

IHP news 497

(16 November 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,

It's still conference & meeting season. This week's IHP issue pays attention, among others, to WISH Qatar 2018, the International Conference on Family Planning in Kigali, the 4th People's Health Assembly in Dhaka (which started today, after a last minute venue change), the 40th Global Fund Board meeting, last week's Women Leaders in Global Health conference, ... but there's also World Pneumonia Day, World Antibiotic Awareness week, the latest on the Ebola outbreak, ... and the usual compilation of global health & HPSR publications and other news & analysis.

In this week's Featured article, **Deepika Saluja** (IHP resident) dwells on the latest (2018) EV venture in Liverpool, from the point of view of EV facilitators & governance members.

Enjoy your reading.

The editorial team

Featured Article

Some reflections on the Liverpool (2018) EV4GH venture

Deepika Saluja (EV 2016 & IHP resident)

As was [covered just last week](#), the 6th [Emerging Voices for Global Health \(EV4GH\)](#) venture (EV2018) took place in Liverpool last month, just before the [5th Global Symposium on Health Systems Research](#). By now, EV4GH is a global health network of almost 300 emerging and emerged voices from across the world, a network that has not only grown stronger but also become more visible with each venture. The program aims to empower young voices in global health discussions, and facilitate their entry and participation in the broader Health Systems Global (HSG) community. This year, 38 participants were selected from over 530 applications received from across the world, most of them young health systems researchers (*track 1*). In addition, this cohort also featured some other change agents (policy makers & brokers, MoH staff, activists,...) (selected via '*track 2*'). Selected participants went through an intensive 2-month online coaching stage and then gathered in

Liverpool for a 10-day dedicated Face-to-Face (F2F) training program, which offered them a unique platform and opportunities to engage with each other, get inspired and raise their voices to challenge the “ineffective ways of functioning of (many) global health policies and programmes”. Among others.

Based on my exchanges with different EV governance board members, who prepared the F2F programme together with the EV secretariat (IPH Bangalore), and several EV alumni who were involved in the 2018 venture as facilitators, I will first share some of the key ingredients and highlights of this venture’s F2F stage in this article. In a second part, I’ll reflect on some of the challenges for the network, moving forward.

Liverpool highlights

1. **More systematic engagement with HSG Thematic Working Groups and “A theme for everyday”:** this EV 2018 venture was aligned very well with the HSG structure of “Thematic Working Groups” (TWGs), by engaging with many other TWGs in the planning and implementation of the F2F training program for the dedicated themes for each day. Compared to previous ventures, collaboration with other TWGs was thus far more systematic and structural. As mentioned by various governance team members, following a structure of ‘themes of the day’ (6 in total) also helped them plan and prepare the sessions in a very systematic manner. The program featured a Community Health Systems day, a Private sector Engagement day, an SDG/UHC/GHG Day, a Human Resources for Health day, and a Fragile and Conflict Affected States day. Last but not least, the program also included a local health systems day that provided the Emerging Voices with a perspective on the functioning of local health systems in Liverpool.
2. **Well-structured days:** Each day typically comprised four specific kinds of sessions: a “Big Talk” (by an established scholar, usually), an EV led session, a TWG dedicated session and finally, a knowledge translation (KT) session. People from different parts of the world were invited for the Big Talks, not just experts from the UK. As was the case in Vancouver (EV2016), each day, a group of EVs were in charge of a session, where they engaged on the theme of the day through panel discussions, debates, fish bowls, even TV-shows! (“EV rocks”) The TWG sessions usually started with some brief info on the (work of) the specific TWG, and then linked – usually in an interactive way – the TWG’s work with the theme of the day, discussing both empirical evidence but also some of the theoretical underpinnings. In some cases, for the example on the ‘engaging with the private sector’ day, the link with the TWG was rather straightforward, sometimes it was a bit more of a stretch. In the afternoon, most knowledge translation sessions were scheduled. Focus in these sessions (overseen by Nasreen Jessani, EV alum 2014) was on training the Emerging Voices to articulate (and cater) their messages to different kinds of audiences ranging from the communities, to policy makers and practitioners, media, researchers of course, ... using different modes like policy briefs, presentations & posters, blogs, media channels, social media etc. As was already the case in Vancouver, in the evening a “tune-up café” (with *whizzkid* Diljith from the EV Secretariat in a key role) was sometimes foreseen, to help EVs finetune their posters & presentations, or some other social activity. And food of course!
3. **Track 2: the (other) “change agents” track:** although the 2016 venture already included participation from a few policy makers (matched with EVs at the time), EV2018 had for the

first time a separate Track 2 for “other change agents”, such as policymakers, practitioners, staff working in different government machineries implementing programmes in their respective countries, a few activists also. These Track 2 participants brought a diversity of perspectives from their “on the ground” & “hands on” experience into the discussions. Their input was very much appreciated by the cohort.

4. **LSTM provided strong institutional support:** *“LSTM rolled out the red carpet for us, literally”,* in the words of Dorcus Kiwanuka, the Chair of EV4GH. The unwavering institutional support received from the Liverpool School of Tropical Medicine (LSTM) has been consistently reported by all governance board members as one of the key factors behind the success of the EV2018 venture. A special thanks goes to Laura Dean (EV2016 and EV Board liaison with LSTM) for taking care of pretty much the entire logistics, planning and execution of the F2F training program, and Sally Theobald and Tim Martineau for their support. The F2F task force committee (led by EV board member Faraz Khalid) was thus able to focus on the sessions and training content, without having to worry much about logistics or other practical issues.
5. **Dedicated Alumni:** EV4GH is a “one of a kind” and largely volunteer network, with many alumni showing a strong commitment and passion to contribute to the network (and the broader HSG society), and mentor young researchers like themselves. In the words of one governance member, in a way it’s about wanting to ‘give back to the next generation/cohort what they have received from the venture & network themselves’. Like in 2016, this 2018 venture was thus also driven by EV alumni and the governance team (which comprises EV alumni as well), and this in several task force committees. Alumni involvement has been consistent right from the stage of selection, to planning the training program under different task forces, and executing it (in distance & F2F stages). And let’s not forget that all these alumni who contributed to the success of the program already have full time professional jobs. They are thus dedicating their time, efforts and commitment to EV4GH in addition to their existing full time responsibilities. And although they’re still young, some have families too! Some were even multitasking in Liverpool, having brought their toddlers along (*true, they also brought a few mothers(-in-law)*).
6. **A fabulous EV secretariat:** IPH Bangalore has been key in this venture, as was the case in Vancouver. Some of the EVs even used the term ‘angels’ for some Secretariat staff 😊, perhaps inspired by the lyrical setting of Liverpool.

Challenges remain

While the 2018 venture has been a huge success, there is always room for improvement.

First and foremost, the disappointment due to visa denials of many selected EVs (and also other LMIC researchers) was enormous, and shared even in the symposium’s closing plenary; read some of their stories [here](#) and [here](#), for example. As media have reported, other conferences in the UK have presented a similar picture lately. And so everybody hopes Dubai will turn out a more visa friendly country for the next symposium in 2020, and that indeed there will be no visa rejections there. Fingers crossed!

Secondly, although EV4GH is becoming more autonomous with every venture, securing funding remains challenging, as governance board members admit. Among the key funders for this year’s

venture were USAID's HRH2030, WHO's Alliance for Health Policy and Systems Research and the Belgian Development Cooperation, together with of course, the overall support and assistance provided by HSG. As you can imagine, fundraising for Dubai has already kicked off. Funding limitations do not only constrain the participation of (more) emerging voices (i.e. scholarships) but also of facilitators and alumni who would like to contribute but can't. This year too, quite a few alumni joined the training program as facilitators at their own expense. Yes, that shows the high level of commitment within the community but it also gets challenging at the same time. Certainly because one of the key aims is always to try to have a number of EV alumni from the previous cohort, as facilitators in the next venture.

Lastly, although the program was very intensive - participants were exposed to a diverse set of areas and discussions over a period of 10 days – it left them perhaps with too little time to reflect, and learn more from each other's work. Perhaps, we need to extend the duration of the program (*funders, do take note!*) or else, put a bit less on the agenda in order to make the learnings and participant engagement richer, as there is always a trade-off between quality and quantity.

In sum, the EV4GH community has organically grown over time into a network where people have developed relationships, personally as well as professionally, which each of us deeply cherish, helping each other, mentoring, collaborating and attending each other's festive ceremonies, ... it's like a second home for everyone. It has been an incredible journey for each of us, and I think I can say that on behalf of the entire EV4GH community. Well-rooted in its initial vision of empowering young researchers to raise their voices against the (unsustainable & often dysfunctional) status quo, inspired by a deep commitment to health equity, the EV4GH program continues to provide such a unique platform to just do that and create a wave of Emerging Voices around the globe. I look forward to getting engaged in many more EV ventures and growing with them!

I sincerely thank Dorcus Kiwanuka, Dena Javadi, Faraz Khalid, Kerry Scott, Kristof Decoster, Laura Dean, N Prashanth, Wim Van Damme and all others for sharing their thoughts and reflections on their journeys as part of the EV4GH community.

Highlights of the week

40th Global Fund board meeting (14-15 November, Geneva)

Global Fund - Global Fund Strengthens Efforts toward Ending Epidemics

<https://www.theglobalfund.org/en/news/2018-11-15-global-fund-strengthens-efforts-toward-ending-epidemics/>

"The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria embraced collective action toward ending epidemics, strengthening health systems and achieving Sustainable Development

Goal 3 by 2030. **At the Board's 40th meeting, partners discussed the Global Fund's main priority for 2019: its next Replenishment, to be hosted by France in October 2019.** The Board reviewed essential elements in making the case for greater investment in health, as well as mobilization campaign plans, to be discussed at greater detail at a Preparatory Replenishment meeting in New Delhi, India, in February 2019. **Peter Sands, Executive Director of the Global Fund, pointed to five foundational factors...**

... With Replenishment coming, the Board supported a revised approach to private sector engagement and innovative financing. Founded as a public-private partnership, the Global Fund looks forward to creating further partnerships with the private sector for innovative solutions and alternative funding mechanisms....

"...It was the first Global Fund Board meeting to be held at Geneva's Global Health Campus, a building shared by the Global Fund; Gavi, the Vaccine Alliance; Unitaid; Stop TB and the RBM Partnership to End Malaria."

Board decisions: see [here](#). Check out especially the section on 'private sector engagement'.

- a few tweets:

"Around 10 billion USD approved by technical review panel of Global Fund to fight #hiv #tb #malaria @premeeting of 40th Board meeting"

"40th Boarding Meeting @GlobalFund started with an inspiring and excellent report from @PeterASands with clear priorities, highlighting partnership with @WHO and other partners in moving Global Action Plan #SDG3 towards country impact."

"At the @GlobalFund 40th Board meeting, WHO reiterated its full commitment to support the Global Fund Replenishment. In order to attain #SDG3, the world needs a well-resourced Global Fund. Much appreciated for #India #France to lead the development."

- Ahead of the Board meeting, **MSF** called on the GF Board **"to make urgent changes to their policies and practices for countries transitioning away from, or gradually losing, donor support, which increase the risk of critical drug stock-outs and alarming drug quality issues in many countries."** See MSF - [HIV and TB treatment at risk as countries gradually lose Global Fund support](#). And even **"...Beyond the countries that are about to transition from Global Fund support, even low-income countries are being called upon by Global Fund to start paying for key medical commodities. This is often occurring in the absence of a rigorous assessment of procurement challenges and financial capacity, and often in the absence of the robust risk mitigation planning needed to safeguard people's access to treatment...."**

World Innovation Summit for Health (WISH) Qatar 2018 (13-14 November)

<http://www.wish-qatar.org/>

“Around 2000 healthcare experts, innovators, entrepreneurs, policymakers, and ministers from over 100 countries gather[ed] in Doha, Qatar, on November 13-14 as ONE community to collaboratively work to achieve ONE goal: a healthier world....”

The summit featured the usual mix of global health stars, princesses from the region, a high-profile global sports star with an [encouraging & much needed message](#) on mental health (Michael Phelps), a speech by Lord Darzi (from Imperial College – *for some reason, I always have to think of ‘Pride & Prejudice’s’ Mr Darcy when I hear of him :)*), ...

- But of course also some important [WISH reports](#). We flag here, among others:

[Health returns: the role of private providers in delivering UHC](#)

[Health care in conflict settings: Leaving no one behind](#) (By Rachel Thompson et al, & recommended)

To give you a taste, see a tweet: ***“WHO should not be the provider of last resort in conflict zones; we need to better support local actors”*** @davidnabarro on the #WISH2018 healthcare in conflict panel This resonates with the findings of @racheljuliathom's report.”

[Nursing and midwifery: the key to the rapid and cost-effective expansion of UHC](#) (by Nigel Crisp et al; also very much recommended)

For some excellent **coverage** of this report, & key messages see Nursing Times - [Global health leaders call for greater investment in nurses and midwives](#)

- A number of **policy briefings**, further exploring topics previously featuring at WISH summits: see [here](#)

And we don't want to withhold from you Tedros' (slam dunk) oneliner in Qatar: *“One wish from @DrTedros DG @WHO in closing remarks to #WISHQATAR2018 - universal health coverage: “please make my wish come true””*.

Qatar Fund for Development announces USD 3 million funding for work towards elimination of Neglected Tropical Diseases

<https://afro.who.int/news/qatar-fund-development-announces-usd-3-million-funding-work-towards-elimination-neglected>

*“Qatar Fund for Development (QFFD) has signed an agreement with World Health Organization (WHO)’s Regional Office for Africa worth 3 million USD, **on the sidelines of the World Innovation Summit for Health (WISH)**. The funding is a significant boost to ongoing efforts by the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), a five-year project which was launched by the WHO Regional Office for Africa in 2016....”*

International Conference on Family Planning (Kigali, 12-15 November)

<http://2018.fpconference.org/>

A very high-profile conference, as you know. Some reads:

Devex - Progress on family planning way off target, FP2020 update reveals

<https://www.devex.com/news/progress-on-family-planning-way-off-target-fp2020-update-reveals-93823>

*"... new data has revealed that family planning targets are way off track. **The latest [annual report from the Family Planning 2020 Partnership](#)** was published Monday at the International Conference on Family Planning in Kigali. **Despite a target to reach 120 million more women and girls in the world's 69 poorest countries with modern contraceptives by 2020, there have been only 46 million new users over the past six years**, the latest figures show. "Looking at projected trends, the hill is simply too steep to climb in the two short years remaining in this initiative." **FP2020 was launched in 2012, spearheaded by the Bill & Melinda Gates Foundation, the United Nations and the United Kingdom and United States governments.** As well as increasing the use of modern contraceptives, it is tasked with widening the availability of different contraceptive methods. ... **"As much as we've accomplished, we recognize that our original ambitious goal of 120 million additional users of contraception will not be reached by 2020.** Looking at projected trends, the hill is simply too steep to climb in the two short years remaining in this initiative," the report states. ...*

Some positive news: *"...**International funding for family planning has also increased, albeit slightly, from \$1.2 billion in 2016 to \$1.27 billion in 2017.** [KFF figures] **This remains below the 2014 peak of \$1.43 billion.** For the first time, **FP2020 also reports on domestic government spending on family planning in 31 countries**, showing that India, Bangladesh, and Indonesia had the highest allocations in 2016...."*

KFF – Donor Government Funding for Family Planning in 2017

<https://www.kff.org/global-health-policy/report/donor-government-funding-for-family-planning-in-2017/>

Cfr the abovementioned figures.

Guardian - UK gives 'landmark' £200m to improve contraceptive access in Africa and Asia

https://www.theguardian.com/global-development/2018/nov/13/uk-gives-landmark-200m-to-improve-contraceptive-access-in-africa-and-asia?CMP=tw_t_a-global-development_b-gdndevelopment

*“The UK government has launched a £200m programme to increase the availability of contraceptives in 27 countries across Africa and Asia, in what has been described as a “landmark” investment. The **women’s integrated sexual health (Wish) programme from the Department for International Development** will expand services to young and poorer women, and aims to support an estimated six million couples a year. The International Planned Parenthood Federation (IPPF) and Marie Stopes International are to implement the programme.”*

Guttmacher institute – In Developing Regions, Greater Investment Is Needed to Help Adolescents Prevent Unintended Pregnancy

[Guttmacher](#);

“20 Million Adolescent Women Have an Unmet Need for Modern Contraception.”

*“Ensuring that adolescent women are able to choose whether and when to have children is crucial to their sexual and reproductive health, yet **new data published today by the Guttmacher Institute show that contraceptive services in developing regions fall short of meeting adolescents’ needs.** The new data, published in a series of fact sheets, indicate that **as of 2017, an estimated 36 million young women aged 15–19 in developing regions are married or sexually active and want to avoid becoming pregnant in the next two years. Yet the majority of this group—20 million adolescents—are not using a modern contraceptive method and thus have an unmet need for modern contraception.** Most adolescent women with unmet need are using no contraceptive method (85%), while the remaining 15% are using traditional methods, such as withdrawal or periodic abstinence, which are less effective than modern methods....”*

Finally, a few links & other snippets on the FP meeting in Kigali:

Huff Post - [Canada Will Push Global Community On Abortion, Contraception: Minister Marie-Claude Bibeau](#)

Tweet: “Go Canada! **Canadian SheDecides Champion** @mclaubibeau just **announced over \$100m new funds for SheDecides.**”

And (via GHN) **“the Gates Foundation announced a new \$15 million Commodity Matching fund (plus \$3 million in technical assistance) for the 9 West African Ouagadougou Partnership countries.”**

Access to Medicines

Key Hepatitis C Drug Licensed To Medicines Patent Pool, Access Expanded For LMICs

<http://www.ip-watch.org/2018/11/12/key-hepatitis-c-drug-licensed-medicines-patent-pool-access-expanded-lmics/>

“A key drug to treat hepatitis C has been licensed to the Medicines Patent Pool, enabling generic production and expanding affordable access to the drug in low and middle-income countries,

excluding the very largest. The agreement between the Pool and AbbVie had been over a year in the making, MPP Executive Director Charles Gore told Intellectual Property Watch. The Medicines Patent Pool (MPP) [today] announced a new royalty-free licence agreement with AbbVie for the drug glecaprevir/pibrentasvir (G/P), a key drug recommended by the World Health Organization (WHO) for the treatment of chronic hepatitis C (HCV), according to an MPP press release. The announcement was made at the American Association for the Study of Liver Diseases' (AASLD) The Liver Meeting 2018 in San Francisco, it said. "The licence will enable quality-assured manufacturers to develop and sell generic medicines containing G/P in 99 low- and middle-income countries (LMICs) and territories at affordable prices, enabling access to and treatment scale-up with the most effective pan-genotypic regimens," the release states...."

Paris Peace Forum & development

UN News - When nations work together, hope prevails and collective solutions can be found - UN chief tells Peace Forum, marking World War centenary in Paris

<https://news.un.org/en/story/2018/11/1025461>

"This Paris Peace Forum, the first of its kind, [is] an initiative of the French Government led by President Emmanuel Macron. Held from 11 November to 13 November in the French capital, and labelled "a global forum for governance projects," it gathers dozens of world leaders and representatives of international organisations, for a series of roundtables to discuss and reaffirm common commitment to tackle the great challenges of the world today. ..." **UN SG Guterres saw three big world challenges** (not far from the truth), and a trend towards multidimensional polarity – not the solution, he stressed.

See also Euractiv - [Merkel, Macron defend multilateralism as Trump avoids peace forum.](#)

Maybe there was a drizzle in Paris, though.

OECD – Launch of the 2019 Global Outlook on Financing for Sustainable Development

<http://www.oecd.org/dac/global-outlook-on-financing-for-sustainable-development-2019-9789264307995-en.htm>

*"The financing for sustainable development agenda promises to bring together more actors than ever before – from businesses, governments, philanthropists, and remitting households – to address the world's most pressing problems and achieve the Sustainable Development Goals. **Yet, in spite of this promise, the financing for sustainable development gap is growing.** While needs continue to increase, resources available to developing countries have been constrained and in some cases even declining, as illustrated by the recent drop in foreign direct investments. **New financial instruments and interactions have yet to mobilise much-needed new resources in sufficient volumes.** And despite significant advances, we do not yet fully understand the opportunities and risks faced by the various actors in this complex new global financing system. **This report sounds a wake-up call.** To fulfil the commitments of the 2030 Agenda, and lift hundreds of millions of people out of extreme poverty, **the international community needs to maximise the development footprint of existing and***

future resources, thereby “shifting the trillions” towards the SDGs. The first in a series, this report charts a forward path for the changes required in measurement, policies, and operations to achieve these ambitious objectives.”

As far as I can tell, the billions are still firmly in Bezos et al’s pockets. The one trillion (or is it 2.5 trillion?) dollar question: how to get them out of there?

For coverage of this report, see Devex - [OECD calls for overhaul of the development finance system](#)

*“The development finance system needs overhauling, according to the Organisation for Economic Co-operation and Development, which gathers key economic data and aid spending figures from the world’s major economies. **In a report published Monday, the global forum identified a significant decline in external funding — foreign sources of funding that have the potential to affect development progress — to low-income countries.** The figures indicate that the 2030 Agenda for Sustainable Development will not be achieved under the current system, the report states....”*

*“...**Between 2013-2016, external finance to low-income countries — including official development assistance, foreign direct investment, remittances, and private debt — decreased by 12 percent,** the report found. **Preliminary data into 2018 revealed a continuing decline,** with foreign direct investment to developing countries falling by 30 percent between 2016-2017, and project finance down 30 percent in the first quarter of 2018. Without further funding, and specifically increased private investment, development progress may be stunted, OECD said....”*

World Antibiotic Awareness Week (WAAW) (12-18 Nov)

<http://www.who.int/who-campaigns/world-antibiotic-awareness-week>

Some reads:

UN News - Antimicrobial resistance a 'global health emergency,' UN, ahead of awareness week

<https://news.un.org/en/story/2018/11/1025511>

“The UN agencies, which include the Food and Agricultural Organization (FAO), the World Health Organization and the UN Environment Programme called for the more responsible use of antibiotics in humans, animals and agriculture at the opening of World Antibiotic Awareness Week (WAAW) in Asia and the Pacific on Monday, 12 November...”

*“The World Health Organisation (WHO) [will] join the global community to observe the **World Antibiotic Awareness Week from today to November 18, with the overall theme, “Think Twice. Seek Advice.”** This year, the **WHO is introducing sub-themes** to showcase the immense work underway to tackle antimicrobial resistance, and which demonstrate how antibiotics are linked between humans, animals and the environment....”*

See also **Mrs Moeti (WHO Afro)** on the **AMR challenge in Africa** (in the [Daily Nation](#)). It's one of her agency's key priorities now.

HPW - WHO Publishes New Data, Finds Country Variations In Overuse, Misuse Of Antibiotics

<https://www.healthpolicy-watch.org/who-publishes-new-data-finds-overuse-misuse-of-antibiotics/>

“The World Health Organization published new data today that it says “reveals wide differences in consumption of antibiotics in different countries,” suggesting overuse and misuse of these life-saving medicines, which contributes to antibiotic resistance. The data is detailed in the [“WHO Report on Surveillance of Antibiotic Consumption: 2016 – 2018 Early implementation,”](#) released today.

***The report presents “data on the consumption of systemic antibiotics from 65 countries and areas,”** reports on the “early efforts of the World Health Organization (WHO) and participating countries to monitor antimicrobial consumption, describes the WHO global methodology for data collection, and highlights the challenges and future steps in monitoring antimicrobial consumption,” according to the report.*

.... The report released coincides with World Antibiotic Awareness Week (12-18 November), “a global campaign that aims to increase awareness of antibiotic resistance and to encourage best practices among the general public, health workers and policy makers to avoid the further emergence and spread of antibiotic resistance,” according to the release.

For **other coverage of this new WHO report**, see for example [France 24](#):

“The World Health Organization warned Monday that antibiotics consumption is dangerously high in some countries while a shortage in others is spurring risky misuse, driving the emergence of deadly superbug infections. In a first, the United Nations health agency said it had collated data on antibiotic use across large parts of the world and had found huge differences in consumption. The report, based on 2015 data from 65 countries and regions, showed a significant difference in consumption rates from as low as around four so-called defined daily doses (DDD) per 1,000 inhabitants per day in Burundi to more than 64 in Mongolia....”

Meanwhile, **good boys & girls from the industry (AMR Industry Alliance)** reported on their progress so far – see HPW: [Industry Coalition Tries To Get Out Front Of Antibiotic Resistance Efforts](#)

WHO Euro – Of all human diseases, 60% originate in animals – “One Health” is the only way to keep antibiotics working

<http://www.euro.who.int/en/health-topics/disease-prevention/antimicrobial-resistance/news/news/2018/11/of-all-human-diseases,-60-originate-in-animals-one-health-is-the-only-way-to-keep-antibiotics-working>

“This year, the WHO European Region will mark the 4th annual World Antibiotic Awareness Week on 12–18 November, by committing to closer collaboration across sectors to protect human, animal and environment health, in the spirit of One Health. For World Antibiotic Awareness Week 2018,

WHO/Europe is joining forces with the Food and Agriculture Organization of the United Nations (FAO) Regional Office for Europe and Central Asia and the World Organisation for Animal Health (OIE) Sub-Regional Representation for Central Asia to urge governments to adopt or strengthen their use of the One Health approach...."

UN News - Farmers on the frontline in battle against drug-resistant microbes: UN health agency

<https://news.un.org/en/story/2018/11/1025791>

*"The United Nations Food and Agriculture Organization (FAO) has revealed that as some 700,000 people are dying each year from antimicrobial resistant infections, an untold number of sick animals are also suffering from diseases that do not respond to treatment. Marking World Antibiotic Awareness Week, **FAO stressed that farmers have a vital role to play in stemming the spread of what is known as antimicrobial resistance, or AMR**, and called on them to boost hygiene practices in day-to-day farm operations...."*

Project Syndicate – Vaccinating Against Superbugs

Seth Berkley & Jeremy Farrar; <https://www.project-syndicate.org/commentary/vaccines-effectiveness-preventing-antimicrobial-resistance-by-seth-berkley-and-jeremy-farrar-2018-11>

"The ability to control infectious disease is the bedrock of modern medicine, and vaccines are important tools for keeping such diseases at bay. But vaccines can also limit the spread of drug-resistant strains by reducing antibiotic use."

Lancet Infectious Diseases - The Global Antibiotic Research and Development Partnership (GARDP): a not-for-profit antibiotic development organisation

L Piddock, on behalf of GARDP [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30661-3/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30661-3/fulltext)

One of the (short) reads of the week. Tells you all you need to know about GARDP (so far).

Excerpts:

*"...An alternative to the commercial antibiotic development model, **is a not-for-profit research and development organisation such as the Global Antibiotic Research and Development Partnership (GARDP)**. Initiated by the WHO and Drugs for Neglected Diseases initiative in 2016, GARDP addresses global public health priorities by developing and delivering new or improved antibiotic treatments, while endeavouring to ensure their sustainable access. Essentially, stewardship and conservation are built into GARDP's research and development strategies from the beginning, and embedded within an access approach. **GARDP's ambitious objective is to develop four new treatments by either improving existing antibiotics or developing new chemical entities by 2023. GARDP's initial clinical development programmes focus on developing antibiotics for sexually transmitted infections, neonatal sepsis, and paediatric infections.** GARDP is working with others in the global landscape of research and development of new antibiotics, including CARB-X, The Pew Charitable Trusts, Novo*

REPAIR Impact Fund, Joint Programming Initiative on Antimicrobial Resistance, and the Wellcome Trust, and with societies including British Society for Antimicrobial Chemotherapy, European Society of Clinical Microbiology and Infectious Diseases, and American Society for Microbiology to copromote activities as well as co-organise conferences and symposia....”

“...GARDP’s rapid evolution since 2016 highlights that a not-for-profit, public health focused model can offer a realistic alternative to commercial drug development and is an important component of the antibiotic research and development landscape....”

PEPFAR reauthorization in US (House)

[House of Representatives Reauthorizes Global AIDS Initiative](#)

The bill still needs approval in the Senate.

Friends of the Global Fight against AIDS, TB & malaria applauded this good news, pointing out the continuing bipartisanship. See [here](#).

Chris Collins: *“Friends applauds the House for passing legislation to reauthorize PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria for five years. Special thanks are due to Rep. Chris Smith and Rep. Barbara Lee who introduced the legislation. While many issues continue to divide Congress, it is a great to see **global health remain a bipartisan priority. U.S. leadership on HIV will be even more critical over the next year during the Global Fund’s sixth Replenishment....”***

World Pneumonia Day (12 November)

Save the Children – Pneumonia to Kill Nearly 11 Million Children by 2030

<https://www.savethechildren.org/us/about-us/media-and-news/2018-press-releases/pneumonia-to-kill-nearly-11-million-children-by-2030>

*“Pneumonia is on course to kill nearly 11 million children by 2030, new analysis conducted by Johns Hopkins University and Save the Children reveals [today]. The in-depth modelling, released on World Pneumonia Day, also shows that more than **4 million of these deaths – more than a third – could be easily averted with concerted action** to improve rates of vaccination, treatment and nutrition. Save the Children’s forecasts show that without action, **Nigeria, India, Pakistan and the Democratic Republic of Congo (DRC) are likely to bear the highest burden of deaths....”***

Lancet Global Health Editorial - The disgraceful neglect of childhood pneumonia

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30495-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30495-9/fulltext)

Editorial of the new Lancet Global Health (December) issue. Refers, among others, to a piece by D Sridhar & K Watkins recently in the Lancet.

*“...In trying to explain the neglect, Watkins and Sridhar point to the **poverty-linked nature of pneumonia, in children particularly**, and the fact that—unlike cholera, measles, or HIV—it is not easily transmitted across social boundaries into the constituencies with the most political influence. **They call for all high-burden countries to adopt integrated pneumonia action plans framed around the GAPPD [i.e. Global Action plan for the Prevention of Pneumonia and Diarrhea] and for a global summit on pneumonia....”***

Lancet Respiratory Medicine - Pneumonia is a neglected problem: it is now time to act

S Aliberti et al; [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(18\)30470-3/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(18)30470-3/fulltext)

*“On World Pneumonia Day (Nov 12), a comment in The Lancet Respiratory Medicine calls for action to improve awareness and funding for pneumonia. The authors suggest the establishment of an **International Pneumonia Network** and four points requiring global consensus.”*

World Diabetes Day (14 November)

UN News - ‘Make healthy choices’ urges UN agency, to prevent and manage chronic diabetes

<https://news.un.org/en/story/2018/11/1025721>

I would have preferred a slightly different (read: more commercial determinants of health inspired) message to come out of WHO. *“The global prevalence of adult diabetes has nearly quadrupled since 1980, the World Health Organization (WHO) said on Wednesday, World Diabetes Day, **with the call to “eat healthily, be physically active and avoid excessive weight gain.”**”*

Lancet Diabetes & Endocrinology – Family matters in diabetes care

[https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(18\)30317-6/fulltext?utm_campaign=wdd18&utm_content=79843138&utm_medium=social&utm_source=twitter](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(18)30317-6/fulltext?utm_campaign=wdd18&utm_content=79843138&utm_medium=social&utm_source=twitter)

*“**World Diabetes Day takes place each year on Nov 14—the birthday of Frederick Banting, the Canadian physician and scientist who shared the 1923 Nobel Prize in Physiology or Medicine for his central role in the discovery of insulin and its potential for use in the treatment of diabetes. Established by the International Diabetes Federation (IDF) and WHO in 1991, it became an official UN Day in 2006, and is the world's largest diabetes awareness campaign, serving to highlight important issues via annual and multi-year themes that have previously included education and prevention, foot care, healthy eating, and women and diabetes. For 2018 and 2019, the theme of World Diabetes Day is the family and diabetes. The 2 year campaign is intended to raise awareness of the impact of diabetes on patients' families and support networks, and to promote the crucial role of the family in diabetes care and prevention....”***

Big Tech & health care

Google hires a health care CEO to organize its fragmented health initiatives

<https://www.theverge.com/2018/11/9/18079420/google-health-care-strategy-fit-home-nest-deepmind-verily-ceo-geisinger>

*“Google has hired Geisinger Health CEO David Feinberg to oversee its many health care initiatives, reporting to AI chief Jeff Dean and working closely with CEO Sundar Pichai to organize Google’s various health-related ventures. Google has been interested in health care for some time; its current efforts are quite fragmented, and they span across several teams and its parent Alphabet’s companies, including **Nest, Verily, Calico, DeepMind, and Google Fit**. In 2008, Google launched a project called **Google Health**, which aimed to unify patients’ medical data stored by different providers. It ultimately folded in 2013, and paved the way for Google Fit, a fitness ecosystem for Android phones and WearOS smartwatches. **Google Fit is the company’s only consumer-facing product focused on health thus far, though Nest — a subsidiary of Google Home — is reported to be working on getting into the digital health business as well...**”*

*“Feinberg’s hire is an **indication that the company wants to unify its many health initiatives spanning across its web services, software, hardware, and AI-backed bets...**”*

Guardian - Google 'betrays patient trust' with DeepMind Health move

<https://www.theguardian.com/technology/2018/nov/14/google-betrays-patient-trust-deepmind-healthcare-move>

“Moving healthcare subsidiary into main company breaks pledge that ‘data will not be connected to Google accounts’”

“Google has been accused of breaking promises to patients, after the company announced it would be moving a healthcare-focused subsidiary, DeepMind Health, into the main arm of the organisation....”

Stat News - Sean Parker: Health care’s big breakthroughs aren’t going to come out of Google or Amazon

[Stat News;](#)

“Sean Parker, the tech billionaire and cancer research philanthropist, may be a product of a Silicon Valley tech giant — but he’s skeptical about the impact those companies will have as they increasingly make a play in medicine....”

4th People's Health Assembly (Dhaka, Bangladesh- 15-19 November)

<https://phmovement.org/pha4/>

The meeting starts today, with a day delay.

- Keep an eye on the hashtag **#PHA4** on Twitter.
- **People's Dispatch** - [Follow this space for interviews and articles about People's Health Assembly 4 brought to you by @peoplesdispatch , @Newsclick and @tri_continental](#)

With a first contribution by **David Legge**: *"Ahead of the People's Health Assembly 4 to be held in Savar, Bangladesh on 16 November, **David Legge from the People's Health Movement speaks about the neoliberal regime pushed forward by trans-national capitalism and its impact on the access to health for all.**"*

And this blog sets the scene: [Fourth People's Health Assembly to begin on 16 November in Savar, Bangladesh](#)

"The fourth People's Health Assembly, a major international conference of public health activists from across the globe, is all set to begin on Friday, 16 November, in Savar, near the Bangladesh capital Dhaka. More than 1200 participants delegates from about 60 countries are expected to participate in the Assembly, where they will discuss key processes and policies that affect health and healthcare all over the world. The People's Health Assembly (PHA) is organised by the People's Health Movement (PHM).

... Eduardo Espinoza, the Deputy Health Minister of El Salvador, will be delivering the opening Plenary Session of the Assembly on Friday....

"... The discussions at the Assembly would revolve around four "thematic axes" – (1) the political and economic landscape of development and health, (2) social and physical environments that destroy or promote health, (3) strengthening health systems to make them just, accountable, comprehensive, integrated and networked, and (4) organizing and mobilizing for Health for All."

- **Fran Baum** is blogging from Dhaka. This was her first contribution:

[Why the 4th People's Health Assembly is an important event for global health equity](#) (BMJ blog)

"I was last at Gonoshasthaya Kendra University for the 1st People's Health Assembly in 2000, when 1500 people gathered and adopted the [People's Health Charter](#) which has now been translated into more than 50 languages. This charter lays out a progressive vision for health. It was built on the views of people's movements and organizations from around the world. It expressed the common concerns of these movements, and provided a vision for a healthier world and a call for the social, environmental, political, and commercial determinants of health to be addressed to achieve health equity. Since 2000 it has been a tool for advocacy and a rallying point for the global People's

Health Movement. This movement now has around 50 “country circles” some of which contain hundreds of thousands of people. But whatever the size of the country circle, the PHM uses the charter as the starting point for analysis and advocacy....”

Ebola outbreak DRC: 6 more months... (at least)

Cidrap - WHO leader says Ebola outbreak could last 6 more months

<http://www.cidrap.umn.edu/news-perspective/2018/11/who-leader-says-ebola-outbreak-could-last-6-more-months>

*“Peter Salama, MD, deputy-director for emergency preparedness and response for the World Health Organization (WHO), told Reuters that **the Ebola outbreak in the eastern edge of the Democratic Republic of the Congo (DRC) could last at least another 6 months.** “It’s very hard to predict timeframes in an outbreak as complicated as this with so many variables that are outside our control, but certainly we’re planning on at least another six months before we can declare this outbreak over,” Salama said [yesterday]. The outbreak in North Kivu and Ituri provinces is now more than 100 days old, and the [**largest Ebola outbreak the DRC has ever seen**](#)”*

This week, [Stat](#) also reported “that **Merck is applying for US Food and Drug Administration approval for its unlicensed Ebola vaccine, currently being used in the DRC.**”

Stat News - A pivotal day in world’s response to Ebola nears: the launch of a clinical trial

[Stat News;](#)

*“Health officials are preparing to launch a clinical trial designed to test whether experimental Ebola therapies improve patients’ chances of survival in the outbreak in the Democratic Republic of the Congo — a landmark moment in the world’s efforts to respond to this and future crises. The randomized controlled trial will compare three different antibody treatments and an antiviral drug to each other, rather than involving a placebo. It is unlikely that the trial will produce clear results based on a single epidemic; it is **expected to span several outbreaks and countries — a novel and challenging design.** In the current outbreak, the trial will be made all the more complicated by a **difficult security environment....***

PS: Last week, **Jeremy Youde** also published a piece on the declining US support (in the Washington Post). Cfr [Cidrap News:](#)

Youde ... “wrote in the Washington Post how exactly the US federal government pulled out on-the-ground support in the DRC in mid-October. Youde quotes an analyst who calls the move part of the **“post-Benghazi hangover of the US government’s risk aversion.”** Despite arguments from the US Centers for Disease Control and Prevention (CDC) Director Robert Redfield, MD, to the contrary, the federal government said that keeping American workers on the ground was too dangerous. Other countries, however, including Canada and Great Britain, have personnel in the region, as does the

Gates Foundation. *Youde said that, while US involvement wouldn't suddenly end the outbreak, pulling out support sets a dangerous precedent for America.*"

Tobacco

ILO & tobacco

Devex - After 3 deferments, ILO finally decides on tobacco industry-funded projects

<https://www.devex.com/news/after-3-deferments-ilo-finally-decides-on-tobacco-industry-funded-projects-93820>

News from late last week. *"The International Labour Organization will no longer rely on tobacco-industry funding for its projects to end child labor and promote workers' rights in select tobacco growing communities — at least in the short term. The ILO governing body reached the decision Thursday, upon the conclusion of its 334th session in Geneva, Switzerland. ..."*

Guardian - FDA announces sweeping anti-smoking measures to target teen vaping

<https://www.theguardian.com/society/2018/nov/15/fda-announces-sweeping-anti-smoking-measures-to-target-teen-vaping>

"The US Food and Drug Administration has announced sweeping new restrictions on flavored tobacco products, including electronic cigarettes popular among teenagers in an effort to prevent a new generation of nicotine addicts. The much-anticipated announcement will mean that only tobacco, mint and menthol e-cigarette flavors can be sold at most traditional retail outlets such as convenience stores. Other fruity- or sweet-flavored varieties can now only be sold at age-restricted stores or through online merchants that use age-verification checks...."

See also Vox - [The FDA cracks down on menthol cigarettes and flavored cigars](#)

"The agency stopped short of a ban on flavored e-cigarettes that had been expected."

Nature News - Arguments over European open-access plan heat up

<https://www.nature.com/articles/d41586-018-07386-x>

"Biochemist Lynn Kamerlin tells Nature why she has coordinated an open letter — signed by more than 950 scientists — objecting to Plan S."

Lancet Global Health (December issue)

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

In the new Lancet Global Health issue, besides the **Editorial** (on the ‘disgraceful neglect of childhood pneumonia’ (see above), we also want to flag, among others:

Research article by B Cao et al: [Effect on longevity of one-third reduction in premature mortality from non-communicable diseases by 2030: a global analysis of the Sustainable Development Goal health target](#)

See the related **Comment** - [Progress towards reducing premature NCD mortality](#)

*“The Sustainable Development Goal (SDG) 3.4, which aims to reduce premature mortality from non-communicable diseases (NCDs) by a third between 2015 and 2030, is a key international public health goal in the context of rising NCD burden in much of the world. In **The Lancet Global Health**, the study by Bochen Cao and colleagues measures how achievement of this target, as well as the elimination of all premature mortality from NCDs, will improve longevity in 183 countries. ... These findings show that the greatest impact of achieving this target would be felt in low-income and lower-middle-income countries, where premature mortality from NCDs, particularly CVDs, is highest. ...”*

Global Health Security

Homeland Preparedness News - HHS officials reaffirm support for Global Health Security Agenda

<https://homelandprepnews.com/stories/31253-hhs-officials-reaffirm-support-for-global-health-security-agenda/>

“The United States is ready and eager to do its part, by working hard domestically to be one of the 100-plus countries to help achieve the GHSA 2024 target,” Hargan said. “But further, I am pleased to announce today that the United States will commit an additional \$150 million to support capacity strengthening in high-risk countries around the world....”

CGD (blog) - Financing Outbreak Preparedness: Where Are We and What Next?

A Glassman et al; <https://www.cgdev.org/blog/financing-outbreak-preparedness-where-are-we-and-what-next>

“Glassman argues that the World Bank, and IDA in particular, has a critical role to play in pandemic preparedness. But this role requires a shift in thinking from crisis response to preparedness.”

PS: for some more background on the upcoming WB’s IDA meeting in Zambia, see Scott Morris (CGD) - [Answering the World Bank’s \\$75 Billion Question](#)

*“Next week in Zambia, **donors to the World Bank’s financing window for low-income countries, the International Development Association (IDA), meet to discuss IDA’s future.** This “mid-term review” is both a stocktaking session and a teeing up of the next round of fundraising for the world’s largest concessional lending fund. Formal negotiations will commence next year, but the meetings in Zambia set the scene for those negotiations. **The last funding round, which was the 18th in IDA’s history (“IDA-18”), allocated \$75 billion for the World Bank’s work across a range of sectors, initiatives, and themes in low-income client countries....”***

Public Health Report – Global Health Security: Protecting the United States in an Interconnected World

R Bunnell et al; <https://journals.sagepub.com/doi/full/10.1177/0033354918808313>

Rebecca Bunnell & other CDC colleagues discuss how **CDC’s health security efforts** help protect U.S. health, safety, and economic interests.

2018 Women Leaders in Global Health conference: more analysis/blogs/tweets...

As you probably know by now, the **next WLGH conference (2019)** will take place in Kigali, Rwanda.

- We recommend the following **blogs on IHP**:

Helen Anyasi - [Women Championing Women at the 2nd annual Women Leaders in Global Health Conference](#) Nice summary of the conference in London, emphasizing among others the extensive mentoring taking place, with Women Leaders ‘walking the talk’ in this respect.

Sara Van Belle (ITM) - [What does it take? Creative disruption and visible buy-in from current leadership \(my take on WLGH18\)](#)

She concludes: “... *The hard nut to crack, and not stressed enough during this gathering is **the importance of vision and of organisational culture**, carried by whoever is perceived to be the leader in terms of values in the organisation. In order to have bottom up, distributed, networked, 360-degree leadership and whatever-you-name-it, **you will need a turnaround in culture** and some concrete action that will (hopefully) set in motion a positive cascade. Maybe **bring some organisational culture expertise in next time**, so we can take a real deep dive. We need more examples next time from organisations (and why not, organisational research?) and leadership in WLGH19 Kigali on how we can make this happen, next to the very appreciated networking and inspirational therapy.*”

- **Blog by Ed Whiting** (on LinkedIn) - [The \(huge\) challenge, and pressing importance, of the journey towards fuller inclusion](#)
- Some relevant **tweets**:

Kate Hawkins (Pamoja UK): ***“The absence of LBT woman leaders in global health at the conference continues to annoy me. The framing of LGBT people as people who need saving (at best) rather than people who have led feminist movements/thinking on gender is a dangerous re-writing of history.”***

“You cannot be all over the internet shouting about intersectionality in feminist movements and then making LBT women invisible in global health leadership. That is not how it works.”

“And indeed I think we could all benefit from a more rigorous analysis of heterosexuality and the part that heteronormativity play in creating barriers to women's health and women's leadership in global health.”

Reply **Kent Buse**: *“Agree. So it was great to see amazing Nina Schwalbe at #WLGH18. We are hoping she (& others) can help #GH5050 figure out how to bring evidence/visibility to #LGBT in our accountability work.”*

Tweets on the session on bias, sexism & gender delusion in medical publishing:

“Loved the #WLGH18 session led by @jocalynclark & @Laurie_Garrett on bias, sexism and gender delusion so rife in medical publishing ... great to see steps Jocalyn outlined to bring about change #GH5050 @pam_das @nicolamlow @womeninGH @Stanford_GCH @DrZucc”

“By making women invisible in the academic process, we are also making women's contributions invisible. Powerful words (slightly paraphrased) from @jocalynclark at #WLGH18 in her talk on #genderinequity in science and the role journals can have in this. #genderinSTEM”

Thread of tweets Jigyasa Sharma on the lack of focus on need to decolonize global health:

“Long thread. Sharing my reflections on #WLGH after listening to a relatively diverse range of women leaders. 1/n

While encouraged by the emphasis on unequal distribution of power of privilege and #intersectionality, I’m perplexed and annoyed that I have heard the word #colonialism maybe twice (@kramdas remarked how patriarchy works like colonialism). 2/n

Global health is a nice phrase that makes it seem like all countries & populations r coming together 2 address issues that transcend national boundaries but we mustn’t forget that the practice we know as global health today essentially started as a colonial enterprise. 3/n

The location of this conference (LONDON school of hygiene and TROPICAL MEDICINE) is a good reminder of this important history. Global health and feminism both continue to be shaped by the history of colonialism. 4/n

Global health research and practice today has come a long way, but we cannot deny that there are remnants of colonialism that we have internalized and normalized. 5/n

How then can we @womeninGH not challenge ourselves to think critically about how colonialism is shaping the way we are thinking about the intersection of women, leadership and global health. 6/6

Decolonizing global health and advancing women's leadership in global health are inextricably interlinked. Cannot achieve one without progress on the other."

Devex - Outrage after visas denied for UK global health conference

<https://www.devex.com/news/outrage-after-visas-denied-for-uk-global-health-conference-93821>

*"Health and development researchers have warned that difficulties in getting travel visas for professionals from low-income countries has become a major barrier to access and inclusion, after at least 17 researchers were unable to attend the Women Leaders in Global Health conference in the United Kingdom this week. Fourteen researchers from sub-Saharan Africa and three from Asia were blocked from attending the two-day event, hosted by the London School of Hygiene and Tropical Medicine in London. **Speaking during the opening plenary on Thursday, Heidi Larson, director of the Vaccine Confidence Project at LSHTM, said the visa denials were tantamount to "discrimination."** "This is not just about equity and rights; we're missing out on a major amount of talent ... This is not good for science," Larson said..."*

UHC Day – Astana - Health for All, ...

UHC Day – 12 December

<http://universalhealthcoverageday.org/>

*"... This year's UHC Day will be an important milestone on the road to the UN High-Level Meeting on Universal Health Coverage on 26 September 2019. Building on momentum from events like World Health Day 2018 and the second Global Conference on Primary Health Care, **UHC Day will give governments, non-state actors and stakeholders across the United Nations system an important platform to unite and drive action to achieve UHC by 2030...."***

See also **UHC 2030** on UHC Day [UHC Day 2018: Unite for universal health coverage](#)

Lancet - After Astana: building the economic case for increased investment in primary health care

Hans Kluge et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32859-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32859-9/fulltext)

This article also featured the full **Astana Declaration**.

Excerpts:

*"...A major obstacle to establishing a lasting legacy from Astana will be to convince ministers of finance to prioritise investments in PHC. The **estimated cost** of a set of essential cost-effective PHC-based interventions in low-income and middle-income countries (LMICs) at 80% population coverage is **US\$350 billion annually**. With **donor funding for health amounting to \$37 billion in 2017**,*

domestic financing must be mobilised. However, the degree to which PHC has been prioritised in public financing varies substantially. **Estimates of the percentage of government health spending dedicated to PHC vary between 6% and 72% across a range of LMICs.** Similarly, in high-income countries (HICs), cross-country comparisons have highlighted the differing strength of the health services component of PHC across countries in the Organisation for Economic Co-operation and Development, where primary care services are frequently underfunded. **So after Astana, how can ministers of health convince ministers of finance of the benefits of committing the resources needed to expand PHC?** To begin, they must communicate a clear economic case for PHC that uses language ministers of finance can relate to. **PHC has tremendous potential to improve the macro and micro environments, labour market participation and productivity, and fiscal sustainability by slowing the growth of health expenditure and by making better use of scarce resources...."**

"There are substantial microeconomic and macroeconomic benefits to be gained from strengthening PHC across all nations by balancing the prevention and treatment of disease. Without investments in PHC, ministers of finance and individual households will be faced with high costs from an overstretched inequitable hospital sector ill-equipped to meet the challenge of a growing burden of NCDs and multimorbidity. **The longstanding legacy of Astana is dependent on putting PHC in the driver's seat.** The idea that health systems will improve population health outcomes or will be sustainable irrespective of investments in PHC is flawed. **Moving forward, it is imperative to have both the strong global and local leadership and political will to operationalise the Declaration of Astana vision of PHC into complete plans and projects applicable to the specific context of each country based on the best available evidence...."**

PS: the fans might also want to (re-)read the **closing remarks by Carissa Etienne at the Astana conference**, see [PAHO](https://www.paho.org/en/news/2017/09/20170920-astana-closing-remarks).

Rockefeller Foundation - Health for All project

<https://www.rockefellerfoundation.org/health-for-all-story/>

"The Rockefeller Foundation has been partnering with Helios Design Labs and the Global Health Strategies to create a multimedia experience that aims to tell the story of the global struggle for Health for All like never before.

Brexit & aid

Devex - What's at stake for aid in the Brexit deal?

<https://www.devex.com/news/what-s-at-stake-for-aid-in-the-brexit-deal-93760>

"The U.K. is the continent's second-largest aid donor overall, and the third-largest contributor to the EU aid budget. It delivered £1.5 billion (\$1.93 billion) of official development assistance through EU instruments in 2016, accounting for about 15 percent of the EU's aid budget and 11 percent of the U.K.'s. From the impact on procurement and funding, to U.K. influence on European development policy, Devex finds out what's at stake for aid in the Brexit deal...."

“...One of the big questions has been whether the U.K. could continue channeling aid funds through EU mechanisms after Brexit....” “...The U.K. Department for International Development seems to support continued collaboration with the EU, but has said that must include influence and oversight over any funds it contributes....”

“...Another key issue is whether U.K. NGOs and contractors can continue to bid on EU aid contracts post-Brexit....”

“The U.K.’s ability, as one of the most experienced aid donors in Europe, to influence the direction of EU development policy is also at stake in the Brexit negotiations....”

See also Devex - [Can the UK contribute to EU aid funds after Brexit?](#). With focus on DFID.

Japan ODA tracker & IATI Decipher

<https://japan-tracker.org/en/>

“Japan Tracker is the first data platform in Japan to “visualize” the flow of resources in the health sector of international development, including Japan’s Official Development Assistance (ODA)....”

As a reminder, compare with [Donor tracker](#) (for 14 OECD countries).

And check out also Aid Transparency’s new tool [IATI Decipher – Unlocking 22,300 Strategic Documents and \\$2.6 Trillion of Aid and Development Budgets](#)

“IATI Decipher, for the first time, visualises strategic and budget documents in the IATI Registry. ...”

“IATI Decipher unlocks the data contained within the IATI organisation file (orgfile). It enables users to access documents in the following areas: Donor budgets by fiscal year; Donor budgets by sector by fiscal year; Donor budgets by recipient country by fiscal year; Donor budgets for a recipient country by sector; Links to donor documents, such as country strategies....”

Guardian - Scientists divided over new research method to combat malaria

<https://www.theguardian.com/world/2018/nov/14/scientists-divided-over-new-research-method-to-combat-malaria>

“Research on a radical new way to combat malaria and other devastating diseases could be knocked off track if a UN biodiversity conference imposes a moratorium on the work, a group of scientists have said.”

*“...Some scientists believe the different approach has the potential to transform the battle against malaria. It involves engineered gene drives which are used to modify the DNA of wild organisms on a mass scale. In the case of mosquitoes the method would have the potential to wipe out populations of certain species which carry the malaria parasite, say the scientists. Critics have argued that gene drives pose an unacceptable risk by spreading modified genes through the environment with unpredictable consequences. **The UN’s convention on biological diversity (CBD) meeting in Egypt next week will consider recommendations that call on governments to refrain from releasing organisms that contain gene drives, even in small-scale field trials. ... The wording has prompted more than 100 scientists to sign an open letter opposing the proposal.** If adopted, they believe, the move would stifle gene drive work across the board, because field trials were crucial for understanding whether the technology worked in the wild...”*

See also **the Economist** - [Extinction on demand: the promise and peril of gene drives](#)

“A new genetic-engineering technology should be used with care.”

And **Nature (News)** - [Ban on ‘gene drives’ is back on the UN’s agenda — worrying scientists.](#)

Nature (News) - North and South Korea team up to tackle TB and malaria

<https://www.nature.com/articles/d41586-018-07393-y>

“The agreement is the first joint public-health initiative since the country’s leaders met for historic talks in September.”

Planetary Health

Lancet Planetary Health – November issue

<https://www.thelancet.com/journals/lanplh/issue/current>

In the new issue, we want to flag, among others:

- **The Editorial** - [Environmental racism: time to tackle social injustice](#)

“Among the injustices faced by racial and ethnic minority communities, one aspect that is frequently overlooked is the effect of discrimination on the environment that the community is based in. Whether due to targeted prejudice or resulting from ingrained institutional bias, the effects are too often the same: minority residents end up living in more polluted areas with less access to green space than their majority peers...”

- **Comment** (by M Wilson et al): [Why “Culture” matters for planetary health](#)

Research culture, that is. Among others. **“...This prioritisation of certain research Cultures over others reflects the inadequate inclusion of social science and humanities disciplines in the wider planetary health research community. The absence of these influences reinforces particular understandings, norms, and practices (for instance, of so-called cultures) that could affect the successful implementation of planetary health policies. To our knowledge, researchers, policymakers, industry partners, and practitioners in the planetary health literature never acknowledge the tacit influence of their own research Cultures on processes of knowledge creation. The role of different types of Cultures and cultures as drivers of change in planetary health is poorly researched. If planetary health is to remain a relevant term around which scholars can continue to coalesce, we must make sure that our disciplinary and grant call-directed Cultures align with (or at least do not conflict with) local peoples' understanding of the problem, its solutions, and the practical and practicable steps that we all need to take to get there....”**

Guardian - The Earth is in a death spiral. It will take radical action to save us

G Monbiot; <https://www.theguardian.com/commentisfree/2018/nov/14/earth-death-spiral-radical-action-climate-breakdown>

Must-read by the Guardian eco-writer. **“...Two tasks need to be performed simultaneously: throwing ourselves at the possibility of averting collapse, as Extinction Rebellion is doing, slight though this possibility may appear; and preparing ourselves for the likely failure of these efforts, terrifying as this prospect is. Both tasks require a complete revision of our relationship with the living planet....”**

Sounds increasingly like a **global eco-version of the Brexit**, if you ask me.

Excerpts:

“Climate breakdown could be rapid and unpredictable. We can no longer tinker around the edges and hope minor changes will avert collapse... ..” ...The problem is political. A fascinating analysis by the social science professor Kevin MacKay contends that oligarchy has been a more fundamental cause of the collapse of civilisations than social complexity or energy demand. Control by oligarchs, he argues, thwarts rational decision-making, because the short-term interests of the elite are radically different to the long-term interests of society. This explains why past civilisations have collapsed “despite possessing the cultural and technological know-how needed to resolve their crises”. Economic elites, which benefit from social dysfunction, block the necessary solutions. The oligarchic control of wealth, politics, media and public discourse explains the comprehensive institutional failure now pushing us towards disaster. It is not just governments that have failed to respond, though they have failed spectacularly. Public sector broadcasters have systematically shut down environmental coverage, while allowing the opaquely funded lobbyists that masquerade as thinktanks to shape public discourse and deny what we face. Academics, afraid to upset their funders and colleagues, have bitten their lips....”

On the bright side, **the Guardian** also reported [Heatwaves can 'wipe out' male insect fertility](#)

“Heatwaves severely damage the fertility of male beetles and consecutive hot spells leave them virtually sterilised, according to research. Global warming is making heatwaves more common and wildlife is being annihilated, and the study may reveal a way in which these two trends are linked. The scientists behind the findings said there could also be some relevance for humans: the sperm counts of western men have halved in the last 40 years....”

Humanity can only hope that If males become even less fertile in the future, let's hope they'll also behave less like Donald Trump.

Guardian Longread - The plastic backlash: what's behind our sudden rage – and will it make a difference?

<https://www.theguardian.com/environment/2018/nov/13/the-plastic-backlash-whats-behind-our-sudden-rage-and-will-it-make-a-difference>

Fascinating article. “Decades after it became part of the fabric of our lives, a worldwide revolt against plastic is under way.” Among others, on a “Blue Planet II effect”; and this:

“... We used to see it as litter – a nuisance but not a menace. That idea has been undermined by the recent widespread acknowledgment that plastic is far more pervasive and sinister than most people had ever imagined. The shift in thinking started with the public outcry over microbeads, the small, abrasive grains of plastic that companies began pouring into cosmetic and cleaning products in the mid-1990s to add grit. (Nearly every plastic product has a natural and often biodegradable antecedent – plastic microbeads replaced ground seed kernels or pumice stones.) Scientists began raising the alarm about potential dangers posed to sea life in 2010, and people were shocked to learn that microbeads were in thousands of products, from Johnson & Johnson’s spot-clearing face scrubs, to supposedly eco-friendly brands like the Body Shop....”

IHP - Ten principles of planetary health (transformative) leadership (ahum)

Kristof Decoster; <http://www.internationalhealthpolicies.org/ten-principles-of-planetary-health-transformative-leadership-ahum/>

After reading about the 10 principles of gender transformative leadership, I got some inspiration re ‘planetary health leadership’. To kickstart the (urgent) discussion.

Vox - Climate activists to Nancy Pelosi: go big or we won’t go home

<https://www.vox.com/energy-and-environment/2018/11/14/18094452/alexandria-ocasio-cortez-nancy-pelosi-protest-climate-change-2020>

The struggle is on for control of the long-term Democratic climate agenda. Some clear **traces of planetary health leadership in the making**, in the US. Encouraging!

Lancet Editorials

Lancet (Editorial) – Looking beyond the Decade of Vaccines

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32862-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32862-9/fulltext)

“When in 2010 the global health community declared the so-called Decade of Vaccines, it marked a path towards an ambitious vision for 2020: a world in which all individuals and communities enjoy lives free from vaccine-preventable diseases. The Global Vaccine Action Plan (GVAP) 2011–2020, a multisectoral effort led by WHO, set highly challenging targets, progress towards which would be assessed by the Strategic Advisory Group of Experts on Immunisation (SAGE). With the publication of the penultimate assessment report of the GVAP, and as the turn of the decade looms, it is time to take stock and look beyond 2020... ...”

The conclusion: ***“The Decade of Vaccines has indeed been formidable, fostering partnerships and accelerating progress. But in the current social and political climate, perhaps it is time to re-evaluate. A systems-driven approach putting more power in the hands of the countries will allow for the design of vaccination programmes tailored to the cultural specificities of their populations. A stronger involvement of the social sciences in programmes could help strengthen the collective understanding of vaccine hesitancy. Vaccine development must be accelerated and greater impetus should be put behind better use of existing vaccines. Moving forward, the global health community will need to shift its focus: after the Decade of Vaccines, more muscular efforts must be made to integrate investments in immunisation services into programmes for universal health coverage.”***

See also (in the Global Governance of Health section), below, a **Comment by Seth Berkley (GAVI)** looking ahead to the next decade.

Lancet (Editorial) – The future of Trump's global health agenda

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32863-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32863-0/fulltext)

“Last week's US midterm election was a partial rebuke to President Donald Trump. But although Trump's legislative agenda has largely come to an end, his ability to affect global health through non-legislative means remains vast....”

“Many presidents turn towards foreign policy when stymied domestically, and Trump has a record of using global health programmes to deliver politically charged victories to his evangelical, nationalist base once he can no longer satisfy with domestic victories. Trump has given ample evidence of his willingness to use global aid for political purposes, and his domestic constraints might drive him to use those tools more aggressively. Democrats will provide much-needed oversight but little can constrain Trump's moves within the Executive Branch, which makes it incumbent on other nations and global health organisations to resist the changes politically when they can—and step in to fill the gap left by America's abandonment of global health and its ecological commitments.”

Lancet (Editorial) – Time to address nutritional security

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32864-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32864-2/fulltext)

“Last week, the Global Panel of Agriculture and Food Systems for Nutrition (GLOPAN) published a policy brief: Preventing nutrient loss and waste across the food system: policy actions for high quality diets. The brief argues that loss and waste of high-nutrient foods from our global food systems is a huge problem, which, if addressed, could help tackle all forms of malnutrition and improve poor-quality diets that lead to ill health....”

*“...Addressing food loss and waste is an important component of global food systems. But the actual food being produced (and wasted) remains unsustainable. The complexity of the food system cannot be overstated, and, with many parts to consider, each aspect should be approached only as one of many solutions that together address the whole. **The EAT-Lancet Commission, due to be published in January, 2019, will do just that.**”*

Some key publications & papers of the week

Plos Med –Transforming health policy through machine learning

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002692>

“In their Perspective, Ara Darzi and Hutan Ashrafian give us a tour of the future policymaker's **machine learning toolkit**. Read research on [Machine Learning for Health and Biomedicine](#) in this month's special issue.”

Excerpt on one aspect of possible impact:

*“...In terms of resources or capacity, ML has the potential to help address massive healthcare practitioner shortages worldwide. Initially, this would likely take the form of supporting diagnostic activity but would also play an increasing role in all stages of health and care, ranging from booking appointments for health staff, supporting interventional decisions, and eventually offering direct prescriptive healthcare advice. **This prospect has initiated a formidable societal controversy, as arguments over the benefits of AI in supporting resource deficits have also been countered with arguments that AI will lead to massive job losses**—for example, in diagnostic radiology or pathology, for which an ML algorithm could appraise multitudes of images on a 24-hour work cycle. **Many of these issues carry an impact beyond that of healthcare and have a bearing on national and international economic strategy as well as the wider public discourse on the exact role of AI in society.** We suggest that AI's first and least perilous role should be in resourcing healthcare. This will likely disrupt current work practices but will also generate new jobs and roles. More importantly, ML-based technologies may offer society ‘freed-up’ health practitioner time to focus on direct patient care....”*

A few key blogs and other articles of the week

CGD (blog) Is the Donor Agenda for the SDGs Making Aid a Tool of Inequity?

P Jakiela & C Kenny ; <https://www.cgdev.org/blog/donor-agenda-sdgs-making-aid-tool-inequity>

Absolute must-read.

*“...Addis [Abeba] led to two major donor responses in an effort to stay relevant. **First was ramped-up support for developing countries to expand their capacity to tax (“domestic resource mobilization”)**. Signatories to the Addis Tax Initiative agreed to “double their technical cooperation in the area of domestic revenue mobilization/taxation” by 2020 because it was seen as “a key means*

of implementation for attaining the SDGs and inclusive development.” **The second donor response presented at Addis was a commitment to back more private sector investment in developing countries through development finance institutions like the IFC and the UK CDC.** Development finance institutions (DFIs) suggested their role would grow from leveraging billions to leveraging trillions of dollars’ of private investment in developing countries, not least by using aid money to part-subsidize private sector investments.”

“... Both approaches sound great in the abstract: clearly, more funding is needed to achieve the SDGs, and building up developing countries’ capacity to raise government funds domestically and private finance to meet development goals—instead of relying on aid flows—is a central component of the process of development. **Unfortunately, there are fundamental issues with both approaches in practice.** Tax regimes in many developing countries are regressive and in some countries they may be used to support an autocratic political elite. And the way that DFIs are using aid resources may end up benefiting a corporate elite more than the world’s poorest people....”

They conclude: “Will technical assistance intended to increase the extractive capacity of non-democratic governments reduce or increase poverty? Only time will tell, but **it is clearly irresponsible of donors to offer technical assistance aimed at expanding domestic resource mobilization capacity without explicitly linking that assistance with moves toward more democratic accountability and more progressive tax regimes.** All countries should commit to make sure their tax and transfer regimes have a net zero or better impact on the incomes of people under the poverty line, and donors should make technical assistance to the LMIC tax authorities conditional on such commitments. The International Monetary Fund should monitor those commitments, and donors should be careful that their support for domestic resource mobilization doesn’t lead simply to more effective fleecing of the poor to benefit the elite. And it is time for an urgent rethink of how development finance institutions use aid money to ensure those resources actually help those furthest behind, including approaches that target public policy priorities, are competitive, and transparent. Otherwise donor support for the SDGs will shortchange those furthest from meeting them.”

CGD (blog) - Development Agencies: Fit for the Future?

M Gavas; <https://www.cgdev.org/blog/development-agencies-fit-future>

“Official bilateral and multilateral development agencies are under strain from opposing forces: on the one hand, they are confronted with a world in which the development challenges are interconnected and daunting, and the risks are systemic and increasing; on the other, they are grappling with a world in which ardent nationalism, protectionism, and populism are rising, and rules-based multilateralism is declining....”

“...This was the backdrop to a gathering of development agency leaders hosted by CGD in London last week. The sense of urgency was unmistakable—if the development community proves unable to respond rapidly, effectively, and collectively, the progressive gains made over the last decades are likely to unravel....”

Make sure you check out the **great visualization** of the mix of challenges & forces (and how they’re interconnected in today’s world) the world (and the development community) face.

CGD (blog) – How Do You Measure Aid Quality and Who Ranks Highest?

Ian Mitchell et al; <https://www.cgdev.org/blog/how-do-you-measure-aid-quality-and-who-ranks-highest>

(recommended) “Donors have lost their focus on aid effectiveness in the last decade, limiting aid’s impact. **Here we report on new results of one of the few measures of aid “quality”—the Quality of Official Development Assistance (QuODA)**, which aims to bring aid effectiveness back into focus. Aid effectiveness still matters enormously to the world’s poor; donors should revisit effective aid principles and agree measures which take better account of today’s challenges and context. **Below we look at how we can currently measure aid effectiveness, how countries and multilateral donors rank, and where the agenda should go next.** Across the measures, **New Zealand, Denmark, and Australia rank highest.** The results also highlight what many countries can and should improve on: **eliminating tied aid and enhancing the use of recipient country systems and priorities. ...”**

Chris Collins (Friends of the Global Fight against AIDS, TB & malaria) - Integrating the exceptional in an evolving response to AIDS

<https://www.theglobalfight.org/integrating-the-exceptional-an-evolving-response-to-aids/>

Recommended analysis.

“Two central themes of the International AIDS Conference this summer appear, at first glance, to run at cross purposes. At Amsterdam, we heard both that AIDS programming is off track in achieving ambitious targets, and, at the same time, the AIDS response should look beyond a single disease focus to embrace broader goals including expanded access to primary health care....”

Concluding: *“...Much can be gained by concentrating on a particular disease challenge and much can be achieved by being comprehensive in health delivery. **Success is about finding the balance in different settings, but it is not about losing focus.** Going forward we can ask **what achieves the most benefit for people in each setting. Different HIV epidemics require distinct strategies:** in some countries this means even more targeting of specific geographic areas and populations; in many there are immediate opportunities to build onto the HIV platform to provide additional services; in others it is time for concrete steps toward integration into national health systems....”*

New case study GIZ: Digitalising Nepal’s health sector - A country’s journey towards an interoperable digital health ecosystem

http://health.bmz.de/ghpc/case-studies/digitalising_nepals_health_sector/index.html

“...This case study documents Nepal’s journey towards the achievement of an interoperable digital health ecosystem. It aims to highlight how digitalisation is strengthening Nepal’s health system and enabling health sector reform, and to provide insights based on Germany’s support for digitalisation in Nepal that are relevant for health sector managers and decision-makers, as well as development partners supporting digital health in other low- and lower middle-income countries....”

Good example of what to consider when supporting digital health in low resource settings.

Upcoming webinar launching a new WHO CoP (20 November)

Coming up: webinar launching new WHO CoP (20 Nov) – The commercial determinants of health: towards a productive debate. Sign & pre-register at <http://www.who.int/KAP>

Global health events

Third Inter-ministerial conference on health & environment (Libreville, Gabon – 6-9 November)

<https://afro.who.int/media-centre/events/third-inter-ministerial-conference-health-and-environment-working-intersection>

See WHO Afro: [Fast-tracking action on health and the environment](#)

“African ministers of health and environment agreed today on a 10-year strategic plan to increase investment and accelerate joint health and environment priorities. The Strategic Action Plan to Scale Up Health and Environment Interventions in Africa 2019 – 2029 to the African Union was adopted at the closing of the Third Interministerial Conference on Health and Environment held in the Gabonese capital from 6 to 9 November....”

Coming up later this year

- Second global call to action against drug-resistant infections (Accra, Ghana – 19-20 Nov)

Wellcome Trust (news) - <https://wellcome.ac.uk/news/second-global-call-action-against-drug-resistant-infections>

*“The two-day Call to Action, taking place in Accra this November, is co-hosted with the governments of Ghana and Thailand, and the United Nations Foundation, and is **organised in partnership with the Inter-Agency Coordination Group (IACG) on Antimicrobial Resistance**. Health representatives from national governments and agencies, civil society, the private sector and global philanthropies will be invited to come together at the Call to Action to focus on how to address the most critical gaps in tackling the development and spread of drug-resistant infections. ... On the second day the focus will be on how effective local and national action can be translated to sustainable action at an international and multilateral level. ... The event will consider: efforts to maintain action towards sustainable global policies; governance mechanisms to tackle superbugs; how these link back to lessons learned from national implementation.”*

For the draft agenda (and **three objectives**), see [here](#).

- 10 December : **keynote lecture Ilona Kickbusch** (London): [Why We Cannot Wait: The Need for Global Governance of Antimicrobial Resistance \(AMR\)](#)

No info on livestreaming yet. Hope this will be the case, though...

- **2018 PMNHC Partner's Forum (12-13 December, New Delhi)**

<http://www.who.int/pmnch/en/>

Ahead of the meeting in December, a **Virtual Partners' Forum** has already started this week.

"This week kicks off the PMNCH Virtual Partners' Forum combining webinars, virtual side events, and livestreaming. First up, is a 5-part webinar series representing plenary themes at the Partners' Forum, and running throughout November and early December...."

Coming up next year: COPASAH global symposium on Citizenship, Governance and Accountability in Health (New Delhi, 15-18 October 2019)

<http://www.copasahglobalsymposium2019.net/>

COPASAH is a community of practitioners on accountability in health, mostly drawn from the global south. To build south to south solidarity among practitioners and to facilitate a dialogue of practitioners with academia, research and policy makers, COPASAH is going to organise a global symposium on Citizenship, Governance and Accountability in Health, from 15-18 October, 2019. You can visit the webpage here: <http://www.copasahglobalsymposium2019.net/>

During this symposium the aim is to facilitate rich exchange of insights for furthering social accountability across five significant themes that include community action, private medical sector, reproductive health, indigenous people and front line health workers from the perspective social accountability and health rights of communities.

Deadline for participation: 31 January.

Global governance of health

Vaccine (Comment) – Political will and vaccine legislation

Seth Berkley (CEO GAVI);

<https://www.sciencedirect.com/science/article/pii/S0264410X18314026?platform=hootsuite>

*“...with 21 lower-middle-income countries due to transition out of Gavi support between 2016 and 2020, and more to follow, **we have entered a new phase in global childhood immunization, where countries must take increasing ownership of programmes to ensure long-term success and sustainability....”***

*“...**The new phase is already under way.** From 2008 to 2016, Gavi-supported countries made a six-fold increase in contributions to their national immunization programmes (NIPs), with co-financing increasing from US\$ 21 million to US\$ 133 million. Similarly, between 2011 and 2016, Gavi countries increased government expenditures on routine immunization per live birth by 43%. **This progress is encouraging, but there is more work to be done.** As more countries assume full funding of their NIPs, they will need to maintain political support for immunization while confronting new challenges, such as vaccine hesitancy and expanding health systems. In this increasingly complex immunization landscape, **it is thus important that countries establish a legislative framework to support their programmes....”***

Thomson Reuters - World's top aid agency to promote resilience with new body

<http://news.trust.org//item/20181114101357-a6xkb/>

*“**The U.S. Agency for International Development (USAID) is to set up a new body to promote resilience,** a senior official said, amid growing pressure on the world's top foreign aid donor to do more with less....”*

*“**The move comes amid talk of budget cuts to foreign aid in the United States and pressure from President Donald Trump to do more with less. Experts said the creation of a new Bureau for Resilience and Food Security,** which still has to be approved by Congress, would cement momentum behind the global poverty-reduction approach....”*

Global Public Health – Anarchitectures of health: Futures for the biomedical drone

R Peckham et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1546335>

*“In recent years, research on the military deployment of unmanned aerial vehicles (UAVs), or drones, has proliferated. However, to date there has been little systematic study of how drones are being used for health surveillance and management, particularly in resource-constrained settings. **In this paper, we draw on a number of case studies to explore how the biomedical drone is contributing to a re-spatialization of health and to a process of datafication that is set to fundamentally change the nature and scope of health governance.** The promotion of the drone as a solution to global challenges reflects a broader techno-optimism. However, **drones and the cybernetworks they rely on are short-circuiting terrestrial systems and driving a strategic, hotspot approach to health.** This targeted view of the world, we argue, **recapitulates and extends earlier forms of colonial surveillance and intervention premised on security and incipient threat.** We develop the notion of ‘**anarchitecture**’ to describe the formation of these new inverted health landscapes where state infrastructures are entangled with shifting technological networks. In short, we seek to develop a framework for reflecting on the ways in which global health is being reconfigured through the development of remote-sensing technologies and cyberinfrastructures.”*

Medium - Pasteur and Gates: Essential Partners in Global Health

Trevor Mundel; <https://medium.com/@trevormundel/pasteur-and-gates-essential-partners-in-global-health-46496d958a74>

Blog related to the celebration of the **130th anniversary of the Pasteur institute.**

*“One of the Gates Foundation’s most valued allies in advancing the world’s understanding of infectious disease is the **Pasteur Institute, founded by the great scientist Louis Pasteur 130 years ago.** Yesterday, I had the pleasure of **celebrating this anniversary in Paris....***

*“...Today, The Pasteur International Network includes **33 organizations in 26 countries on five continents** — each entity united in a mission to advance the world’s understanding of infectious diseases and our abilities to fight them. All of this helps explain why I believe the Pasteur Institute is uniquely well positioned to help tackle many of the most important challenges in global health in the 21st century....”*

CGD (Policy Paper) - Should Developing Countries Sign the OECD Multilateral Instrument to Address Treaty-Related Base Erosion and Profit Shifting Measures?

A W Ogotu; <https://www.cgdev.org/publication/should-developing-countries-sign-oecd-multilateral-instrument-address-treaty-related>

Cfr a tweet by **Charles Kenny**: (Not until rich countries show they're serious about it).

*“**The Multilateral Instrument (MLI)** is a groundbreaking mechanism to update the network of thousands of bilateral tax treaties that make up the international tax system. It aims to reduce*

opportunities for multinational corporations to reduce their tax burden through base erosion and profit shifting. **While the MLI was not designed primarily to address the priorities of developing countries in relation to the international tax system, it nevertheless offers a means to tackle practices such as “treaty shopping” and companies avoiding setting up taxable “permanent establishments.”** The extent to which this potential is realized depends on the choices made both by developing countries and by their treaty partners since changes are only operational if both parties choose compatible options. Failure by major economies to adopt the minimum standards in the MLI or to apply these in their treaties with developing countries would create major gaps and inconsistencies in the tax treaty system. **This paper argues that developing countries should sign up to the MLI, but that they can afford to take a wait-and-see approach to selecting and finalizing options, while reviewing the options selected by other countries and building capacity for implementation.** Developing countries should also be cautious about entering into new tax treaties to be sure that provisions are in their favour.”

IMF conditionality

UN - Report of the Special Rapporteur on extreme poverty and human rights (i.e. to the Human Rights Council)

<https://www.social-protection.org/gimi/gess/RessourcePDF.action?id=55137>

Cfr a tweet by Thomas Pogge: “Excellent report by Philip @Alston_UNSR, UN Special Rapporteur on Extreme Poverty & Human Rights, about the IMF in relation to social protection and human rights. Don't miss the concluding sentences!”

You know us :) So here come these concluding sentences: **“In a world that is now suffering the consequences of the past lopsided approach of IMF to globalization and its single-minded pursuit of a model of fiscal consolidation that relegated social impact to an afterthought, IMF not only bears responsibility for the past but will also determine whether the future will be different. To date, IMF has been an organization with a large brain, an unhealthy ego and a tiny conscience. If it takes social protection on board seriously, rather than making a tokenistic commitment to minimal safety nets, it can show that it has actually learned from its past mistakes.”**

CGD (blog) - What Have We Learned from Expenditure Conditionality in IMF Programs?

Sanjeev Gupta ; <https://www.cgdev.org/blog/what-have-we-learned-expenditure-conditionality-imf-programs>

(recommended) “As part of borrowing from the IMF, the IMF and the country that is borrowing agree on the implementation of certain policies (conditions) during the program period. **The implementation of some conditions is not essential for the continuation of the program, including some pertaining to budgetary expenditures.** Their implementation often vary from country to country, and the empirical analysis shows that certain budgetary conditions achieve their intended objectives over the long term, while others do not. **In this blog, I explain which budget conditions work, and which don’t work.”**

“The long-term impact of IMF expenditure conditionality is more substantive than in the medium term, particularly for measures that are structural in nature. My conclusion is derived from a study of expenditure conditionality in IMF programs between 1992 and 2016, carried out with Michela Schena and Seyed Reza Yousefi...”

Check out the empirical analysis – with quite interesting (5) findings.

Some of the **key lessons** he draws: *“First, while spending floors on health, education or public investment may help countries with IMF programs achieve the short-term objective of protecting spending in the context of budget discussions, **structural conditionality is most effective over the longer term** in improving the composition of government spending by increasing the share of growth-friendly and poverty-reducing spending on health and education. **Second, the above results are particularly relevant for low-income countries** where the level of social and investment spending needs to be scaled up considerably to achieve the Sustainable Development Goals.”*

Thomson Reuters Foundation - Most big companies failing U.N. human rights test, ranking shows

[T R Foundation;](#)

“Most big companies operating in sectors at high risk of labour abuses are failing to meet human rights standards set by the United Nations, according to an analysis of 100 major companies published on Monday. From tackling child labour to ensuring equal treatment for women, U.N. principles require all businesses prove they are committed to human rights and treat workers fairly. But an analysis of more than 100 major apparel, agricultural and extraction firms by the Corporate Human Rights Benchmark (CHRB), a British charity, found many had little to show for....”

Chatham House – New Frontiers in Gender-responsive Governance: Five Years of the W20

P Subacchi et al; <https://www.chathamhouse.org/publication/new-frontiers-gender-responsive-governance-five-years-w20>

“After five years of the W20, women and gender equality remain at the margin of the G20. There is a real risk of the W20 representing a one-off territorial gain at a frontier that could easily be pushed back again.”

The Principles of Donor Alignment for Digital Health

<https://www.usaid.gov/what-we-do/global-health/global-health-newsletter/digital-health-2018#forward>

*“According to the newly launched **Principles of Donor Alignment for Digital Health**, investments in digital technologies that support country health systems must advance and align with national strategies. **USAID, CDC, and the U.S. Office for the Global AIDS Coordinator** were co-drafters of the principles, and among the 30 major funders endorsing them when they were launched at the World Health Summit in Berlin last month.”*

CGD (blog) – Will Brazil Retreat from Its Role in International Development?

S Kyburz; <https://www.cgdev.org/blog/will-brazil-retreat-its-role-international-development>

“Brazil’s newly elected President Jair Bolsonaro has been characterised as an unsavoury anti-globalist—so, will he unwind Brazil’s progress as a development actor over the last two decades? Below, I will highlight Brazil’s important contributions to international development, and argue that Bolsonaro’s best bid to eliminate corruption, restore trust in government institutions, and reinstate the country’s path of prosperity is to finalise Brazil’s OECD membership—becoming its second biggest member by population—while also strengthening partnerships and commitments to fast growing markets in the Global South.”

He concludes: **“Former president Lula da Silva’s legacy of strengthening ties with lower income countries especially in sub-Saharan Africa is likely most at risk.** Neither Bolsonaro’s nationalistic rhetoric nor commercial interests seem to suggest that he has any interest in strengthening these partnerships, which have been an important part of Brazil’s development cooperation. Trade with sub-Saharan countries is still low and decreased further during Brazil’s economic crisis. Despite his offensive statements, Bolsonaro pledges to be both democratic and constitutional in his leadership (Watch his victory speech). It remains to be seen whether he will protect values enshrined in the constitution that highlight cooperation among peoples for the progress of humanity. **The international community and people of Brazil should make every effort to keep him accountable on these terms.”**

Meanwhile, the Guardian reported [Cuba to pull doctors out of Brazil after President-elect Bolsonaro comments](#)

“Cuba has announced it will withdraw thousands of its doctors from Brazil after the South American nation’s president-elect Jair Bolsonaro questioned their training and demanded changes to their contracts. The far-right Bolsonaro, who takes office on 1 January, said in an interview this month that the 11,420 Cuban doctors working in poor and remote parts of Brazil could only stay if they received 100% of their pay and their families could join them. Under the terms of the agreement with Cuba, brokered via the Pan-American Health Organization, Havana receives the bulk of the doctors’ wages....”

And [Brazil's \(brand\) new foreign minister believes climate change is a Marxist plot](#) (Guardian). Lovely.

“Ernesto Araujo has called climate science ‘dogma’ and bemoaned the ‘criminalisation’ of red meat, oil and heterosexual sex.”

Reuters - Olympics-Gates links up with Tokyo 2020 to tackle development goals

<https://www.reuters.com/article/olympics-2020-gates/olympics-gates-links-up-with-tokyo-2020-to-tackle-development-goals-idUSL8N1XK0HO>

“U.S. billionaire philanthropist Bill Gates will launch an ‘Our Global Goals’ partnership with the Japan Sports Agency in an effort to achieve the United Nations’ Sustainable Development Goals (SDGs) by publicising them through the Tokyo 2020 Olympics....”

Devex - Swedish aid leader talks priorities despite far-right surge

<https://www.devex.com/news/swedish-aid-leader-talks-priorities-despite-far-right-surge-93418>

*“A little over a year ago, Carin Jämtin took over as head of Sweden’s aid agency Sida, taking a leading role in a country that was recently named the most committed to development and has consistently dedicated nearly 1 percent of its income to aid. **Her biggest project has been developing a new five-year strategy for Sida which was signed off in September** — the same month that elections threw Sweden into political disarray.*

*The new vision, which is not publicly available, **does not represent a major departure from previous Sida strategies**, she said, but highlights that “we need to strengthen ourselves in some areas.” ...*

***One of those is a shift toward poverty.** “Sida is guided by poor people’s perspectives and rights ... [but] we’ve been focusing on rights [and] spoken a little less than before on poor people’s perspectives,” Jämtin said, adding that “we have to rebalance that a little bit without losing the focus on the rights-based approach.” This does not mean “working only on poverty in economic terms,” she cautioned, but will **instead take a “multidimensional approach to poverty** which means we will also **look at who has least power in these countries.**” Jämtin cited Sida’s work with women in Afghanistan and support for Roma populations in eastern Europe as examples. ... ;..**And there is the question of money: The new strategy will deepen the country’s work to find new ways of mobilizing funds for development.** ... Development cooperation money will never be enough to reach the SDGs ... so we are working on new ways of finding financing,” she said. **That includes working with Swedish impact investors through the Swedish Investors for Sustainable Development network**, which Sida facilitates. Launched in 2016, the network includes the country’s **17 largest pension funds, asset managers, and investment companies, that work with Sida to help realize their role in the Sustainable Development Goals.** “*

High Level Political Forum (HLPF) Voluntary National Reviews – Synthesis report 2018

https://sustainabledevelopment.un.org/content/documents/210732018_VNRs_Synthesis_compilati on_11118_FS_BB_Format_FINAL_cover.pdf

Includes a section on SDG 3 (even if that was not a core evaluated SDG this year).

NEJM - Reimagining Development Assistance for Health

Vin Gupta et al;

https://www.nejm.org/doi/full/10.1056/NEJMp1809808?query=featured_secondary

Although published already online ahead of the UN HL meeting on NCDs end of September, worth re-reading.

*“Financing priorities in global health lag behind the changing realities of lower- and lower-middle-income countries, where the noncommunicable disease burden is growing. **Investment in the capabilities required to address NCDs will also benefit pandemic control efforts.**”*

IISD - Toolbox Launched to Boost Private Financing for SDGs

<http://sdg.iisd.org/news/toolbox-launched-to-boost-private-financing-for-sdgs/>

“The president of the 72nd UN General Assembly (UNGA) launched a “tool box” of recommendations, best practices and initiatives for SDG financing. The compendium is a result of a UNGA high-level meeting on financing the SDGs, organized by then-President Miroslav Lajcak in June 2018.”

“The toolbox aims to provide an accessible platform for Member States and financial actors to explore solutions to the challenge of financing the SDGs.”

UHC

We start with a tweet from the Japanese mission UN: **“At @WHO Health Reception, AmbBessho announced the formulation of a Group of Friends of #UHC, which will be open to all MS & co-convened by PRs of #Japan, @Brazil_UN_NY, @franceonu, @Ghanaunmission, @HUNMissionToUN, @SAMissionNY & @ThailandUN, w/Japan initially chairing the group.”**

Clearly with a view on building momentum for next year’s HL UNGA meeting on UHC.

HS Governance Collaborative – November newsletter

<https://mailchi.mp/7b527e3fcd39/newsletter-5-health-systems-governance-collaborative>

“Meeting with the new cohort of @ev4gh, attending #HSR2018, launching our first Regional Chapter @Governance_EMR, and more....”

UHC 2030 - Consultation on a Knowledge Management Taxonomy for UHC2030

<https://www.uhc2030.org/news-events/uhc2030-news/article/consultation-on-a-knowledge-management-taxonomy-for-uhc2030-514590/>

“Have your say in validating a classification system to facilitate the storage and retrieval of knowledge products and services related to universal health coverage and health systems strengthening.”

Globalization & Health - Universal health coverage necessitates a system approach: an analysis of Community-based Health Planning and Services (CHPS) initiative in Ghana

A Assan et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0426-x>

The title speaks pretty much for itself.

BMC - Cost effectiveness & resource allocation (Supplement) - Priority Setting in Global Health

<https://resource-allocation.biomedcentral.com/articles/supplements/volume-16-supplement-1>

Start with the Introduction by David Bloom et al [Introduction: priority setting in global health](#).

« *...Multi-criteria decision analysis (MCDA) is an approach that supports priority setting “by taking explicit account of multiple criteria when helping individuals or groups explore decisions that matter”.* Researchers at the Harvard T.H. Chan School of Public Health hosted a **Priority Setting in Global Health symposium in Cambridge, Massachusetts on October 5–6, 2016**, with a special focus on exploring MCDA’s strengths and identifying practical solutions to its limitations. This symposium brought together under one roof some of the world’s leading experts on MCDA and global health.... »

Planetary health

Guardian - G20 nations still led by fossil fuel industry, climate report finds

<https://www.theguardian.com/environment/2018/nov/14/g20-nations-still-led-by-fossil-fuel-industry-climate-report-finds>

*“Climate action is way off course in all but one of the world’s 20 biggest economies, according to a report that shows politicians are paying more heed to the fossil fuel industry than to advice from scientists. **Among the G20 nations 15 reported a rise in emissions last year**, according to the most comprehensive stock-take to date of progress towards the goals of the Paris climate agreement. The paper, by the global partnership Climate Transparency, found 82% of energy in these countries still being provided by coal, oil and gas, a factor which has relied on an increase of about 50% in subsidies over the past 10 years to compete with increasingly cheap wind, solar and other renewable energy sources. **The G20 nations spent \$147bn (£114bn) on subsidies in 2016, although they pledged to phase them out more than 10 years ago.** Governments have said they will change, but **on current commitments the world is on course for a 3.2C rise in average global temperatures**, more than double the lower Paris threshold of 1.5C, which scientists have said represents the last chance to save coral reefs, the Arctic ecosystem and the wellbeing of hundreds of millions of people at risk of increased drought, flooding and forest fires....”*

Guardian - EU states call for tough action on deforestation to meet 2020 UN goal

<https://www.theguardian.com/environment/2018/nov/12/eu-states-call-for-tough-action-on-deforestation-to-meet-2020-un-goal-amsterdam-declaration>

*“The UK, France and Germany have called on the European commission to launch tough new action to halt deforestation by the end of the year. A long-delayed EU action plan should be brought forward “as soon as possible”, says a letter to the commission sent by the Amsterdam Declaration group of countries, which also includes Italy, the Netherlands and Norway. **To help meet a UN goal of halting deforestation by 2020**, the EU should show “a leadership role, mobilising its political and market leverage, and promoting broader international dialogue and cooperation”, the letter says.”*

“...The EU states moved on the issue as concerns continue to mount over Brazil’s recent election of a far-right supporter of Brazil’s former military dictatorship....” For the time being, Bolsonaro seems to have backtracked a bit on some of his election campaigns, though. More info in this article.

Four international agencies to help India tackle toxic air in 102 cities

<https://economictimes.indiatimes.com/news/politics-and-nation/four-international-agencies-to-help-india-tackle-toxic-air-in-102-cities/articleshow/66552373.cms>

*“Underlining the urgent need to address the problem across the country, India has sealed a deal with four global agencies, including the **World Bank and German development agency (GIZ)**, to build capacities of all 102 polluted cities across the country. **The Asian Development Bank (ADB) and Bloomberg Philanthropies** are the other two agencies which will help states combat air pollution working in four different geographical areas. ...”*

See also a relevant question (& analysis) in this regard, after the Diwali induced boost in toxic air - [Must religion & health be on collision course?](#) A possible answer: “...*religion need not be inimical to public health goals. It can be leveraged for the greater good of the greatest number. As health expert Anant Bhan points out, “culture and religion are fluid. Leveraging them is important”.*”

And a few quick links:

Thomson Reuters - [African islands call for help as climate change worsens health](#)

Guardian (related to a new Lancet study on the UK (London)) - [Diesel pollution stunts children’s lung growth, major study shows](#).

China Daily - ['Chinese artificial sun' pushes past 100 million degrees](#)

*“The experimental advanced superconducting tokamak (EAST), or the “Chinese artificial sun,” achieved an electron temperature of over 100 million degrees in its core plasma, **a key step towards the test running of fusion reactor**, according to a lab in east China's Anhui province....”* Or one step closer to cheap, clean, unlimited energy (cfr a tweet Thomas Pogge).

Infectious diseases & NTDs

HPW - Tanzania Crackdown On Homosexuality Fuels HIV Infections, Campaigners Warn

<https://www.healthpolicy-watch.org/tanzania-crackdown-on-homosexuality-fuels-hiv-infections-campaigners-warn/>

“...In an interview with Health Policy Watch, Neela Ghoshal, a researcher in the LGBT rights division of Human Rights Watch, said Tanzania’s policy of closing health centres that target LGBT people is

extremely damaging to public health and is completely out of step with globally recognised best practices on HIV prevention and treatment...."

See also Reuters - [U.S. concerned by rising attacks on human rights in Tanzania](#)

And the Guardian - [World Bank pulls \\$300m Tanzania loan over pregnant schoolgirl ban](#)

"The World Bank has withdrawn a \$300m loan to Tanzania, amid concerns about the nation's policy of expelling pregnant girls from school."

"The United States has spoken out against Tanzanian moves to cut back human rights and civil liberties, including arrests and harassment of "marginalized" people such as homosexuals...."

BMJ Global Health (Commentary) - Towards global health security: response to the May 2018 Nipah virus outbreak linked to Pteropus bats in Kerala, India

R Sadanadan et al; <https://gh.bmj.com/content/3/6/e001086>

Summary: *"The Nipah virus outbreak in Kerala, India, claimed 21 lives out of 23 cases, with a case fatality rate of 88.9% (deaths/laboratory-confirmed cases, 16/18). This outbreak highlights the ongoing need for laboratory training, increased diagnostic capacity for Nipah virus and pathogens of high consequence, the need for improved hospital infection control and the importance of rapid detection and response."*

Lancet World Report – Fighting a polio outbreak in Papua New Guinea

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32931-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32931-3/fulltext)

"The vaccine-derived polio outbreak in Papua New Guinea was a disaster many experts saw coming as a consequence of the crumbling health system. Jo Chandler reports from Port Moresby."

Lancet Respiratory medicine (Comment) - Revising the definition of extensively drug-resistant tuberculosis

C Lange et al. [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(18\)30428-4/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(18)30428-4/fulltext)

(gated).

You might also want to read (in the same journal, **Lancet Respiratory diseases**) - [Do we really need a new classification of airway diseases?](#)

Lancet (Comment) - A two-drug regimen for antiretroviral therapy

A Kroidl et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32783-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32783-1/fulltext)

Comment accompanying a [new Lancet study](#). « ... In The Lancet, Pedro Cahn and colleagues report 48-week results from two identical, randomised, double-blind, phase 3 trials (GEMINI-1 and GEMINI-2) that compared treatment outcomes of dolutegravir plus lamivudine in a two-drug regimen with dolutegravir plus tenofovir disoproxil fumarate and emtricitabine in a three-drug regimen in ART-naïve patients without any drug resistance mutations at baseline. ... **These results show that modern two-drug regimens, such as previously shown for lamivudine in combination with ritonavir-boosted darunavir or lopinavir over 48 weeks, might in fact become reliable drug sparing treatment options for HIV-infected patients....** »

AMR

The Atlantic – A Bold New Strategy for Stopping the Rise of Superbugs

Ed Yong ; <https://www.theatlantic.com/science/archive/2018/11/anti-evolution-drug-vs-antibiotic-resistant-superbugs/575929/>

“Scientists have pinpointed a molecule that accelerates the evolution of drug-resistant microbes. Now they’re trying to find a way to block it.”

Some links from this week:

- The Telegraph - [Superbugs: New strain of 'highly' drug resistant typhoid detected](#)

“Highly drug resistant strains of typhoid fever have been discovered in Bangladesh, raising concerns that antibiotics could be rendered an ineffective treatment for the disease within just a few years.... ”

- [NEJM Correspondence - Evidence of Artemisinin-Resistant Plasmodium falciparum Malaria in Eastern India](#)

NCDs

Global Health Action - The development of national multisectoral action plans for the prevention and control of noncommunicable diseases: experiences of national-level stakeholders in four countries

K Wickramasinghe et al; <https://www.tandfonline.com/doi/full/10.1080/16549716.2018.1532632>

“In October 2012, the WHO Eastern Mediterranean Region (EMR) developed a Regional Framework for Action to implement multisectoral action plans (MAPs) for the prevention and control of noncommunicable diseases (NCDs). The aim of this project was to draw on the experiences of four EMR countries that had made good progress in developing these MAPs, to identify best practice and barriers in the development of them....”

Project Syndicate - TB, NCDs, and the Lessons of HIV

E Radin et al; <https://www.project-syndicate.org/commentary/controlling-tb-and-ncds-with-hiv-containment-model-by-elizabeth-radin-et-al-2018-11>

“The world's ability to tame tuberculosis and noncommunicable diseases like diabetes and hypertension will hinge on the quality of prevention and treatment strategies. One blueprint worth emulating is the highly successful approach used to bring HIV/AIDS under control.” Interesting piece. They list three lessons in particular.

“First, as the global AIDS response expanded, it faced the dual challenge of including hard-to-reach communities while continuing to support a growing number of patients receiving treatment. In response, HIV programs have evolved to offer services shaped by the preferences of patients. Such novel models of care also relieve the burden of large numbers of patients on health facilities and health workers. ... Second, HIV programs succeeded in part because they established goals for the entire “cascade of care” – from diagnosis to treatment. ... Finally, the AIDS effort was able to expand as a result of strong advocacy and collaborations that reshaped markets for diagnostic and treatment programs. ...”

Lancet Public Health - Disease burden and government spending on mental, neurological, and substance use disorders, and self-harm: cross-sectional, ecological study of health system response in the Americas

D Vigo et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30203-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30203-2/fulltext)

“Disorders affecting mental health are highly prevalent, can be disabling, and are associated with substantial premature mortality. Yet national health system responses are frequently under-resourced, inefficient, and ineffective, leading to an imbalance between disease burden and health expenditures. **We estimated the disease burden in the Americas caused by disorders affecting mental health.** This measure was adjusted to include mental, neurological, and behavioural disorders that are frequently not included in estimates of mental health burden. **We propose a framework for assessing the imbalance between disease burden and health expenditures....”**

*“The aim of this study was to estimate the disease burden attributable to disorders affecting mental health in the **35 countries in the WHO Region of the Americas**, accounting for biases affecting previous estimates, and to analyse how expenditures in mental health services vary in relation to national economic output, as measured by real (ie, adjusted for purchasing power parity) gross domestic product (GDP) per capita....”*

For a related **Comment in the Lancet Public Health**, see [Disparity between burden and budget for mental health](#).

Guardian - Tobacco shares go up in smoke amid US crackdown plan

<https://www.theguardian.com/business/2018/nov/12/tobacco-shares-us-bat-imperial-brands-fda-menthol-ban>

“British American Tobacco and Imperial Brands had £7bn wiped from their stock market value as US regulators prepare to crack down on the sale of flavoured e-cigarettes and menthol cigarettes....”

WSJ - Juul to Stop Sales of Most Flavored E-Cigarettes in Retail Stores

<https://www.wsj.com/articles/juul-to-stop-sales-of-most-flavored-e-cigarettes-in-retail-stores-1541784238?mod=e2tw>

See the abovementioned news. “Juul” is in trouble. *“The move comes as the [US] Food and Drug Administration is preparing sharp restrictions on the sale of such products...”* The crackdown on e-cigarettes that use prepackaged flavour pods aims to curb vaping among youth.

And a quick link:

WB ‘Investing in Health’ blog - [What countries can learn from Moldova’s successful tobacco taxation efforts](#)

By P Marquez.

Sexual & Reproductive / maternal, neonatal & child health

BBC News - 'Remarkable' decline in fertility rates

<https://www.bbc.com/news/health-46118103>

As you probably also noticed late last week, this was **the headline in most media on the new GBD2017 series of papers published in the Lancet** (see last week's IHP).

*"There has been a remarkable global decline in the number of children women are having, say researchers. **Their report found fertility rate falls meant nearly half of countries were now facing a "baby bust" - meaning there are insufficient children to maintain their population size.** The researchers said the findings were a "huge surprise". **Prof Christopher Murray**, the director of the Institute for Health Metrics and Evaluation at the University of Washington, told the BBC: **"We've reached this watershed where half of countries have fertility rates below the replacement level, so if nothing happens the populations will decline in those countries. ..."** "It's a remarkable transition."*

Guttmacher institute - Extensive New Body of Evidence on Abortion in Six Indian States Released

<https://www.guttmacher.org/news-release/2018/extensive-new-body-evidence-abortion-six-indian-states-released>

"Abortion has been legal under broad criteria in India since 1971, yet representative information on abortion incidence and access to abortion services in the country has been scarce. The results of a **large-scale study titled Unintended Pregnancy and Abortion in India** have now been released, filling a critical evidence gap. The results of the study—which was conducted jointly by researchers at the International Institute for Population Sciences (IIPS), Mumbai, the Population Council, New Delhi, and the New York-based Guttmacher Institute—**include a wide range of data on abortion in six Indian states: Assam, Bihar, Gujarat, Madhya Pradesh, Uttar Pradesh and Tamil Nadu.** These states are geographically and culturally diverse, and are home to nearly half of reproductive-age women in India...."

Global Public Health - Changes in support for the continuation of female genital mutilation/cutting and religious views on the practice in 19 countries

A Kosski et al;

<https://www.tandfonline.com/doi/abs/10.1080/17441692.2018.1542016?journalCode=rgph20>

*“Campaigns to end female genital mutilation/cutting (FGM/C) have been ongoing for decades. Many countries have adopted legislation that criminalises the practice and programmatic interventions aim to reduce support for it by presenting it as a violation of human rights and by highlighting associated health risks. **We used Demographic and Health Survey data from 19 countries to measure national-level trends in the prevalence of FGM/C, reported support for the continuation of the practice, and the belief that it is a religious requirement among men and women.** Levels and patterns in each of these outcomes vary markedly between countries. More than half of men and women born in recent years in Guinea and Mali support the continuation of the practice and believe that it is a religious requirement. **Support for the continuation of FGM/C has fallen in Benin, Burkina Faso, Chad, Egypt, Ethiopia, Kenya, Senegal, and Tanzania, but has risen in Guinea, Niger, Nigeria, and Sierra Leone. The belief that FGM/C is a religious requirement is common, particularly in countries with high prevalence of cutting.** Changes in support for cutting mirror those in the belief that it is a religious requirement.”*

Devex - Opinion: Where is the standardized measure of women's empowerment?

A Peterman et al; <https://www.devex.com/news/opinion-where-is-the-standardized-measure-of-women-s-empowerment-93800>

« ...Empowerment is a challenge to measure, in part because of the seemingly infinite metrics used. Conceptually, most researchers and implementers agree that ultimately **what we want to measure is something close to the concept of agency, defined by economist Amartya Sen** in “Development as Freedom” as “people’s ability to use those capabilities and opportunities to expand the choices they have and to control their own destiny.” However, measuring the expansion of agency, autonomy or power over, to and with, is not easy. **In a new paper, we explore several measurement concepts around standard decision-making indicators using case studies from two distinct locales...** “

“In particular, we utilize **a measure of relative autonomy** — a construction used primarily in psychology that measures the extent to which actions are intrinsically or extrinsically motivated — to calibrate decision-making. We are interested in knowing whether men and women who report sole decision-making in a particular domain, experience stronger or weaker feelings of autonomous motivation, compared to those who report joint decision-making. Our **results** in a nutshell? **It depends on who you are asking, which decision is being made, and if couples agree on how decisions are made....**”

The Partnership for Maternal, Newborn and Child Health: Virtual Partners' Forum

<http://www.who.int/pmnch/about/governance/partnersforum/2018/en/index2.html>

PMNCH has launched a ‘Virtual Forum’ in the weeks leading up to the Partners’ Forum in Delhi (12-13 Dec), “combining webinars, virtual side events, and livestreaming. The virtual forum will connect a global community committed to women’s, children’s and adolescent’s health. **The webinar series will run throughout November and December and represent plenary themes at the Partners’ Forum,**

including: political leadership, best practice in multi-sectoral action, accountability, and the power of partnerships. Those interested in participating can register here for log-in details and to receive notifications....”

The first webinar already took place this week. Check out the detail on the others.

Sarah Hyde – The elephant in the room

<http://www.sarahhydeconsultancy.com/blog/the-elephant-in-the-room>

*“Do you ever feel there's something missing in debates about sexual health and sexual rights? Open conversations about sex, particularly sexual pleasure, aren't easy – especially not between clients and sexual and reproductive health service providers. In public health circles, when we do talk about sex, it's nearly always about the negative consequences of sex: risks, diseases, illnesses, infections and death. Within the risk-based approach, **sexual pleasure is often the elephant in the room**. But it doesn't make sense to talk about safer sex without discussing pleasure...”*

*“...That's why I enjoyed working with the Global Advisory Board for Sexual Health and Wellbeing on an exciting project: a training toolkit and online resources on 'Sexual pleasure: the forgotten link in sexual and reproductive health and rights'. **This global initiative seeks to reframe the way in which service providers look at sexual and reproductive health and rights (SRHR) by putting sexual pleasure at the centre**. The toolkit increases understanding of the benefits of talking about sexual pleasure – within the framework of sexual health and sexual rights – for individual wellbeing and empowerment.*

Guardian – The world must not be too scared to talk about teenagers having sex

J Amadi; [Guardian](#);

International donors should invest a lot more in sexual education, Amadi argues. She was also going to speak in Kigali at the FP conference.

“...Kathy's death was a symptom of a much larger issue: the world is too scared to talk about teenagers having sex. And young people are losing their lives and livelihoods as a result....”

*“...In Nigeria and abroad, politicians hear these cries but worry that supporting programmes that increase youth access to contraception will cost them their jobs. These fearful leaders – the very people we need to support young girls so they can improve their lives – **earmark foreign aid for politically safe initiatives like abstinence-based sex-ed or programmes that only provide birth control to married women**. In the worst cases, they slash funding for international reproductive health programmes altogether....”*

*“...Foreign aid helps fill the funding gaps that often prevent these [i.e. better] intentions from becoming reality, so politicians from donor countries like the UK must think hard about where they channel investments. Their choices will determine the future of Africa’s youth, Asia’s youth, the development of the global economy and the scale of future aid needs. **That means specifically supporting reproductive health programmes that meet the needs of young women:** offering comprehensive reproductive health education, training providers to deliver high-quality counselling to teenagers, ensuring that a range of effective and safe contraceptives remain affordable and in stock, and destigmatising “the talk”....”*

RinGs (blog) - Gender and health systems strengthening: Reflections from the World Health Summit

E Kabia et al ; <https://ringsgenderresearch.org/gender-world-health-summit/>

“Our recent session at the World Health Summit allowed us to reflect on how gender influences all dimensions of the health system – the workforce, financing, service delivery, governance, medical products and supplies, and information systems.”

Quick link:

Guardian - [Woman who bore rapist’s baby faces 20 years in El Salvador jail](#)

Access to medicines

The Oxford Statement

<https://medswecantrust.org/oxford-statement>

From the end of September already. Statement released after **the International Conference on Medicine Quality & Public Health In Oxford**.

*“Every person has the right to expect that when they use a medical product, whether medicine, vaccine or diagnostic kit, it works. But too often, that is not the case. Substandard medical products result from errors, negligence or poor practice in manufacturing, transportation and/or storage. In contrast, falsified products result from criminal fraud. Both innovative and generic products are affected. While substandard and falsified (SF) medical products are found worldwide, they are more prevalent in countries with under-resourced national medicine regulatory authorities (NMRAs). **Representatives of governments, national and international agencies, non-governmental organisations, professional associations and academic institutions participated in the 1st International Conference on Medicine Quality & Public Health at Keble College, Oxford 23-28***

September 2018. The conference discussed the latest evidence on the epidemiology of SF medical products, their health, economic, social, legal and ethical implications, and debated interventions to ensure that all the world's population have access to affordable and quality-assured medical products. **The organisations comprising the #MedsWeCanTrust Campaign and others listed below reached consensus that:...**"

Check out all organisations who have endorsed this statement.

CGD (blog) - Are Other Countries to Blame for High US Drug Prices?

C Nemzoff & K Chalkidou; <https://www.cgdev.org/blog/are-other-countries-blame-high-us-drug-prices>

Euhm, no. (@Trump) In fact, it's the other way around, the authors of this blog argue.

*"The size of the US pharmaceutical market is distorting pricing worldwide... ... **It is true that on-patent drug prices are significantly higher in the US than in other high-income countries, but it is that very fact that distorts markets outside the US, not the other way around.***

*... ... **US pricing and coverage decisions increasingly serve as a benchmark even in much poorer countries.** Faced with increasing demand for innovative treatments, but lacking the bargaining power and capacity to evaluate the value of these new treatments in their own settings, lower-middle-income countries can succumb to pressure to introduce overly expensive treatments, like South Africa recently did with a new breast cancer treatment ...*

*... **A growing number of countries are using health technology assessment (HTA) as a mechanism for considering evidence of comparative value (clinical and economic) of new products in order to identify appropriate price levels and serve as a starting point in price negotiations:...*** The US should take note. Check out also the **worldwide summary of HTA initiatives** (in this blog).

And a quick link:

Reuters - [China proposes new laws on vaccine management](#). *"China has proposed new draft laws on vaccine management which seek to tighten the supervision and management of how vaccines enter the country's market and will also require stricter management of their production, research and distribution...."*

Social determinants of health

I know – when you hear 'SDH' the first person you're thinking of is probably not Bill Gates :)

FT - Bill Gates: from software to toilets

<https://www.ft.com/content/8a340faa-e094-11e8-8e70-5e22a430c1ad>

Analysis of the ‘reinvented toilet’ and the role the Gates foundation has played in (developing) it. **‘His foundation has spent \$200m since 2011 funding reinvented toilets that kill germs and extinguish smells on the spot’.**

Excerpts:

“...Only 27 percent of the world’s population has a home toilet that sends waste to sewers, then on to a treatment plant, estimates the World Health Organization. Three people in 10 have neither toilets nor latrines. They pay a daily price in disease and lost dignity. ... But now, thanks largely to [Bill Gates, co-chair of the Bill & Melinda Gates Foundation], companies are about to start selling what he terms the ‘reinvented toilet.’ ... The first versions on sale will be multi-unit public toilets. They could replace the filthy communal latrines common in Indian slums. If schools install these toilets, more girls might attend. ...

“... But Gates sees public reinvented toilets as an imperfect solution, especially for women and children: “Particularly at night, going out to those community toilets that might not smell good, where you might not feel safe, that’s a problem.” He hopes that in the next few years, companies will be selling “the ultimate, which is the household reinvented toilet. Which is really what you want. It has to be cheap, have no smell, and it can’t require much in the way of maintenance. We have put a lot of effort into aesthetics and usability.”

“...Gates’s foundation is not making the toilets. Chinese companies may become the first mass producers, selling mostly in Africa and India. The global market could be worth \$6bn in annual revenues, estimated the Boston Consulting Group in 2016. The problem is affordability... ... Gates admits that household reinvented toilets might initially be bought by the richer citizens of the poor world — the Indian middle classes, for instance, or rural Chinese: “Even in China there are quite a few places that the government is saying that the way toilets work right now is completely inadequate.”...”

Human resources for health

BMJ Global Health - Task-shifting for cardiovascular risk factor management: lessons from the Global Alliance for Chronic Diseases

R Joshi et al; https://gh.bmj.com/content/3/Suppl_3/e001092

“Task-shifting to non-physician health workers (NPHWs) has been an effective model for managing infectious diseases and improving maternal and child health. There is inadequate evidence to show the effectiveness of NPHWs to manage cardiovascular diseases (CVDs). In 2012, the Global Alliance

for Chronic Diseases funded eight studies which focused on task-shifting to NPHWs for the management of hypertension. We report the lessons learnt from the field.... »

FT Health – NHS faces shortage of more than 350,000 staff in decade

<https://www.ft.com/content/8ebbadb8-e7ff-11e8-8a85-04b8afea6ea3>

“The National Health Service faces a shortage of around 350,000 staff in little more than a decade, due in part to “restrictive immigration policies exacerbated by Brexit”, three leading health-think tanks have warned. As the government prepares to publish a long-term plan for the health service, the Nuffield Trust, King’s Fund and Health Foundation identified a current shortfall of more than 100,000 staff across NHS trusts. They estimate that the gap between the number of staff needed and the number available could reach almost 250,000 by 2030. “If the emerging trend of staff leaving the workforce early continues and the pipeline of newly trained staff and international recruits does not rise sufficiently, this number could be more than 350,000 by 2030,” the think-tanks added....”

Miscellaneous

Branko Milanovic (blog) - What is happening with global inequality?

<https://glineq.blogspot.com/2018/11/what-is-happening-with-global-inequality.html>

Milanovic’s latest blog. Excerpt:

*“...We thus have only **apparently paradoxical developments over the past 25 years**: on the one hand, **strongly rising global median income and the shrinkage of global inequality** when measured by the synthetic indicators like the Gini or Theil; but, on the other hand, **the rising share of the global top 1% and increasing number of people in relative poverty (mostly in Africa)**. The last point opens up again the vexed question of lack of convergence of Africa and its growing falling behind Asia (and of course the rest of the world). **So, is the world becoming better, as Bill Gates wants us to believe?** Yes, in many ways, it is: the mean income in 2013 is almost 40% higher than in 1988, and global inequality is less. But is there a bad news too? Yes: the same share of the world population is being left behind and the top 1% are getting ever further away and richer than everybody else. **So, we have, at the same time, the growth of the global “median” class and an increase in world-wide polarization.**”*

WB (blog) - 8 lessons on how to influence policy with evidence – from Oxfam’s experience

David Evans & Markus Goldstein; <https://blogs.worldbank.org/impactevaluations/8-lessons-how-influence-policy-evidence-oxfam-s-experience>

World Bank staff summarize very neatly the latest Oxfam paper [Using evidence to influence policy: Oxfam’s experience](#). Recommended.

NYT - Peer Review: The Worst Way to Judge Research, Except for All the Others

<https://www.nytimes.com/2018/11/05/upshot/peer-review-the-worst-way-to-judge-research-except-for-all-the-others.html>

“A look at the system’s weaknesses, and possible ways to combat them.”

The Guardian - You thought fake news was bad? Deep fakes are where truth goes to die

<https://www.theguardian.com/technology/2018/nov/12/deep-fakes-fake-news-truth>

Interesting & worrying read. On the future of ‘fake news’, aka ‘**deep fake**’. “Technology can make it look as if anyone has said or done anything. Is it the next wave of (mis)information warfare?”

*“... the greatest threat posed by deep fakes lies not in the fake content itself, but in the mere possibility of their existence. This is a phenomenon that scholar Aviv Ovadya has called “**reality apathy**”, whereby constant contact with misinformation compels people to stop trusting what they see and hear. In other words, **the greatest threat isn’t that people will be deceived, but that they will come to regard everything as deception....**”*

International Affairs - Rediscovering a sense of purpose: the challenge for western think-tanks

R Niblett; <https://academic.oup.com/ia/article/94/6/1409/5162428>

“A series of centenary anniversaries for some of the original think-tanks, as well as increasing turbulence in domestic and international affairs, makes this a propitious time to review the role of think-tanks in helping to build a sustainably secure, prosperous and just world. Today, western think-tanks, in particular, face a number of challenges to their relevance and credibility. It remains

to be seen **whether they can rediscover a sense of purpose that is fit for the twenty-first century**, at a time when the pillars of the western-led international order that mobilized their counterparts early in the twentieth century are eroding. To do so, **I propose five practical steps that all think-tanks can take to adapt to these demands and challenges**. I also **suggest a set of principles** that both western think-tanks and their counterparts in other parts of the world should commit to if they want to work together to promote the sort of peaceful and cooperative world that lies at the core of their stated missions. At heart, leading think-tanks must consider whether it suffices to try to remain sources of objective debate and analysis, or if it is time, once again, for them to adopt a more proactive stance, being explicit about the principles that they believe should underpin peace and prosperity. If independent think-tanks work together around converging principles, then they can contribute to the emergence for the first time of an inclusive international society and thus confirm their normative as well as practical value.”

The inside story on the Lancet – A day at the Lancet

<https://staticcontents.investis.com/html/r/relx/lancet/index.html>

A day @ the Lancet (i.e. Editorial team). Interesting read. How do Horton et al spend their days at the office?

On the **Lancet business model**:

Horton: ““...**I see us being more like a non-governmental organisation, but an NGO that starts with a neutral position and uses science to guide us.**” Of course, NGOs are typically not-for-profit, but Horton **regards The Lancet’s commercial imperative as essential to guarantee its social mission**. The Lancet is part of Elsevier, the information and analytics company owned by RELX Group. Publishing the results of the vast, randomised control trials of new stroke or heart disease treatments “allows me to spend 50% of my time worrying about global health issues which are not bringing in that kind of revenue,” he adds. That he has editorial independence has been proven in recent years by decisions to publish an estimate of the number of civilian casualties in the Iraq war and a contentious letter about Israel’s bombing of Gaza....”

Oxfam (blog) - What can we learn from campaigns run by the world’s children and young people?

P Watt; <https://oxfamblogs.org/fp2p/what-can-we-learn-from-campaigns-run-by-the-worlds-children-and-young-people/>

“Save the Children’s Patrick Watt reports back from some INGO soul searching on ‘[Engaging a new Generation](#)’”.

Guardian - Financial Times tool warns if articles quote too many men

<https://www.theguardian.com/media/2018/nov/14/financial-times-tool-warns-if-articles-quote-too-many-men>

“The Financial Times is automatically warning its journalists if their articles quote too many men, in an attempt to force writers to look for expert women to include in their pieces. The media organisation found that only 21% of people quoted in the FT were women, prompting the development of a bot that uses pronouns and analysis of first names to determine whether a source is male or a female. Section editors will then be alerted if they are not doing enough to feature women in their stories. The paper, which covers many male-dominated industries, is keen to attract more women readers, with its research suggesting they are put off by articles that rely heavily on quotes from men....”

Research

International Journal for Equity in Health - The relationship between catastrophic health expenditure and health-related quality of life

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-018-0883-0>

Korean study. *“The objective of our study was to investigate the relationship between catastrophic health expenditure (CHE) and health-related quality of life (HRQoL) in general population.”*

Conclusions: *“Catastrophic health expenditure influences HRQoL, which was more pronounced in patient with chronic disease. The efforts should focus on people who suffer from excessive health expenditures and chronic diseases.”*