicing amidst many indifferent and mediocre providers. Based on our experience, we propose a strategy called IFMeT that may be key to successful private-public partnerships to fight TB with four components: Identification, focusing, messaging and testing...”

Stat (News) - FDA says it will consider approval of first dengue vaccine, despite controversy

<https://www.statnews.com/2018/10/30/fda-consider-approval-dengue-vaccine-sanofi-dengvaxia/>

“The Food and Drug Administration has agreed to consider Sanofi Pasteur’s application for Dengvaxia, the world’s first licensed vaccine that protects against dengue but one that brings with it considerable controversy and concern....”

Guardian - Dogs can detect malaria by sniffing people's socks

<https://www.theguardian.com/world/2018/oct/29/dogs-noses-powerful-weapon-malaria-symptoms>

*“Dogs’ noses could become a powerful weapon in the battle against malaria, according to research suggesting the animals can tell from a sniff of a sock whether someone has the disease. Dogs have previously proved highly accurate at detecting a range of human diseases, including prostate cancer and thyroid cancer, as well as at alerting people with diabetes that they have low blood sugar. Now experts say **dogs also appear able to identify individuals infected with malaria, even if they are not showing symptoms....”***

“...The research, presented at the annual meeting of the American Society of Tropical Medicine and Hygiene in New Orleans and funded by the Bill and Melinda Gates Foundation, involved asking schoolchildren in the Gambia to wear nylon socks overnight and give a blood sample that was screened for signs of malaria....”

Global Fund - What’s new about the New Nets Project?

<https://www.theglobalfund.org/en/blog/2018-10-31-what-s-new-about-the-new-nets-project/>

“The Global Fund and Unitaïd are each investing US\$33 million from 2018 to 2022 to introduce new insecticide-treated nets to fight malaria-carrying mosquitoes. Here are answers to some of the essential questions about the New Nets Project....”

Science - Are wild monkeys becoming a reservoir for Zika virus in the Americas?

https://www.sciencemag.org/news/2018/10/are-wild-monkeys-becoming-reservoir-zika-virus-americas?utm_campaign=news_daily_2018-10-31&et rid=60658150&et cid=2460907

“...Now, scientists in Brazil have discovered that more than a third of the wild monkeys they tested for Zika have been infected, the strongest evidence yet that a “reservoir” for the disease outside of humans has the potential to form. “We found this phenomenon in two different cities at the same time, so [infected monkeys] are more common than we think,” says Maurício Lacerda Nogueira, a virologist at the São José do Rio Preto School of Medicine in Brazil, who led the new study....”

And a quick link: (ASTMH Annual meeting 2018 blog) [Investigating Recent Scares from Nipah Virus and Lassa Fever for Evidence of Other Viral Hemorrhagic Fevers with Outbreak Potential](#)

“While today Ebola is by far the most—and some might argue only—publicly recognizable viral hemorrhagic fever (VHF), there are several other members of this family of diseases that have shown troubling signs of becoming a threat as well. Monday afternoon, scientists at TropMed18 turned their attention to two VHFs that have been causing concern of late: Lassa fever and Nipah virus....”

AMR

HPW - Investing In New Antibiotic Research: Difficult Equation Discussed At World Investment Forum

<https://www.healthpolicy-watch.org/investing-in-new-antibiotic-research-difficult-equation-discussed-at-world-investment-forum/>

*“The diminishing arsenal of efficient antibiotics to fight bacteria is a threat denounced by many, but investment in research and development of new antibiotics is seen as lagging. As the danger of getting back to a pre-antibiotic age is increasing, alternative ways of financing new antibiotics are being discussed. **At the World Investment Forum** this week, **a panel looked into innovative means of investment, and ways to attract private investors to this field....”***

NCDs

WB “Investing in Health” blog - Lessons from OECD countries: mental health is critical for human capital development

P Marquez et al; <https://blogs.worldbank.org/health/lessons-oecd-countries-mental-health-critical-human-capital-development>

« ...If countries want to improve their relative ranking in the WBG’s Human Capital Index, they must start investing seriously in integrated programs to promote mental well-being and prevent and treat mental ill health in communities, maternal and child health and nutrition programs, in schools, in their health systems, in prisons and in the workplace....”

European Journal of Public Health (Supplement) – Natural Experiments for Evaluating Chronic Disease Policy Interventions

https://academic.oup.com/eurpub/issue/28/suppl_2

Cfr a **tweet by D Stuckler**: “Can we extend 'natural experiment' research designs to the wider public health community? Our first attempt w WHO-Europe. ”

For an introduction to the series, see the **Editorial** - [WHO Regional Office for Europe’s Natural Experiment Studies Project: an introduction to the series](#)

“...recent epidemiological advances have started to take advantage of the opportunity to evaluate policy implementation as a so-called ‘natural experiment’. Here, what differs from a randomized trial is that the intervention is not within the control of the research team but can be evaluated ‘as if’ it were an experiment...”

“... To address this gap in real-world practice, we launched the **WHO Regional Office for Europe’s (WHO/Europe) Natural Experiment Studies Project**—an exercise in deploying these methods to begin the process of building a more influential evidence-base for the control of NCDs. **This series presents four studies that were produced by national research teams as a result of the first iteration of this exercise...**”

Sexual & Reproductive / maternal, neonatal & child health

UN Human Rights Committee Asserts that Access to Abortion and Prevention of Maternal Mortality are Human Rights

<https://www.reproductiverights.org/press-room/un-committee-asserts-that-access-to-abortion-and-prevention-of-maternal-death-are-human-rights>

“The Center for Reproductive Rights welcomes and firmly supports **the United Nations Human Rights Committee’s General Comment on the Right to Life**. The language of the comment **affirms that abortion is a human right, that preventable maternal deaths are a violation of the right to life, and that the right to life begins at birth**. “This is an important affirmation which will provide strong support for our global advocacy, litigation, and research that defines and enforces abortion as a fundamental human right,” said Nancy Northup, President and CEO of the Center for Reproductive Rights. “The General Comment on the Right to Life provides the international community with a much-needed framework to hold governments accountable for the high rates of death and injury which occur when women are forced to seek out unsafe abortions.” ...”

The Conversation - More girls die under age five in countries with high gender inequality

V Gallo et al; <https://theconversation.com/more-girls-die-under-age-five-in-countries-with-high-gender-inequality-105911>

“... In a new study, my colleagues and I looked at data for 194 countries and found that a country’s rate of gender inequality is associated with a higher level of child mortality, with girls being disproportionately affected, in particular in low and middle-income countries....”

Based on a new article in BMJ Global Health - [Girls’ hidden penalty: analysis of gender inequality in child mortality with data from 195 countries](#)

IPS - Canada Takes a Lead Role Funding Reproductive Health, Women’s Rights & Sustainable Development

<http://www.ipsnews.net/2018/10/canada-takes-lead-role-funding-reproductive-health-womens-rights-sustainable-development/>

*“Canada, which has been described as one of the world’s most progressive countries, has legitimized gay rights, vociferously advocated gender empowerment, offered strong support for abortion rights – and recently became the world’s first major economy to legalize recreational marijuana. **Currently the fifth largest donor to the UN’s development agencies – and holding the Presidency of the G7** comprising the world’s leading industrialized nations– **it is planning to run for a non-permanent seat in the UN Security Council for 2021-22. Host to the 7th International Parliamentarians’ Conference (ICPI) on population and development in Ottawa last week**—and having hosted the first such meeting in 2002 – **Canada has also launched a Feminist International Assistance Policy (FIAP).** Sandeep Prasad, executive director of Action Canada for Sexual Health and Rights, says **Canada is repositioning itself as a leader on gender equality, women’s rights and sexual and reproductive rights, which includes FIAP, and hosting the upcoming Women Deliver conference, scheduled to take place in Vancouver in 2019....”***

International Health - Challenges in the eradication of female genital mutilation/cutting

M McCauley et al; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihy082/5146303>

« Despite more than 40 y of discussion and debate regarding female genital mutilation/cutting (FGM/C), this topic remains controversial and emotive, and the practice continues. FGM/C is defined as ‘all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs, whether for cultural or other non-therapeutic reasons’. There are four main classifications of FGM/C... »

There is **progress** in the eradication of FGM/C, but it’s going **too slow**. ... The article ends with a **call to action**.

Lancet Global Health - Global, regional, and national estimates of levels of preterm birth in 2014: a systematic review and modelling analysis

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30451-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30451-0/fulltext)

For the accompanying **Comment** (by Anne CC Lee et al), see [Small babies, big numbers: global estimates of preterm birth](#)

*“...In The Lancet Global Health, Saifon Chawanpaiboon, Joshua Vogel, and colleagues present results of a systematic review and modelling analysis to **estimate levels of preterm birth globally in 2014**. They estimated that **14.8 million infants were born preterm in 2014** (10.6% of live births), with **81% of preterm births in Asia and sub-Saharan Africa**. Approximately 15% of preterm newborns were born before 32 weeks of gestation and require special inpatient care. **In 26 of the 38 countries with adequate quality data, rates of preterm birth were rising**, although, as the authors note, gaps in data quality and comparability mean that caution is needed in interpreting these trends. **WHO has committed to update estimates of preterm birth every 3–5 years**. **This paper provides the third global estimates of preterm birth. ...”***

Interpretation by the authors of the study: *“Preterm birth remains a crucial issue in child mortality and improving quality of maternal and newborn care. To better understand the epidemiology of preterm birth, **the quality and volume of data needs to be improved, including standardisation of definitions, measurement, and reporting.**”*

Access to medicines

IP-Watch - New Report: Mitigating Patent Linkage To Promote Medicines Access In LMICs

<http://www.ip-watch.org/2018/10/26/new-report-mitigating-patent-linkage-mechanisms-promote-medicines-access-lmics/>

*“A new report reviews how patent linkage mechanisms have been implemented in South Korea, Australia, Canada, and the United States, and identifies precedents for how low and middle-income countries (LMICs) can retain and exploit “constructive ambiguities” in trade treaty text to mitigate the impacts of patent linkage mechanisms and promote the timely availability of generic medicines. The [report](#), **Moderating the impact of patent linkage on access to medicines: lessons from variations in South Korea, Australia, Canada, and the United States**, was published on 24 October in the journal **Globalization and Health**, under an open access licence...”*

Ebio Medicine (Editorial) - The WHO list of essential in vitro diagnostics: Development and next steps

M Pai; [https://www.ebiomedicine.com/article/S2352-3964\(18\)30491-2/pdf](https://www.ebiomedicine.com/article/S2352-3964(18)30491-2/pdf)

*“... In a ground-breaking move, **WHO published the first edition of the WHO Model list of Essential In Vitro Diagnostics (or EDL) on 15 May 2018.** By doing so, WHO highlighted the fact that diagnostics are essential components for universal health coverage (UHC), to address health emergencies, and promote healthier populations, which are the three strategic priorities of WHO. The EDL complements the WHO EML and will enhance its impact. After all, medicines work best when they are targeted to the right condition, for the right patient, at the right time...”*

*“...**For its first edition, the EDL contains tests that are considered general laboratory tests, and tests that are considered disease-specific, aimed at conditions of public health importance (HIV, tuberculosis, malaria, hepatitis B and C, syphilis and human papilloma virus).** The disease-specific tests were selected based on WHO guidelines. The general laboratory tests were selected from other WHO guidance documents on clinical laboratories and pathology, the WHO list of priority medical devices, and disease-specific clinical guidelines. ...”*

*“...Although the WHO EDL is a critical step in the right direction, **the impact of the EDL will be enhanced when countries adapt the EDL to their own national needs and put in place mechanisms to implement the EDL.** One critical area to address is the poor state of laboratories in many low and middle-income countries. In the absence of a strong laboratory network, healthcare providers often rely on empirical therapy, with adverse patient outcomes...”*

Globalization & Health - Expanding global access to essential medicines: investment priorities for sustainably strengthening medical product regulatory systems

L Roth et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0421-2>

*“Access to quality-assured medical products improves health and save lives. However, one third of the world’s population lacks timely access to quality-assured medicines while estimates indicate that at least 10% of medicine in low- and middle-income countries (LMICs) are substandard or falsified (SF), costing approximately US\$ 31 billion annually. **National regulatory authorities are the key government institutions that promote access to quality-assured medicines and combat SF medical products but despite progress, regulatory capacity in LMICs is still insufficient.** Continued and increased investment in regulatory system strengthening (RSS) is needed. **We have therefore reviewed existing global normative documents and resources and engaged with our networks of global partners and stakeholders to identify three critical challenges being faced by NRAs in LMICs that are limiting access to medical products and impeding detection of and response to SF medicines.** The challenges are; implementing value-added regulatory practices that best utilize available resources, a lack of timely access to new, quality medical products, and limited evidence-based data to support post-marketing regulatory actions. **To address these challenges, we have identified seven focused strategies...”***

Human resources for health

IJHPM - Coming Full Circle: How Health Worker Motivation and Performance in Results-Based Financing Arrangements Hinges on Strong and Adaptive Health Systems

Sumit Kane, M Dieleman et al;

http://www.ijhpm.com/article_3557_0.html?utm_source=dlvr.it&utm_medium=twitter

“This paper presents findings from a study which sought to understand why health workers working under the results-based financing (RBF) arrangements in Zimbabwe reported being satisfied with the improvements in working conditions and compensation, but paradoxically reported lower motivation levels compared to those not working under RBF arrangements....”

We bet you want to read on :)

BMC Health Services Research – A new tool to measure approaches to supervision from the perspective of community health workers: a prospective, longitudinal, validation study in seven countries.

Valières F et al ; <https://www.ncbi.nlm.nih.gov/pubmed/30348147>

*« The global scale-up of community health workers (CHWs) depends on supportive management and supervision of this expanding cadre. Existing tools fail to incorporate the perspective of the CHW (i.e. perceived supervision) in terms of supportive experiences with their supervisor. Aligned to the WHO's strategy on human resources for health, **we developed and validated a simple tool to measure perceived supervision across seven low and middle-income countries....”***

*“...The PSS (i.e. measure of Perceived Supervision) is the **first validated tool that measures supervisory experience from the perspective of CHWs** and is applicable across multiple, culturally-distinct global health contexts with a wide range of CHW typologies. Simple, quick to administer, and freely available in 11 languages, the PSS could assist practitioners in the management of community health programmes.”*

Miscellaneous

Lancet Editorial - High noon for a sensible decision on Brexit

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32768-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32768-5/fulltext)

The editorial concludes: “...*The monumental historical mistake of Brexit now seems inevitable, although The Lancet would welcome a different decision underpinned by a further referendum based on a new understanding of Brexit implications, as demanded by more than 700 000 demonstrators in London on Oct 20. A Brexit deal with a close alignment to the EU would avert the now all-too-real disaster scenarios for science and medicine. A no-deal Brexit would be a catastrophe with potentially devastating consequences for the health and wellbeing of the UK's people.*”

The Conversation - Anthropocene: why the chair should be the symbol for our sedentary age

<https://theconversation.com/anthropocene-why-the-chair-should-be-the-symbol-for-our-sedentary-age-105319>

Spot on.

Vox - A huge database of scientific retractions is live. That's great for science.

<https://www.vox.com/2018/10/29/18022148/retractions-science-database>

“The largest ever [database of scientific retractions](#) just went live, and it reveals a promising trend: More and more studies are being pulled from the scientific record. This is a great thing for science....”

And do check out some of the **surprising findings** so far of this database.

Oxfam (blog) - Payment by Results: what is the Evidence from the First Decade?

Paul Clist; <https://oxfamblogs.org/fp2p/payment-by-results-what-is-the-evidence-from-the-first-decade/>

Paul Clist introduces his **new paper on Payment by Results**.

“In a new paper, I argue that despite its public support for the idea, DFID hasn't really tried Payment by Results, at least not in the way its proponents would define it. Of course, DFID does have several projects that look a lot like PbR. They have even more where PbR is something of an added extra. But amongst the available evidence, I couldn't find a single full PbR project....”

ODI (Briefing paper) - 10 things to know about the impacts of urbanisation

M Murali et al; <https://www.odi.org/publications/11218-10-things-know-about-impacts-urbanisation>

More than worth a glance.

Research

Plos One - Health system measurement: Harnessing machine learning to advance global health

H H Leslie, M Kruk et al; <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0204958>

*“Further improvements in population health in low- and middle-income countries demand high-quality care to address an increasingly complex burden of disease. Health facility surveys provide an important but costly source of information on readiness to provide care. To improve the efficiency of health system measurement, **we applied unsupervised machine learning methods to assess the performance of the service readiness index (SRI) defined by the World Health Organization and compared it to empirically derived indices....”***

Conclusion: *“...A facility readiness measure developed by global health experts performed poorly in capturing the totality of readiness information collected during facility surveys. Using a machine learning approach with sequential selection and cross-validation to identify the most informative items dramatically improved performance. Such approaches can make assessment of health facility readiness more efficient...”*