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,

This week we'll be #fraking the global health policy news as usual, with among others: a new (and worrying) World Malaria report, which sparked a new country-led response plan; the (second) AMR Call to Action event in Ghana; coverage and some analysis of the 4th People’s Health Assembly (PHA4) in Dhaka; take home messages from last week’s Global Fund Board meeting and the International Family Planning conference in Kigali; Women Leaders in Global Health published lists of Francophone and Canadian women leaders (some of the male readers of this newsletter might feel comforted by the fact that International Men’s Day was also celebrated this week). A new report from the Access to Medicine Foundation pointed out that only Five Companies Develop the Majority Of Medicines For the Poor, and a Lancet study warned for major insulin shortages by 2030 (adding to the millions who currently already don’t have access to the drug). There’s also a killer killer Editorial in BMJ Global Health on the need to “beware of the success cartel”.

In this issue we’ll also flag some important forthcoming books (check the Global Health Governance/Governance of Health section). Moving towards ‘planetary health’, then, in quite a few countries in Europe, civil disobedience seems back, with ‘yellow vests’ blockades in France, and the (now increasingly global) Extinction Rebellion movement, which shut down five major bridges in London last weekend. It’s clear that the transition to avoid runaway climate change, but also how to do this in an equitable way, will dominate political debates in the years to come. And as Shakespeare would have it, the - rather urgent - transition will have to be equitable, or it will not be.

This week’s issue also features two short editorials: first, Clara Affun-Adegbulu gives some of the key messages from this summer’s IHP evaluation. Then, Remco van de Pas debriefs on his visit to Iran and the 4th People’s Health Assembly (PHA4) in Dhaka, Bangladesh.

Enjoy your reading.

Kristof Decoster
Some feedback on the IHP Newsletter Evaluation from this summer

Clara Affun-Adegbulu (ITM)

Last summer we decided to evaluate the newsletter. We wanted to know more about our readers, and check if we were meeting our focal goal of providing a weekly update on global health policy & governance in the health SDG era, with focus on health policy & systems research, all this of course while “Switching the Poles”.

The evaluation was a two-stage process consisting of an online survey, and a series of interviews. Many of you contributed to one or both parts of the process, taking time out of your busy schedules to give us feedback. We would like to use this opportunity to say a big ‘thank you’ to everyone that participated.

While many of you like the newsletter - the frequency of distribution, the breadth of subjects that are covered, the independence and objectivity of the editorial team which allows for a more critical approach to global health policies, and the humorous and irreverent writing style were cited as strengths of the newsletter - we also got suggestions on areas that could be improved upon.

An issue that was repeatedly mentioned was that of format and ease of navigation. It seems the current layout, particularly in the email format, hampers efficient scanning and reading, increasing the tedium associated with reading the newsletter, and overwhelming readers.

Apart from this, you also suggested diversifying the coverage of topics and regions, in order to shift the focus away from subjects and regions that are always in the spotlight - the newsletter has historically been slightly biased towards coverage of sub-Saharan Africa. You felt this would help to kindle an interest in the newsletter among people from certain regions or those working on particular subject areas, and facilitate the exchange of knowledge between researchers and practitioners in different parts of the world.

Other suggestions included “Switching the Poles” on an institutional level, for instance by collaborating with partner institutes or networks and sporadically offering them the opportunity to make the newsletter (or part of the newsletter); and the incorporation of Q & A style pieces and occasional interviews with important actors and stakeholders in the HSG ecosystem, to increase reader engagement and interaction.

These comments and suggestions are useful, and while it would not be feasible or practical to implement all of them given limited resources, we are nevertheless grateful for your input and are currently reviewing them to decide which ones are actionable.

As we do this, we will bear in mind the things that you said you liked about the newsletter which were the subject coverage and writing style. We will do our best to strike a balance between comprehensiveness and manageability by keeping the double structure with highlights and then the
other sections, while improving the format and ease of navigation. We will also strive to maintain the spirit of the newsletter which you almost unanimously agreed to be one of its defining features.

We thank you once again for your feedback and would like to assure you that we are listening and have heard you. The ‘new, improved’ IHP newsletter will be coming your way soon, look out for it!

The old is dying and the new cannot be born (yet)

Remco van de Pas (Research Fellow Global Health Policy, ITM Antwerp & Academic coordinator, Maastricht Centre for Global Health, Maastricht University)

Antonio Gramsci wrote around 1930 that the crisis precisely consists in the fact that “The old is dying and the new cannot be born; in this interregnum, a great variety of morbid symptoms appear.” This quote was used by Jane Kelsey, a law professor from the University of Auckland, during the opening plenary session of the 4th People’s Health Assembly (PHA4) in Dhaka, Bangladesh, 16-19 Nov 2018. According to her, modern morbid symptoms include huge inequality, poverty, instability, alienation, displacement and ecological collapse. There is a great need for a genuinely progressive alternative.

This assessment and overall feeling stays with me after a visit to Iran and Bangladesh over the last two weeks. It has been a wonderful, touching but also somewhat confrontational period for me. This blogpost provides too little space to provide a detailed account of the numerous exchanges and events I engaged in, and so it mainly aims to provide a reflection about the spirit encountered. I hope it will inspire you as well.

In Iran, we had been invited by colleagues from the Teheran University of Medical Sciences, School of Public Health with whom we collaborate on developing Global Health Educational programs. After visiting the bustling, captivating but polluted capital city, Teheran, we all went to Shiraz, another big city in Iran, to participate in the International Congress on Health for Peace. This congress, coordinated by the University of Shiraz and co-organized by WHO, UNICEF and UNESCO made the strong plea that working towards health (by the medical community and others) is vital for peace and stability. Presentations referred to SDG16, working towards peace, justice and strong(er) institutions. Interestingly, WHO’s program on Health as a Bridge to Peace was being promoted as a way to contribute to peace in the Middle Eastern region which is, sadly, prone to so much violent and non-violent conflict, and this already for decades. Members from the International Physicians for the prevention of Nuclear War provided some inspiration on how sustained international action can reduce the likelihood of nuclear (and other) wars. Other inputs during the conference included a great concern about the impact of the new American sanctions on public health in Iran as well as the ongoing humanitarian disaster in Yemen and the dire situation in Syria. After 15 years of an international political push towards global securitization, it was refreshing to hear this strong call for International Peace, in line with the Paris Peace Forum which took place at the same time, exactly 100 years after the end of World War I.

Over to PHA4 then. In Bangladesh, where we work with the BRAC university school of Public Health on reforming health education, the 4th People’s Health Assembly took place. The People’s Health Assembly is the global gathering of the People’s Health Movement (PHM), and takes place every 5 years or so. This unique, international social movement for health has been (politically and otherwise) mobilizing people and organizations towards the goal of ‘Health for All’ since (and actually already before) the first People’s Health Assembly in 2000. This first gathering also took
place in Bangladesh, at Gonoshasthaya Kendra (GK) Savar. I have been active in this great health movement since 2003, and am a representative of the Medicus Mundi International (MMI) Network in the PHM Steering Council. The organization team of PHA4 did a great job as they had to relocate - at the last minute! - the venue of the assembly from GK to BRAC premises due to domestic political issues. International participants were (temporarily) denied entry to the country and the entire assembly almost had to be canceled! Against this rather worrying backdrop, it brought much unity, relief and energy that the 4-day gathering could eventually take place and 1400 participants from 73 countries could engage in great discussions and solidarity actions to advance Health for All! To get a good impression of all action in Dhaka, check the tweeter feed #PHA4 and related stories and coverage on People’s Dispatch.

A major question is now: will these great Peace and Social Justice Health movements be able to (politically) contribute to a safer and fairer world? This is where the reflection and somewhat sobering analysis comes in. In my latest blog I wrote how mainstream global health actors are trying to ‘save’ multilateral liberal global health governance, one way or another. In a (more ambiguous) way, peace and social movements are doing something similar, with one major difference.

The aim of all mainstream actors in global health and development is to ‘save’ the 20th century multilateral United Nations order as it has developed after WWII, based on a democratic, capitalist, open trade and rule-of-law model of governance with nation states being sovereign (in theory, at least) in choosing their own path towards development. This is known as the so-called Bretton-Woods compromise. Progressive social movements share this focus on nation states - they aim for an International Economic Order where autonomy (non-alignment), solidarity, and respect for sovereignty and human rights between nation states is key.

My main point is, this entire construct is becoming defunct in the globalized 21st century! I am increasingly becoming convinced that the nation state construct is a hindrance towards global ecological and social justice. The political economist Dani Rodrik describes this as the “Political trilemma of the World Economy”. In this theory, he argues that deep economic integration, the nation state, and democratic politics are mutually incompatible: we can combine any two of the three, but never have all three simultaneously and in full. This is where the ambiguity comes in; both in Iran and Bangladesh, the externalities of deep economic globalization are very visible, with respectively a water crisis, and floods due to climate change. Bangladesh has with > 4000 kilometers the longest border fence in the world as India has to protect its “national security”. In general, due to a worldwide rise in nationalism, border fences and walls have globally exploded over the last 15 years. In contrast, democratic policies and practices are under tremendous pressure in many countries. This democratic regression is by now a global phenomenon.

I consider ecological degradation and socio-economic inequalities as the most urgent global, complex challenges of our times. All our attention must go towards avoiding more catastrophic scenarios and we should thus move towards a post-capitalist and just order, also in an attempt to avoid global conflict, which I believe by now has become a major possibility. The close interrelations between capitalism, the nation state and transnational companies have been for centuries major drivers of these global pathologies. While we, in the social movements and in our analysis, have constantly been bashing capitalism and private wealth, I think it’s time we also seriously challenge the unique legitimacy of nation states, and their international organizations. Soaring nationalism is merely an expression of global anxiety to maintain an old but dilapidated order, to divide between ‘us’ and ‘them’. In a 21st century update of that famous saying of Ronald Reagan (in Berlin), we do need to tear these national walls down, and allow ourselves to imagine a new politics to provide for a circular economy that respects planetary boundaries and ensures human capabilities for all.
I realize, the above is dangerous political thinking. In fact, it is anarchy. But perhaps such civil disobedience is a good start to find a channel to have the Old die respectfully and let the New be born!

A quote by Hafez, the great Sufi poet from Shiraz, might provide some inspiration:

“Leave the familiar for a while. Let your senses and bodies stretch out. Like a welcomed season onto the meadows and shores and hills. Change rooms in your mind for a day.” (from: All the Hemispheres)

**Highlights of the week**

**BMJ Global Health (Editorial) Beware of the success cartel: a plea for rational progress in global health**

Yogesh Rajkotia; [https://gh.bmj.com/content/3/6/e001197](https://gh.bmj.com/content/3/6/e001197)

The killer publication of the week. Related to the ‘success cartel’ in global health, and what to do about it. Excerpts:

“... Unfortunately, aid agencies—not just country governments—are also driven to be complacent partners in the ‘success cartel’. This is, in part, because aid agencies believe their survival relies on convincing their political leadership that taxpayer funds are making an outsized difference and fulfilling foreign policy objectives....

“... In a system in which all actors—aid agencies, their implementing partners and recipient countries—face enormous pressure to demonstrate wild success, how can we move towards a more rational, innovation-promoting and accountable environment? To get started, we recommend that they:....”

1. Recognise that politics, not achievements, drive donor funding in global health....
2. Set targets aspirationally, not dogmatically; ...
3. Celebrate and even reward intelligent failure; ...
4. Require public access to national data as a prerequisite for foreign cooperation....”

The conclusion: “The global health community must actively work to change its operating culture. In our own capacities as individual actors—whether as researchers or practitioners—we must stop operating from a place of scarcity, job insecurity and funding fears; we must learn to push back on rose-coloured reporting; and we must promote a culture that celebrates intelligent failure. By working with integrity, we can begin to break open the ‘success cartel’ in favour of real and realistic progress in global health.”
Planetary Health

Global Extinction Rebellion Movement

New Internationalist - London’s climate rebellion surges on


There’s perhaps a bit of wishful thinking here from our side, but yes, we very much hope this movement, key for ‘planetary health’, will become a global one. This article provides some more detail on the movement, strategies and its key demands.

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“Tobi Thomas reports on the climax to last week’s wave of mass action (in London) led by the now global Extinction Rebellion movement.”

“…Rebellion Day – a coordinated event planned by Extinction Rebellion – was an occupation and shutdown of five major bridges in the heart of the city. According to the group, the civil disobedience campaign is a response to a ‘global ecological emergency’....” … For this new movement, that people power means championing young people and centering the movement around the needs of the next generation. The protest demographic reflected this, with a number of families, young children and pensioners blocking bridges alongside one another....”

“... Although Rebellion Day was geared towards the UK government’s negligence, the day consistently focused on how the fight for climate justice must be viewed as a global, collective struggle – one fought in conjunction with combatting neoliberalism and the legacy of colonialism.... ...Extinction Rebellion have three core demands. That the government tell the truth about the climate and wider ecological emergency, that policy is introduced to reduce carbon emissions to net zero by 2025, and that a national Citizen’s Assembly is established to oversee such changes....”

See also Extinction Rebellion: I’m an academic embracing direct action to stop climate change (Rupert Read, on the Conversation) An explainer on the Extinction Rebellion: “The Extinction Rebellion is a non-violent direct action movement challenging inaction over dangerous climate change and the mass extinction of species which, ultimately, threatens our own species....”

Lancet (Editorial) – We need to talk about meat

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32971-4/fulltext

“The emotionally charged debate over the ethical suitability of meat consumption may never reach a conclusion, but it is only comparatively recently that the climate impact of livestock rearing, and the nutritional and health issues caused by meat have become a pressing concern. ... “The Editorial goes on, zooming in on some recent (telling) research in this respect.

And concludes: “So what is a healthy amount of red or processed meat? It’s looking increasingly like the answer, for both the planet and the individual, is very little. Saying this is one thing. Getting the world to a place where we have the ability to balance the desire to eat whatever we want with
our need to preserve the ecosystem we rely on to sustain ourselves is quite another. The conversation has to start soon.”

UN conference on Biodiversity

Guardian - Amazon indigenous groups propose Mexico-sized 'corridor of life'

“Indigenous groups in the Amazon have proposed the creation of the world’s biggest protected area, a 200m-hectare sanctuary for people, wildlife and climate stability that would stretch across borders from the Andes to the Atlantic. The plan, presented to the UN Conference on Biodiversity on Wednesday, puts the alliance of Amazon communities in the middle of one of the world’s most important environmental and political disputes....” The article also contains info on Brazil (and Bolsonaro’s stance).

See also the Guardian – Jair Bolsonaro’s rise to power casts shadow over UN environment conference.

“...Participants at the the UN Convention on Biological Diversity, which opened in Sharm el-Sheikh on Saturday, expressed concerns that the former army captain would disrupt international efforts to prevent the collapse of natural life support systems in the same way that Donald Trump is undermining cooperation to stabilise the climate. Bolsonaro will not enter office until January, but he has supported a weakening of protections for the Amazon, the richest area of biodiversity in the world....”

“...This move is likely to put him on a collision course with the UN Convention on Biological Diversity, which aims to draw up a new deal for nature by 2020 that would halt and reverse the worst decline of life since the extinction of dinosaurs. Every nation except the US is a signatory....”

And IISD for an overall report on the Conference: UN Biodiversity Conference High-level Segment Emphasizes Need for Integrated Action

“Parallel sessions during the two-day High-level Segment addressed ways and means to mainstream biodiversity into the energy and mining, infrastructure, manufacturing and processing, and health sectors. The Sharm El-Sheikh Declaration on Investing in Biodiversity for People and Planet, which was developed by Egypt following consultation with Parties, invites the UN General Assembly to convene a summit on biodiversity before CBD COP 15 in 2020.”

Air Quality Life Index - New Index finds air pollution reduces global life expectancy by nearly 2 years, making it the single greatest threat to human health


“Loss of life expectancy is highest in Asia, exceeding 6 years in many parts of India and China; some residents of the United States still lose up to a year of life from pollution. Fossil fuel-driven particulate air pollution cuts global average life expectancy by 1.8 years per person, according to a new pollution index and accompanying report produced by the Energy Policy Institute at the University of Chicago (EPIC). The Air Quality Life Index (AQLI) establishes particulate pollution as
the single greatest threat to human health globally, with its effect on life expectancy exceeding that of devastating communicable diseases such as tuberculosis and HIV/AIDS, behavioral killers like cigarette smoking, and even war. Critically, the AQLI reports these results in tangible terms that are relatable for most people....

“...Seventy-five percent of the global population, or 5.5 billion people, live in areas where particulate pollution exceeds the WHO guideline....”

Coverage of the new tool for example in Vox: Breathing dirty air takes years off people’s lives. This tool shows just how much.

World Malaria 2018 report (Alarm bell ringing...) & new country-led response

WHO – World Malaria Report 2018

WHO;

“This year’s report shows that after an unprecedented period of success in global malaria control, progress has stalled. Data from 2015–2017 highlight that no significant progress in reducing global malaria cases was made in this period. There were an estimated 219 million cases and 435 000 related deaths in 2017. The World malaria report 2018 draws on data from 91 countries and areas with ongoing malaria transmission. ...”

HPW - WHO Reports Malaria Progress Stalled, Announces New Country-Led Response


In-depth coverage of the report: “A World Health Organization report released [today] has found that global malaria cases are around the same level as last year, confirming that progress to address the disease has stalled. Rates of malaria are up in high-burden countries, while rates have decreased in other countries due to country-led efforts, the report found. To bring progress back on track to meet global targets, the WHO and partners today announced a new response led by high-burden countries to scale up malaria prevention and treatment. The WHO launched the World Malaria Report 2018 [today] in Maputo, Mozambique, one of the high burden malaria countries. Alongside the Roll Back Malaria (RBM) Partnership, the WHO also announced a new country-driven initiative called, “High burden to high impact,“ to support high-burden countries’ efforts to scale up their malaria response in order to meet malaria targets, according to a WHO press release. To effectively scale up the response to reach these targets, the release explained, more funding will be needed from both international donors and domestic financing. ...”

For more info, see WHO - WHO and partners launch new country-led response to put stalled malaria control efforts back on track
Some more specifics perhaps on the funding issue:

“To achieve the 2030 targets, malaria investments must more than double to reach $6.6 billion annually. As reductions in malaria cases and deaths slow, funding for the global response has also shown a levelling off, with US$ 3.1 billion made available for control and elimination programmes in 2017 including US$ 900 million (28%) from governments of malaria endemic countries. The United States of America remains the largest single international donor, contributing US$ 1.2 billion (39%) in 2017. To meet the 2030 targets of the global malaria strategy, malaria investments should reach at least US$6.6 billion annually by 2020 – more than double the amount available today."

And a Lancet Comment by Dr Tedros himself (et al): Lancet - Countries must steer new response to turn the malaria tide

“The progress of malaria elimination has flatlined for the second year. A Comment discusses the findings from WHO’s World Malaria Report 2018, and how these might galvanise new action against malaria.”

Devex - World Malaria Report 2018: 3 critical questions


More than worth a read.

As for the three questions: “1. In DRC, what’s the impact of the Ebola outbreak on malaria? 2. What do declining investments in R&D mean for parasite resistance to anti-malarial drugs? What happens to the global fight against malaria if the Global Fund doesn’t get fully funded?”

Insulin shortage

Lancet Diabetes & Endocrinology - Estimation of global insulin use for type 2 diabetes, 2018–30: a microsimulation analysis

Sanjay Basu et al; https://www.thelancet.com/journals/landia/article/PIIS2213-8587(18)30303-6/fulltext

“An Article in The Lancet Diabetes & Endocrinology estimates the projected global demand for insulin to treat type 2 diabetes up to 2030, and highlights the need for improvements in insulin access to reduce inequalities.”

See the press release:

“Global study predicts more than 20% rise in insulin use by 2030, But half of people worldwide who need insulin to treat type 2 diabetes will not receive it in 2030 unless access is improved... ... The amount of insulin needed to effectively treat type 2 diabetes will rise by more than 20% worldwide over the next 12 years, but without major improvements in access, insulin will be beyond..."
the reach of around half of the 79 million adults with type 2 diabetes who will need it in 2030, according to a new modelling study published in The Lancet Diabetes & Endocrinology journal. The findings are of particular concern for the African, Asian, and Oceania regions which the study predicts will have the largest unmet insulin need in 2030 if access remains at current levels.”

And coverage in the Guardian (Sarah Boseley)- Insulin shortage could affect 40 million people with type 2 diabetes

2nd AMR Call to Action Event (Accra, Ghana (19-20 Nov))

UKGov - Ghana hosted the Call to Action and led the global response on Antimicrobial Resistance (AMR).


“... Government ministers, scientists, industry and civil society leaders [met] in Accra, Ghana, for the second international Call to Action on antimicrobial resistance (AMR), focussed on global, coordinated action to halt the spread of superbugs. According to the World Bank, by 2030, a further 24 million people in lower and middle-income countries (LMICs) will be pushed into poverty if effective action is not taken....”

Excerpts:

“...In India, the ‘Superheroes Against Superbugs’ initiative is spreading awareness of antibiotic resistance to young children through comics, storytelling and role play. Through workshops, the team are helping to start a better conversation about the proper use of antibiotics and encouraging children to spread these messages to their parents and wider community,...”

“The Call to Action event in Accra on November 19 and 20 [was] co-hosted by the government of Ghana, Thailand and the UK, along with the Wellcome Trust, World Bank and the UN Foundation in partnership with the Inter-Agency Coordination Group (IACG) on Antimicrobial Resistance. It is the second time the event has been held, following the event in Berlin in 2017. Since then, much great work has been done, but progress is fragile and not where it needs to be to effectively tackle the problem of superbugs.... By May 2019, the Inter-Agency Coordination Group (IACG) on Antimicrobial Resistance will submit their report to the UN Secretary General. This includes making recommendations on how to better coordinate action across sectors and countries, as well as serving as a vehicle for building political momentum and future governance, and mobilising a broad base of stakeholders. The UN Secretary General will then report back to the UN General Assembly in 2019. When AMR was tabled at the UN General Assembly in 2016, it was only the fourth time in history of the UN that a health topic had been discussed at the UN General Assembly, representing the severity of the issue for every country around the world.”

Check out also a blog by Ed Whiting (Wellcome Trust) - This is not a blog about the ‘antibiotic apocalypse’; (It’s rather about building a successful movement)
Wellcome Trust (News) (as of 7 November, so ahead of the meeting): Second global call to action against drug-resistant infections

WB Investing in Health (blog) - Antimicrobial resistance is a priority issue for all people


Excerpts:

“... Last week, the Danish Government announced the launch of an international solution center for AMR. This will be a cross-sector initiative that generates, aggregates and disseminates evidence on AMR and supports the development of feasible context-specific solutions for its containment. It will seek to bridge the gap between knowledge and implementation, and work closely with other international organizations including CGIAR through a new “AMR Hub” being set up at the International Livestock Research Institute in Kenya....”

“...This week, leaders, champions, patients, and pioneers of the battle against AMR gathered in Ghana to share experiences, identify promising initiatives, review progress of the Interagency Coordination Group established by the UN Secretary General, and explore how to better mobilize the private sector and civil society as agents of change. The resulting Call-to-Action includes a commitment “to exploring financing and investment for AMR control through the public and private sectors, including the multilateral development banks, and international institutions.”

This change in focus is long overdue. For too long, the global and national agendas on AMR have remained primarily focused on technical interventions, hence maintaining the conversation within highly technical circles and perpetuating a certain disconnect. Collectively we have only gradually recognized that addressing AMR is an essential component of attaining several of our Sustainable Development Goals. We need to knit the AMR agenda with the global sustainable development agenda and leverage the larger development agenda to address AMR....”

4th People’s Health Assembly (PHA4) in Dhaka (16-19 Nov)

In addition to Remco’s editorial from this week, you find some great coverage on People’s Dispatch:

Check out in particular:

- “Health for All Now!” – Fourth People’s Health Assembly begins in Savar, Bangladesh (on the opening day)
- PHA4: Health assembly calls for people’s lives above profit (on the closing day)

“Apart from the issue of neoliberal economic structures that hinder access to healthcare, it emphasized the need for revitalization of primary healthcare for achieving universal health care.”

But there’s a lot more coverage (in addition to also the #PHA4 hashtag on Twitter.)
Fran Baum (BMJ blog) – The People’s Health Movement marches on to examine the health impacts of neoliberalism


You know you have to read this. “Fran Baum describes the first two days of the People’s Health Assembly, a conference that continues the struggle for health for all.” With some info on the troubles just before the conference, and key themes on the opening day and throughout the conference.

Rising US-China tension in development

Guardian - Apec summit fails to agree on statement amid US-China spat


“Asia-Pacific leaders failed to bridge gaping divisions over trade at a summit dominated by a war of words between the US and China as they vie for regional influence. For the first time, Apec leaders were unable to agree on a formal written declaration, amid sharp differences between the world’s top two economies over the rules of global trade....”

See also a CGD blog (Scott Morris) for some analysis - The Problem with Competing for the Allegiance of Poor Countries

“In warning APEC leaders last week of China’s “constricting belt” and “one-way road,” Vice President Mike Pence provided the clearest signal yet that the US approach to foreign assistance will be shaped, if not determined, by competition with China. In the context of the administration’s trade war with China, this may not come as much of a surprise. But when it comes to the conduct of foreign assistance, it marks a striking turn away from the bipartisan approach to aid since the end of the Cold War—an approach defined around cooperation and one aimed at curbing the bad practices that arise when donors compete for the allegiance of aid recipients....”

Lancet – Offline: President Macron—peace needs health

Richard Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32991-X/fulltext

Horton admires President Macron’s “ambition to initiate a new epoch for international cooperation and exchange. But please consider including health. You will find a committed and creative community willing to support your vision.”

Even more so as Paris is the birthplace of multilateralism in health. Recently, “…the French commitment to multilateral decision making reached its apotheosis in 2015 with the signing of the
Paris Climate Agreement. And now a new era of multilateral leadership beckons. The world and its predicaments have never been in more need of collaborative thinking. “...After the Armistice ceremony, held beside the Tomb of the Unknown Soldier, Macron opened what he clearly hopes will become a new annual global gathering—the Paris Peace Forum. He aimed to encourage leaders to strengthen their commitments to international cooperation. The premise of the Forum was that better governance will bring more durable peace. ... There is something inspiringly idealistic about this vision. But it had one surprising omission—health was absent from its five themes of economy, development, environment, technology, and security.”

G20 & global health

Coming up soon: G20 Summit in Buenos Aires (30 Nov-1 Dec)

Global Governance Project - [https://edition.pagesuite-professional.co.uk/html5/reader/production/default.aspx?pubname=&edid=5efcf7e4-e06d-469a-872e-a9c28b0bd7a](https://edition.pagesuite-professional.co.uk/html5/reader/production/default.aspx?pubname=&edid=5efcf7e4-e06d-469a-872e-a9c28b0bd7a)

Check out section 12 on Promoting Health.

With among others, a contribution by Ilona Kickbusch (p. 174 on global health) She makes the link with the Mar del Plata (Ministers of Health) meeting from some weeks ago (and the global health priorities raised there), and also looks ahead to next year’s G20 summit in Japan. She’s among the many who want global health to become a fixture for the G20 (and for the moment, with the troika Germany-Argentina-Japan, that seems to be working out).

Also (p. 170), dr Tedros calls on G20 leaders to position health as an integral and permanent part of their agenda, with commitments made on paper translating into action on the ground. “Strong health systems are the best investment both in health security & in promoting health & preventing disease.”

Advancing a global health agenda in the SDG era: Enhancing Japan’s Leadership Role in 2019–2020 – Input from the JCIE International advisory group on global health


Check out what Japan’s global health G20 leadership proposals/positions should be, according to JCIE. As you know, Japan is a global UHC champion.

The background of this advice: “...In order to support the government of Japan’s strategic use of these events to advance global health policy and practice, an ad hoc International Advisory Group on Global Health (IAG) was convened by the Japan Center for International Exchange (JCIE) in close collaboration with Japan’s Cabinet Secretariat (CAS), the Ministry of Foreign Affairs (MOFA), the Ministry of Health, Labour and Welfare (MHLW), the Ministry of Finance (MOF), and the Japan International Cooperation Agency (JICA).”
“This report begins by presenting three key proposals [which focus on next steps for UHC] articulated during the IAG’s September roundtable. It then offers a more complete list of the many ideas that were raised by IAG members during discussions but that were not discussed in detail or prioritized (due to time constraints). The report also provides short summaries of each session of the roundtable, offering a sense of the breadth and nuance of the IAG’s discussions...”

As for the roundtable, “The IAG’s roundtable focused on how the Japanese government could effectively lead and influence the nations of the world to promote progress in two key areas of global health: • National and subnational efforts aimed at achieving sustainable UHC implementation, with particular consideration of the intersections of UHC with PHC and health security at the community level • Intersectoral and multistakeholder efforts aimed at promoting health and healthy lifestyles, preventing disease, and supporting holistic approaches to human and planetary health”.

“Billions to Trillions” is Not about Africa

CGD (blog) - “Billions to Trillions” is Not about Africa

W G Moore; https://www.cgdev.org/blog/billions-trillions-not-about-africa

Good to know. “The G20’s Infrastructure Hub estimates that the global infrastructure financing gap through 2040 will be about $15 trillion. The scale of the gap exceeds the capacity of public financing and has prompted a concerted effort to attract private capital. “Billions to Trillions” is a framework introduced by multilateral development banks (MDBs) as a paradigm shift that would be “used strategically to unlock, leverage, and catalyze private flows and domestic resources.” The framework foresees blended finance as the way to achieve this, mainly through infrastructure as an asset class. But blended finance has such limited application in low-income countries (LICs) in Africa that its prominence as means of financing infrastructure functionally excludes Africa from the conversation, even though the infrastructure need is greatest there. It’s time to course-correct....”

WHO Africa Innovation Challenge - Promoting African Solutions for Africa’s Health

https://afro.who.int/media-centre/events/world-health-organization-africa-innovation-challenge-promoting-african

“The World Health Organization (WHO) in the African Region has launched the WHO Africa Innovation Challenge. This Challenge is calling innovators, researchers and community-based initiatives including, youths and women that are working on novel solutions to improve health outcomes and apply new and fresh thinking to address unmet health needs for Africa. This Challenge will prioritise innovative and scalable healthcare solutions for selection in the categories of Product Innovation, Service Innovation and Social Innovation and will also provide continued support to healthcare innovators through a digital platform in the longer term. The launch of this Challenge and platform serves as a precursor to the Africa Health Forum in Cape Verde in March 2019...”
40th Global Fund Board meeting (Geneva) – Coverage & analysis

The most recent Global Fund Observer issue is a great read:


Check out certainly:

- **Main decisions at Global Fund Board meeting relate to operating expenses budget and private sector engagement**

“The Global Fund Board held its 40th Board meeting on 14-15 November, at the Global Fund’s new offices at the Global Health Campus, in Geneva, Switzerland. This article provides a summary of the main decisions made by the Global Fund Board at this meeting, of recent decisions taken through electronic voting prior to the meeting, and notes a few of the other topics that were discussed at the meeting and during the pre-Board day.”

- **Peter Sands delivers first report as Executive Director to the GF’s 40th Board Meeting**

“In his first report as Executive Director to the Global Fund Board, eight months after assuming his new role, Peter Sands outlined progress made in the fight against the diseases, how the Fund has executed against its own strategic priorities, his view of transformation towards greater efficiency and effectiveness, and his vision of the Global Fund’s role as a partner, catalyst and influencer, especially with regard to SDG 3.”

- **Sixth Replenishment is a main focus of Global Fund’s resource mobilization**

“The resource mobilization and replenishment update to the Board at the Global Fund’s 40th Board meeting emphasized the Fund’s focus on the success of the Sixth Replenishment, and described the Fund’s overall approach to preparing for it. New head of External Relations Francoise Vanni presented the update.”

PS: You might also want to read [Key Takeaways: The Global Fund’s 40th Board Meeting](http://www.aidspan.org/index.php?page=gfomostrecent) (by Friends of the Global Fight...)

**Ebola outbreak DRC**

Stat News - WHO director-general: Violence in DRC is allowing Ebola to spread


[Interview with Dr Tedros](http://www.aidspan.org/index.php?page=gfomostrecent) on the latest in the DRC Ebola outbreak.
“The public health workers behind the Ebola response in the Democratic Republic of the Congo are struggling to combat an outbreak of the deadly virus in what is effectively a war zone. Repeated rebel attacks on the city of Beni — the outbreak epicenter and the headquarters of the response operation — have given the virus an advantage over the humans trying to contain it, acknowledges Tedros Adhanom Ghebreyesus, the WHO director-general. The most recent attack, on Friday, targeted a military encampment close to a hotel in Beni where some Ebola responders are housed. The hotel was hit by a shell that did not detonate. In the aftermath, a decision was made the next day to evacuate 16 personnel experiencing emotional distress and to insist on heightened security from the United Nations peacekeeping force in the area, known as MONUSCO. STAT caught up over the weekend with the WHO director-general, who traveled to Beni earlier this month. We asked Tedros, as he is known, about the WHO’s ongoing battle against Ebola in North Kivu province and whether a global health emergency should be declared....”

On the latter: no, he doesn’t think so. For the moment, he’s getting everything he wants from the international community.

Meanwhile, it looks as if this outbreak is to become the 2nd largest Ebola outbreak ever.

Some tweets from experts: “A higher-level diplomatic and security effort needed, right away, if the fragile Ebola response is not to collapse under ADF attacks.”

“Dealing with this kind of #healthsecurity is not part of #IHR nor has it been seriously considered as part of #UNSC concern - this must become a political priority. Hope #Germany takes this up in its UNSC membership - glad @WHO team is safe within this tragedy.”

Some other links & reads:

- Health Affairs (blog) (A Karan et al) - Ebola In The DRC Is More About The DRC Than It Is About Ebola

“...While some have called it a “perfect storm,” implying happenstance and unpredictability, we believe this situation has been entirely predictable. Outbreaks that occur in areas of instability, poverty, and political mistrust grow into epidemics that can harm societies and eventually pandemics that capture the world’s attention. As such, the reparation of underlying fault lines in both public health and political systems is as critical to epidemic response as any acute intervention....”

- And on the (ongoing) preparations (and high alert) in neighboring countries, see for example Devex - The Ugandan communities a border away from Ebola & Devex - South Sudan, Rwanda ramp up Ebola prevention efforts

“...The World Health Organization has given the all-clear to alerts that have been raised so far by neighboring countries. Still, preparedness activities are being implemented in nine surrounding nations, with Burundi, Rwanda, South Sudan, and Uganda earmarked as top priorities for preventative support....”
Global health security

Telegraph - One in 10 countries have adequate protection against a 'catastrophic' biological event

https://www.telegraph.co.uk/news/2018/11/14/one-10-countries-have-inadequate-protection-against-catastrophic/?platform=hootsuite

“Fewer than one-in-10 countries have met global standards for securing killer germs, increasing risks of an accidental disease outbreak or bioterrorism, a campaign group has warned. Just 19 countries completing a United Nations safety check have built or shown strong biosecurity safeguards. No countries meet the highest standard for biosecurity. The lack of robust controls increases the chances of a “catastrophic” biological event, according to NTI, a campaign group tracking nuclear, biological and chemical threats....”

International FP conference Kigali: final analysis

Devex - View from the ground: International Conference on Family Planning 2018


Must-read summary of the FP conference. With five takeaways, related to making the investment case, donor financing, new faces, integration, and new products and services.

SRHR

Reuters - Millions at risk globally from U.S. abortion 'gag rule': experts


Other (worrying) news from last week (at the FP conference in Kigali):

“A gag rule imposed by President Donald Trump that bans U.S.-funded groups around the world from discussing abortion has sown confusion and fear in developing nations, risking the health of millions of women, experts said on Thursday.”

“The policy has forced the closure of health clinics, outreach programs and refugee services that rely heavily on U.S. aid, according to experts meeting at an international conference on family planning in Rwanda. Organizations anxious to keep their funding are confused and fearful, so opt to curtail their work, said Jonathan Rucks, senior director, policy and advocacy at PAI, a Washington-based group promoting reproductive health care. “The fear of losing all your funding furthers this self-
censorship,” he told the Thomson Reuters Foundation. “By design, this policy is meant to disrupt and create confusion.” PAI has investigated its impact in Ethiopia, Nigeria, Senegal, Nepal, Kenya, India as well as in Uganda, where it said reproductive health services in refugee camps had been cut. Running scared, aid groups are shying away from services they could be providing, said Rebecca Brown, global advocacy director at the New York-based Center for Reproductive Rights. “They’re so nervous that they may be found non-compliant that they’re over-complying,” she told the Thomson Reuters Foundation.

See also BMJ News - Abortion: US global gag rule is having “chilling effect” on sexual health service providers

“Fear and confusion over the United States’ “global gag rule” on abortion has led to self censorship and over-implementation of the policy, experts on sexual and reproductive health and rights have warned.”

And a few quick links:

AP – US fails to weaken UN references to sexual health

“The United States failed in an attempt to water down references to “sexual and reproductive health” in a U.N. resolution Thursday despite support from China and many Islamic countries. The General Assembly’s human rights committee defeated the U.S. attempt to amend the resolution aimed at preventing and ending early and forced child marriages by a vote of 33-96 with 35 abstentions. Traditional U.S. allies including the European Union and Western nations opposed the Trump administration’s amendment along with many African and Latin American countries....”

BBC News - Kenya bans Marie Stopes from offering abortion services

Launch of some Women Leaders in Global Health databases

https://www.womeningh.org/

The Canadian Women in Global Health Leaders’ list was launched this week in Toronto, and there was also a pre-launch of the list of 200+ WGH Francophone leaders. Haven’t seen the latter yet, online, though.

International Men’s Day (19 November)

WHO HQ takes a look at men’s health

“The World Health Organisation’s Gender, Equity and Human Rights Group organised a seminar on men’s health at WHO’s HQ in Geneva (Switzerland) on 19 November. This followed the adoption of
a men’s health strategy by WHO Europe in September. PAHO, the WHO region for the Americas, is also working on a men’s health report which is expected to be published in the next few months....”

“...The seminar was followed by a smaller meeting to discuss possible next steps by WHO. The suggestions included a WHO report on men’s health data globally as well as risk-taking and help-seeking behaviours, a summary of evidence on effected interventions with men, and practical guidance to member states on what they can do. One participant said that in any such guidance it was important to avoid terms like ‘gender responsive’ and instead to recommend concrete actions (eg. extend primary care opening hours to make it easier for men to attend)”

New UNAIDS report ahead of World AIDS Day

UN News - To win combat against HIV worldwide, 'knowledge is power', says UNAIDS report

“Ahead of World AIDS Day, marked every year on 1 December, the United Nations issued a report on Thursday that highlights the critical importance of scaling up HIV testing worldwide. Titled Knowledge is Power, it presents evidence on progress made against AIDS thanks to early detection and treatment and calls on countries to step up their efforts.”

“... Recent years have seen some successes in the battle against HIV/AIDS. In 2017, 75 per cent of people living with the virus knew their status, up from 66 per cent in 2015. Encouragingly, at least four in five people aware of their condition have access to treatment currently. In addition, the number of people with HIV who are “virally suppressed” — meaning that the HIV load in their blood has reached levels so low that the virus is undetectable — has increased from 38 per cent in 2015 to 47 per cent in 2017. However, access to HIV viral suppression remains unequal worldwide. In some parts of the world, getting tested is easy and fully integrated into a person’s antiretroviral treatment regime, but in other places — for example in West and Central Africa — it is close to impossible, with only one viral load testing machine for a whole country. ...”

See also a UNAIDS press release - New UNAIDS report shows that 75% of all people living with HIV know their HIV status. “Report also calls for increased efforts to reach the 9.4 million people living with HIV who are not aware that they are living with the virus and the estimated 19.4 million people living with HIV who do not have a suppressed viral load.”

FT Health Special report – innovation in health care

https://www.ft.com/content/c758e702-ea21-11e8-885c-e64da4c0f981

On Japan’s sleep-deprivation problems; NHS tries to incorporate health innovations; how smartphones can extend healthcare to remote areas; finding the optimal delivery platform for medical marijuana; marketing healthcare advice in Africa; using AI for drug research; and ‘social prescribing’ in support for therapy.
**International Day for the elimination of Violence against Women – 25 November**

UN News - Ending inequality means ending ‘global pandemic’ of violence against women – UN chief


“Until women and girls can live free of fear, violence and insecurity, the world cannot pride itself on being fair and equal, United Nations Secretary-General António Guterres said on Monday, commemorating the **International Day for the Elimination of Violence Against Women, marked annually on 25 November**.”

“At its core, violence against women and girls in all its forms is the manifestation of a profound lack of respect – a failure by men to recognize the inherent equality and dignity of women,” Mr. Guterres said at a special event at **UN Headquarters observing the Day**, which highlights that violence against women is as serious cause of death and incapacity as cancer, among women of reproductive age.

*The Day kicks off the 16 Days of Activism under the Secretary-Generals’ UNiTe campaign*, which calls on people of all sectors to join in addressing the global pandemic of violence against women and girls. *This year’s theme is ‘Orange the World: #HearMeToo,’ and as in previous years, the color orange is used to draw global attention to the issue, while the hashtag is encouraged to amplify the message of survivors and activists and to put them at the centre of the conversation and response.*

**Yemen**

Yemen: up to 85,000 young children dead from starvation or disease


“As many as 85,000 children under the age of five may have died from starvation or disease since 2015 in war-ravaged Yemen, according to the humanitarian organisation **Save the Children**. It said the estimate was based on data compiled by the United Nations, which has warned that up to 14 million people are at risk of famine in Yemen, where Saudi-backed forces are battling Iran-aligned Houthi rebels....”

Read also a NEJM Perspective - [Disease and Famine as Weapons of War in Yemen](https://www.nejm.org/doi/full/10.1056/NEJMp1801739) (by Amir Mohareb et al).
World Toilet Day (19 Nov) & Global sanitation crisis

IISD - On World Toilet Day, Let Us Speak Plainly About An Issue That Is Often Neglected

Rolf Luyendyck; http://sdg.iisd.org/commentary/guest-articles/on-world-toilet-day-let-us-speak-plainly-about-an-issue-that-is-often-neglected/

“The sanitation crisis that exists in many parts of the world, and the impact it has on nature, cannot be ignored. Nature-based sanitation solutions harness the power of nature to help treat human waste before it returns to the environment. With just 12 years to go to the 2030 deadline, we must redouble our efforts to provide universal access to toilets, leaving no-one behind.”

See also AP - World Toilet Day highlights global sanitation crisis

“Poor countries around the world are facing a dangerous shortage of toilets that puts millions of live at risk, according to campaigners marking World Toilet Day by urging governments and businesses to invest more in sanitation. … … An estimated 4.5 billion people across the world lack access to proper sanitation, said the report. Some 2.5 billion among them do not have adequate toilets, according to U.N. figures....”

And Thomson Reuters Foundation - Lack of school toilets puts 620 mln children in danger - report

“A lack of proper school toilets threatens the health, education and safety of at least 620 million children around the world, the charity WaterAid said in a new study published on Friday....”

2018 Access to Medicines Index

Devex - One trend in access to medicines may be cause for concern


“Five companies are carrying out 63 percent of the most urgently needed global health research and development projects in the priority areas of malaria, HIV/AIDS, tuberculosis, Chagas disease, and leishmaniasis. But having just a handful of companies responsible for most of the progress can jeopardize access to medicines, according to the 2018 Access to Medicines index, which was released on Monday.” …”

For the Index, see 2018 Access to Medicines index.

See also the Guardian for more coverage: Big pharma 'failing to develop urgent drugs for poorest countries'

“The world’s biggest pharmaceutical firms have failed to develop two-thirds of the 139 urgently needed treatments in developing countries, according to an independent report, which highlights
the need for medicines including an infants’ vaccine for cholera. The report by the Access to Medicine Foundation, which monitors 20 major drugs companies and the availability of their medicines in low to middle income countries, found that most firms focus on infectious diseases such as HIV/Aids, malaria and tuberculosis but had failed to focus on other serious ailments. The report said 91 of 139 urgently needed drugs, vaccines, diagnostic tests or devices identified by the World Health Organization have yet to be developed, and 16 prioritised diseases have no projects at all....”

UK NGOs head for Europe as Brexit looms


“British NGOs are opening up offices and strengthening their presence across Europe in the run-up to Brexit, creating an “inevitable danger” that British aid expertise could be lost, according to international development network Bond. Devex has spoken to NGOs that have registered or are considering registering in the Netherlands, Belgium, Ireland or Germany in order to maintain access to EU funding.”

“... Berlin, Amsterdam, Dublin, and The Hague were all cited as contenders for offices by U.K. organizations...”

Global Migration Compact (turmoil)

As you know, there’s a lot of turmoil currently in many European countries around this Global compact. Tells you where the (harsh) wind is blowing from, for the time being. The Compact is to be adopted at a conference in Marrakesh, Morocco, in December.

UN News - UN General Assembly President defends ‘landmark’ migration compact


“Addressing recent reports that some countries are backing out of the United Nations global migration compact set to be adopted in December, UN General Assembly President Maria Espinosa on Wednesday defended the accord as a tool that would ensure all migrants everywhere have their rights safeguarded.”

“The Compact allows enormous flexibility for countries to use the parts of the compact that can be adapted to their sovereign decisions and existing legal frameworks...it is a cooperation instrument,” said Ms. Espinosa, briefing reporters at UN Headquarters in New York. She described the Global Compact for migration as a landmark agreement which will help ensure that migrants everywhere in the world have their rights safeguarded and are treated fairly. The compact, which is due to be adopted at a conference in Marrakesh, Morocco, in December, sets clear objectives to make migration safe, orderly and regular; addresses the concerns of signatory governments and reinforces national sovereignty; and recognizes the vulnerabilities faced by migrants. ... ... As for reports that a number of countries are backing out of the agreement, the Assembly President said that the
**decisions of Member State governments must be respected:** “We fully understand the decision of some countries that have decided they are not ready to commit, and it’s perhaps because they are taking the issue migration very seriously, and they need to have greater discussions and conversations domestically.”

PS: Coming up soon: The UCL-Lancet Commission on Migration and Health

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31581-1/fulltext

To be published on 8 December 2018 and launched in Marrakesh as well. On addressing migration as a global health priority.

**Economist (Leader) – Why suicide is falling around the world, and how to bring it down more**


“Urbanisation, fewer forced marriages and more curbs on the means of self-destruction.”

“...at a global level, suicide is down by 29% since 2000 (see article (below)). As a result, 2.8m lives have been saved in that time—three times as many as have been killed in battle. There is no one reason. It is happening at different rates among different groups in different places. But the decline is particularly notable among three sets of people. One is young women in China and India. In most of the world, older people kill themselves more often than the young, and men more than women. But in China and India, young women have been unusually prone to suicide. That is decreasingly the case. Another group is middle-aged men in Russia. After the collapse of the Soviet Union, alcoholism and suicide rocketed among them. Both have now receded. A third category is old people all around the world. The suicide rate among the elderly remains, on average, higher than among the rest of the population, but has also fallen faster since 2000 than among other groups....”

The article then explores why this decrease has happened.

See also another Economist article for some more detail on this global trend - Suicide is declining almost everywhere

“Thank urbanisation, greater freedom and some helpful policies.”
Some key publications & papers of the week

Globalization & Health - Evaluation and learning in complex, rapidly changing health systems: China's management of health sector reform

“Healthcare systems are increasingly recognised as complex, in which a range of non-linear and emergent behaviours occur. China's healthcare system is no exception. ... As a consequence, approaches to change management in China have frequently emphasised the importance of sub-national experimentation, innovation, and learning. Multiple mechanisms exist within the government structure to allow and encourage flexible implementation of policies, and tailoring of reforms to context. These limit the risk of large-scale policy failures and play a role in exploring new reform directions and potentially systemically-useful practices. They have helped in managing the huge transition that China has undergone from the 1970s onwards. China has historically made use of a number of mechanisms to encourage learning from innovative and emergent policy practices. Policy evaluation is increasingly becoming a tool used to probe emergent practices and inform iterative policy making/refining. This paper examines the case of a central policy research institute whose mandate includes evaluating reforms and providing feedback to the health ministry. Evaluation approaches being used are evolving as Chinese research agencies become increasingly professionalised, and in response to the increasing complexity of reforms. The paper argues that learning from widespread innovation and experimentation is challenging, but necessary for stewardship of large, and rapidly-changing systems.”

Some key blogs & articles of the week

Brookings (blog) - We need a consensus on the definition of ‘global public goods for health’

Recommended.

“Ebola and other recent outbreaks like Nipah in India or Zika in Latin America have renewed attention to financing and delivering “global public goods for health” (GPGs for health) as a mechanism to solve supranational health challenges....”

“... But one challenge surrounding the agenda on GPGs for health - understanding, supporting, and researching it—is the variance in terminology and the lack of a common definition....”

“... In our own research, we use the broad term “global functions” that was originally proposed by the Lancet Commission on Investing in Health (the CIH) as a way of capturing the full set of activities that can be considered as international collective action for health (ICAH). ...”
Global Health Governance Programme (blog) - Editing Wikipedia as part of teaching public health?


For the many ones among you involved in teaching.

**Global health events**

**Kick-off webinar of (new) Commercial Determinants of Health CoP**


This week (on Tuesday 20 November), a webinar kicked off the start of this new CoP hosted by the WHO/GCM and the Global Health Centre at Graduate Institute of International and Development Studies. Titled: “The commercial determinants of health – towards a productive debate”.

We unfortunately missed it, but this is for sure a CoP to follow. See also a very short NCD Alliance report. You can re-watch the webinar on Youtube.

You can join the CoP here.

“The new CoP on NCDs and CDoH will go live beginning Monday, 26th November. This virtual discussion, hosted on the newly launched Knowledge Action Portal (KAP), will bring together both emerging and established experts to develop knowledge, share best practices and country case studies on the focused thematic area.”

**Coming up next year: ICPP4 Montreal (26-28 June 2019)**

http://www.ippapublicpolicy.org/conference/icpp4-montreal-2019/10

“The International Public Policy Association (IPPA) invites paper proposals for the forthcoming 4th International Conference on Public Policy (ICPP), the world leading academic conference on Public Policy. The general conference will take place on June 26-28, 2019 at Concordia University, Montreal.”

“...The conference [will be] organised in 2 steps: The Call for Panels will be open from 4th September to 26th October 2018; The Call for Papers will be open from 15th November 2018 to 30th January 2019.”
You find the list of panels here: [http://www.ippapublicpolicy.org/conference/icpp4-montreal-2019/panel-list/10](http://www.ippapublicpolicy.org/conference/icpp4-montreal-2019/panel-list/10)

For FAQs on the call for papers, see [here](http://www.ippapublicpolicy.org/conference/icpp4-montreal-2019/faq/).

Some of you might be interested more specifically in:

* Public Policy and Payment for Performance Programs (P4P/PBF) in Health: in High-, Middle- and Low-Income Countries"

* Swept Away in Multiple Streams? Choosing and Adapting Theoretical Frameworks for Health Policy Analysis in Low and Middle-Income Countries: Relevance, Experiences, Obstacles, and Capacity for Next Generation of Health Policy Researchers

“Using examples from studies conducted in LMICs, the panel targets public policy and health policy and systems researchers wishing to share lessons learnt from operationalizing various public policy theories for examining health policy processes. Panellists will notably attempt to answer the following research question: How are public policy theoretical frameworks selected and used in health policy research and how are they adapted to LMIC settings?...”

It certainly looks like an interesting event!

**Global governance of health**

Duncan Green (blog) - How can we rate aid donors? Two very different methods yield interesting (and contrasting) results


Recommended. “Two recent assessments of aid donors used radically different approaches – a top down technical assessment of aid quality, and a bottom up survey of aid recipients. The differences between their findings are interesting. ...” On the difference between QuODa – Quality of Official Development Assistance - (from CGD) and AidData’s Listening to Leaders report.

**FT - IMF faces China debt dilemma as low income nations seek help**

[https://www.ft.com/content/6a0002ba-ecd9-11e8-89c8-d36339d835c0](https://www.ft.com/content/6a0002ba-ecd9-11e8-89c8-d36339d835c0)
“Many participants in Beijing’s Belt and Road Initiative are not financially secure. “

“...The IMF has warned for more than a year of rising debt levels in low income countries. Now, bailout talks with Pakistan and requests for help from Angola, Zambia and others are forcing the fund to confront a pressing question: how far is debt distress in the developing world due to lending by China? The trouble is, no one has the information needed to answer this question — and so ensure that Beijing plays its part in any writedowns of debt to official creditors. .... In the absence of official data, it is hard to assess even the scale of lending. Researchers at Johns Hopkins University — who say their task is “more akin . . . to detective work than accounting” — estimate that the Chinese government, banks and contractors loaned some $143bn to African governments and state-owned enterprises between 2000 and 2017. Information on the maturity, cost and terms of loans is next to non-existent. This is a huge challenge for the IMF. “Assessing debt sustainability is at the heart of IMF competence. If you get it wrong or go about it without the information, it hurts your credibility,” said a former senior official at the fund....”

#decolonizeglobalhealth

https://twitter.com/hashtag/decolonizeglobalhealth?f=tweets&vertical=default&src=hash

You might want to check out the Twitter debate on the need to decolonize global health. And participate!

Foreign Policy - Globalization’s Government Turns 10


Short analysis of where the G20 stands, 10 year after its kick-off. As you probably know, end of November, Argentina hosts the G20 summit. “For a decade, the G-20 has provided the nondemocratic oversight the global economy deserves.”

“...Ten years ago, the George W. Bush administration played host to an unprecedented meeting. On the weekend of Nov. 14 and 15, 2008, the heads of the G-20—a group of leaders from 20 large economies who had never previously been treated as a collective—assembled for the first time in Washington to coordinate a response to the rapidly growing global financial crisis. The upcoming meeting in Buenos Aires on Nov. 30 will be its 13th since 2008....”

Guardian - Scott Morrison to reveal $3bn in Pacific funding to counter Chinese influence

Cfr an apt tweet: “It’s an epidemic. Canada, US, now maybe Australia all launching new development finance institutions — $3bn in Pacific funding”.

NPR - Bloomberg to donate historic $1.8 billion to Hopkins for low-income scholarships

NPR Goats & Soda

See also NYT - Michael Bloomberg: Why I’m Giving $1.8 Billion for College Financial Aid

Didn’t know Bloomberg came from a humble background. This initiative certainly deserves kudos (although it feels rather ‘American’ for a European like me). As somebody put it on Twitter: ‘Repeat after me: taxation is better than philanthropy.’

Anyway, will be interesting to see also whether Bloomberg will indeed be a presidential candidate soon for the Democrats. My vote, however, still goes towards a more radical (left-wing) Democrat. But then again, I’m not an American : ) And against the current benchmark, Bloomberg would certainly be a stellar improvement.

Some forthcoming books

Containing Contagion - The Politics of Disease Outbreaks in Southeast Asia

Sara E. Davies; https://jhupbooks.press.jhu.edu/content/containing-contagion

“The fields of global health and international relations are increasingly concerned with the responsibilities of nations to respond to disease outbreaks in a way that safeguards their neighbors as well as the broader international community. In Containing Contagion, Sara E. Davies focuses on one of the world's most pivotal (and riskiest) regions in the field of global health: Southeast Asia, which in recent years has responded to a wave of emerging and endemic infectious disease outbreaks ranging from Nipah, SARS, and avian flu to dengue and Japanese encephalitis.

Between 2005 and 2010, Davies explains, Southeast Asian states, despite having vastly different health system capacities and political systems, repeatedly committed to pursue a collective approach to the communication of outbreaks. Davies draws on newly gathered data and extensive field interviews to explore how these states implemented the revised International Health Regulations (IHR) through the deliberate alignment of political interests and regional cooperation. Examining why these Southeast Asian states adopted a collective approach, Davies also describes the complications that ensued and traces the consequences of this approach. The first book to explore what problems exist in the relationship between international relations and health, Containing Contagion frames contrasting views of global health agency within the current crises that are facing global health. ...”
Health Equity in a Globalizing Era

“Using a political economy approach, this title presents new connections between aspects of globalization and health equity. Based on case studies, this is an evidence-based title with an analytical approach to globalization, economics and health. With examples and advice that is easy to follow, this title is a guide to implementing policy solutions that improve health equity outcomes at local and global scales....”

The Road to Universal Health Coverage
Edited by J Sturchio, I Kickbusch et al; https://jhupbooks.press.jhu.edu/content/road-universal-health-coverage

“Like many ambitious global goals, universal health coverage (UHC) remains an aspiration for many countries. ... In The Road to Universal Health Coverage, Jeffrey L. Sturchio, Ilona Kickbusch, Louis Galambos, and their contributors explore the ways in which the private sector is already helping countries achieve universal health coverage. Stressing the many positive aspects of UHC developments, the book focuses on the new health economy and the sometimes controversial dimensions of the private sector helping countries achieve UHC. Theoretical chapters are complemented by a series of case studies that explore the myriad ways in which private sector actors are already addressing UHC....”

Ethics in Public Health Practice in India
Edited by Arima Mishra et al. ; https://www.springer.com/in/book/9789811324499

“This edited volume draws on ten original contributions that locate ethics at the centre-stage of public health practice. The essays explicate ethical issues, challenges, deliberations and resolutions covering a broad canvas of public health practice including policies, programmes, research, training and advocacy. The contributors are academics and practitioners in varying roles and long-standing engagement with public health in diverse settings within India. Their chapters deal with dimensions of ethical dilemmas that can rarely be defined and contained within ethical guidelines and protocols alone. Instead, they throw light on the associated factors, value systems and contexts in which such complexities occur and require response or redressal. ....”

Globalization & Health - Chile’s role in global health diplomacy: a narrative literature review

« Global health diplomacy (GHD) has become an important field of investigation due to health concerns increasingly entering the foreign policy domain. Much of the existing academic writing
focuses on North-South cooperation in global health, and emphasizes the role of security and economic interests by Northern countries as drivers of GHD. *Chile presents a favourable environment for an expanded involvement in future GHD activities. However, there is little knowledge about what has been driving Chile’s integration of health into foreign policy,* and little effort to appropriate knowledge from international relations theories to better theoretically grasp the emergence of GHD. To fill this knowledge gap, we conducted a *narrative literature review of the driving forces behind Chile’s integration of health into foreign policy.*

**Tweet by Richard Horton last weekend on global health being such a boy’s club kickstarted a discussion on Twitter**

Horton’s tweet:

“A friend (male) of mine has just written to me saying that global health is such a “boy’s club.” It surely is. How do we change that?”

Check out the 100+ answers he got (on Twitter): [https://twitter.com/richardhorton1/status/1063525604249735168](https://twitter.com/richardhorton1/status/1063525604249735168)

As I compile this newsletter, I’ll take the liberty to refer you to my own answer: ) i.e. that Horton was perhaps asking the wrong question. See: [The wrong question?](#)

(+ follow-up blog: [On making the switch to the planetary health era (but only if it’s planetary health as conceived by Horton (& Ocasio-Cortez :))](#)

**WHO Bulletin - Strengthening legal capacity for prevention and control of noncommunicable diseases**

R Magnussen, L Gostin et al; [http://www.who.int/bulletin/online_first/18-213777.pdf?ua=1](http://www.who.int/bulletin/online_first/18-213777.pdf?ua=1)

“**Law lies at the centre of successful national strategies for prevention and control of noncommunicable diseases. By law we mean international agreements, national and subnational legislation, regulations and other executive instruments, and decisions of courts and tribunals. However, the vital role of law in global health development is often poorly understood, and eclipsed by other disciplines such as medicine, public health and economics. This paper identifies key areas of intersection between law and noncommunicable diseases, beginning with the role of law as a tool for implementing policies for prevention and control of leading risk factors. We identify actions that the World Health Organization and its partners could take to mobilize the legal workforce, strengthen legal capacity and support effective use of law at the national level. Legal and regulatory actions must move to the centre of national noncommunicable disease action plans. This requires high-level leadership from global and national leaders, enacting evidence-based legislation and building legal capacities.”**
Global Health Governance Programme (blog) – What would we say to young people who are passionate about global health? 6 key tips from global health leaders

E Ballsells et al; http://globalhealthgovernance.org/blog/2018/11/19/what-would-we-say-to-young-people-who-are-passionate-about-global-health-6-key-tips-from-global-health-leaders

“Last week, a few of us who are global health students and researchers at the University of Edinburgh got together to watch the live-streaming of the Women Leaders in Global Health (WLGH) 2018 Conference held at the London School of Hygiene & Tropical Medicine. Though titled ‘Women Leaders in Global Health’, we believe that lessons from this event apply to all young people who are passionate about global health, regardless of gender or age. In this post, we present 6 tips on leadership in global health....” Nice blog.

UHC

RBF Health (blog) – Does RBF crowd out some services? Early evidence


Blog based on a presentation given at the symposium in Liverpool.

“Results-Based Financing (RBF) has demonstrated an ability to improve the coverage and quality of healthcare services in countries including Argentina, Cameroon, Democratic Republic of Congo, Nigeria, Rwanda, and Zimbabwe. Yet there is a residual concern: If RBF incentivizes some outcomes, won’t it crowd out others? With a handful of HRITF impact evaluations now available, we can start to answer this question both from a theoretical and an empirical perspective.;...”

Their preliminary conclusion: “... Given the causal evidence available thus far—and there will be more in the coming years from the HRITF portfolio—we can surmise that although negative effects are possible and should be monitored, they are certainly not the norm. For now, it seems that with RBF, you largely get what you pay for—and you don’t get a result you didn’t pay for. In other words, there are not likely to be unintended effects—positive or negative.”

Duke Global Health Institute - Alma-Ata’s Second Act

https://globalhealth.duke.edu/media/news/alma-atas-second-act

“Can a reboot of the 40-year-old declaration bring us any closer to its “health for all” ideals?”

Blog with the view of Gavin Yamey, among others.
Resyst- new website

https://resyst.lshtm.ac.uk/

Check out the revamped website. In case you didn’t know, RESYST stands for ‘Resilient and responsive health systems research consortium’.

Lancet (World Report) – Prospects for health after the US mid-terms

Susan Jaffe; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32974-X/fulltext

“Among the new members of Congress are an unprecedented 124 women, including 105 Democrats. About ten candidates with professional backgrounds in science, technology, engineering, or mathematics (STEM) were elected.”

Lancet World Report – Cuban doctors' withdrawal from Brazil could impact health

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32975-1/fulltext

“Jair Bolsonaro’s decision to prohibit Cuban doctors from practicing in Brazil unless strict conditions are met could negatively impact remote communities. Lise Alves reports from São Paulo.”

Planetary health

Guardian - Climate-heating greenhouse gases at record levels, says UN


“The main greenhouse gas emissions driving climate change have all reached record levels, the UN’s meteorology experts have reported. Carbon dioxide, methane and nitrous oxide are now far above pre-industrial levels, with no sign of a reversal of the upward trend, a World Meteorological Organization report says....”

“...Levels of CO2 rose to a global average of 405.5 parts per million in the atmosphere in 2017 – two-and-a-half times higher than before the industrial revolution. Levels of methane, a potent greenhouse gas responsible for about 17% of global warming are now 3.5 times higher than pre-
industrial times owing to emissions from cattle, rice paddies and leaks from oil and gas wells. Nitrous oxide, which also warms the planet and destroys the Earth’s protective ozone layer, is now at more than double pre-industrial levels. About 40% of N2O comes from human activities including soil degradation, fertiliser use and industry....”

Some more (worrying) evidence ahead of COP 24 in Katowice, Poland (2-14 December).

The Guardian - Policies of China, Russia and Canada threaten 5C climate change, study finds

Policies of China, Russia and Canada threaten 5C climate change, study finds

“China, Russia and Canada’s current climate policies would drive the world above a catastrophic 5C of warming by the end of the century, according to a study that ranks the climate goals of different countries. The US and Australia are only slightly behind with both pushing the global temperature rise dangerously over 4C above pre-industrial levels says the paper, while even the EU, which is usually seen as a climate leader, is on course to more than double the 1.5C that scientists say is a moderately safe level of heating. The study, published [last week] on Friday in the journal Nature Communications, assesses the relationship between each nation’s ambition to cut emissions and the temperature rise that would result if the world followed their example. The aim of the paper is to inform climate negotiators as they begin a two-year process of ratcheting up climate commitments, which currently fall far short of the 1.5-to-2C goal set in France three years ago....”

CVF (The Climate Vulnerable Forum) - Virtual Climate Summit – 22 November

https://www.virtualclimatesummit.org/

Guess this virtual summit was part of a number of initiatives in the run-up to Katowice. “The CVF is a group of nation states represented by their respective government leaders from around the world who act together on the concerns each share as a result of human-induced global climate change. Founded in 2009, the Forum currently numbers 48 developing country member states....”

“...Due to increased scientific evidence indicating plausible existential risks for a number of CVF member states to be incurred in the event of failure to achieve the long-term goal of the Paris Agreement to limit the temperature increase to 1.5 degrees Celsius, a considerable global increase in national efforts as soon as possible, would be required to offer safeguard for the survival of most vulnerable nations. Therefore, the 2018 CVF Summit is organized as part of the Talanoa Dialogue, which serves as an agreed mechanism for the promotion of enhanced national action by all nations party to the Paris Agreement by 2020. This Summit is an opportunity for all nations to show leadership and commit to raising their level of ambition in solidarity with the most vulnerable. Heads of State/Government and high-level representatives of other partners are invited to participate in the Summit and demonstrate intentions to raise ambition, including in relation to updating their national targets....”
Nature Climate Change - Broad threat to humanity from cumulative climate hazards intensified by greenhouse gas emissions

C Mora et al; https://www.nature.com/articles/s41558-018-0315-6

« The ongoing emission of greenhouse gases (GHGs) is triggering changes in many climate hazards that can impact humanity. We found traceable evidence for 467 pathways by which human health, water, food, economy, infrastructure and security have been recently impacted by climate hazards such as warming, heatwaves, precipitation, drought, floods, fires, storms, sea-level rise and changes in natural land cover and ocean chemistry. By 2100, the world’s population will be exposed concurrently to the equivalent of the largest magnitude in one of these hazards if emissions are aggressively reduced, or three if they are not, with some tropical coastal areas facing up to six simultaneous hazards. These findings highlight the fact that GHG emissions pose a broad threat to humanity by intensifying multiple hazards to which humanity is vulnerable. »

NYT - Palm Oil Was Supposed to Help Save the Planet. Instead It Unleashed a Catastrophe.


“A decade ago, the U.S. mandated the use of vegetable oil in biofuels, leading to industrial-scale deforestation — and a huge spike in carbon emissions.”

Special section in Global Policy on climate governance

Check out, among others:

- Climate Governance After Paris, Edited by David Held and Charles Roger

“The articles in this special section together begin to chart a pathway, and offer sound reasons for hoping that the containment of climate change may still be possible.”

- Three Models of Global Climate Governance: From Kyoto to Paris and Beyond

Guardian - UN environment chief resigns after frequent flying revelations

“The UN’s environment chief, Erik Solheim, has resigned following severe criticism of his global travels and internal rule-breaking which led some nations to withhold their funding. The Guardian understands Solheim was asked to resign by the UN secretary general, António Guterres. Sources at the UN Environment Programme (Unep) said that countries unhappy with Solheim’s conduct were holding back tens of millions of dollars, threatening a financial crisis at the body. A draft internal UN audit leaked to the Guardian in September found Solheim had spent almost $500,000 on air travel and hotels in just 22 months, and was away 80% of the time. The audit said this was a “reputation risk” for an organisation dedicated to fighting climate change. A UN staff union leader called some of the revelations “mind-blowing” and a prominent climate scientist accused Solheim of “obscene CO2 hypocrisy”....”

Andrew Harmer (blog) – Global Health Episode IV: a new hope


Andrew Harmer took part in Extinction Rebellion Day last weekend. “Saturday’s occupation of five bridges across the Thames in London was a watershed moment for global health civil society.” His reflections on global health and “climate breakdown”.

ODI (Research report)- Brown to green: the G20 transition towards a low-carbon economy


“...The Brown to Green Report is the world’s most comprehensive annual review of G20 climate action. The report draws on the latest emissions data from 2017 and covers 80 indicators on decarbonisation, climate policies, finance and vulnerability to the impacts of climate change. Providing country ratings, the research identifies who is leading and who is lagging behind on climate action in the G20....”

Some quick links:

Independent - Government spending foreign aid money to promote fracking in China

“Taxpayers’ money earmarked to support overseas development has been spent on supporting China’s fracking industry, The Independent revealed.”

New Statesman - Alexandria Ocasio-Cortez’s Green New Deal shows the radical choice facing the Democrats
Cfr a tweet by the author: “Me for the @NewStatesman: Ocasio-Cortez’s plan for a Green New Deal succeeds in politicising climate change where the climate movement has failed. *There will be no climate justice without economic justice, and no economic justice without climate justice*”

**Vox** - *Climate change policy can be overwhelming. Here’s a guide to the policies that work.*

“A new book from veteran energy analyst Hal Harvey simplifies decarbonization.”

“...The overall message is that climate policy doesn’t have to mean doing everything possible, everywhere possible. *It’s mainly about applying a toolbox of 10 energy policies to four economic sectors in the 20 top-emitting countries, plus a bunch of carbon pricing and land-use reform. That will get us most of the way there, and it’s a tractable task. (Not easy. But tractable.)*...

**Foreign Policy** – *How Private Lawsuits Could Save the Climate*


“Forget the Paris accord. Lawsuits from aggrieved individuals are going to force Big Oil to knuckle under just as Big Tobacco did.” Let’s hope so. They’re certainly part of the ‘toolbox’.

**Infectious diseases & NTDs**

**European Medicines Agency recommends fexinidazole, the first all-ororal treatment for sleeping sickness**


“The positive opinion is the result of a 10-year partnership between the Drugs for Neglected Diseases initiative (DNDi), Sanofi, and African partners. Fexinidazole will support international efforts to eliminate sleeping sickness, a fatal neglected tropical disease endemic to Africa. “

**Coverage** for example in the **NYT** - *Rapid Cure Approved for Sleeping Sickness, a Horrific Illness*

“The first treatment for sleeping sickness that relies on pills alone was approved on Friday by Europe’s drug regulatory agency, paving the way for use in Africa, the last bastion of the horrific disease. With treatment radically simplified, sleeping sickness could become a candidate for elimination, experts said, because there are usually fewer than 2,000 cases in the world each year...”
Guardian - Deadliest year for dengue fever in Bangladesh as cases explode in Dhaka


“Cases more than triple in the capital driven by unplanned rapid urbanisation and poor healthcare.”

“Dengue season usually begins with June’s monsoon rains in Dhaka. An unavoidable fact of life, it proves deadly to a handful of unfortunate victims but by September it has mostly disappeared from the Bangladeshi capital. But this year the disease has seen more than a tripling of numbers of recorded cases in the city – alongside a lengthening of its season. And the explosion is being reported in other countries too. Dengue, a mosquito-borne viral disease, has been spreading rapidly in the past few years....”

Global Health Science & Practice - A vaccine against cervical cancer: Context for the Global Public Health Practitioner

M C Jennings et al; http://www.ghspjournal.org/content/early/2018/11/20/GHSP-D-18-00222

“Many LMICs are moving to introduce HPV vaccine into their national immunization programs...”

USA Launches New Neglected Tropical Disease Control Program in West Africa


“The United States of America, through the U.S. Agency for International Development (USAID) and in collaboration with the ministries of health in 11 countries, is launching a new, five-year $200 million program to control and eliminate five neglected tropical diseases in Sub-Saharan West Africa. This newly launched program deepens USAID’s efforts to eliminate trachoma, lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminthiasis in 11 West African countries—Benin, Burkina Faso, Cameroon, Côte d’Ivoire, Ghana, Guinea, Mali, Niger, Senegal, Sierra Leone, and Togo...”
To scale-up TB preventive therapy, we need to bundle tools & improve access


“Shortage of tuberculin, expensive X-ray hardware, limited access to IGRA, and lack of registration of rifapentine pose big barriers for high-burden countries to scale-up preventive therapy. It is time to convene all LTBI product manufacturers, negotiate a 'bundled price' & address supply chain problems.”


Lovely title & ditto article. With also the Global Fund in a key role.

European Parliament demands EU increases support for fight against diseases of poverty


In a crucial committee vote on the future EU research programme Horizon Europe, Members of the European Parliament called for more public funding to address the burden of AIDS, malaria, tuberculosis and other neglected tropical diseases.

NEJM Perspective - New Tools in the Ebola Arsenal


The title conveys well what you can expect in this piece.

Lancet Infectious Diseases - The potential effect of improved provision of rabies post-exposure prophylaxis in Gavi-eligible countries: a modelling study

https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30512-7/fulltext
Check out also the accompanying Comment - Improving the provision of rabies post-exposure prophylaxis

“... In 2015, WHO and its partners set the ambitious objective to reach zero human deaths from dog-mediated rabies by 2030, after the concept of effective One Health interventions. Mass dog vaccination is expected to be an important part of any successful strategy. In The Lancet Infectious Diseases, the WHO Rabies Modelling Consortium reminds us that effective and timely post-exposure prophylaxis, administered to humans bitten by rabid dogs to prevent the fatal onset of rabies, is another essential tool for success. Through the analysis of a wide range of data collected in multiple countries and the use of multilayer mathematical models, the authors show that increased investment in post-exposure prophylaxis by Gavi, the Vaccine Alliance, would be extremely cost-effective and could substantially reduce disease burden. The study is particularly timely because Gavi is currently reconsidering rabies vaccine investment....”

NCDs

WHO technical manual on tobacco tax administration

https://www.who.int/tobacco/publications/economics/tax_administration/en/

Tobacco taxes are the most cost-effective measure for tobacco use.

This week, WHO hosted a global meeting of experts on strengthening tobacco tax policy & administration to update the tobacco tax manual to help governments save lives & generate more revenue.

Globalization & Health - “We think globally”: the rise of Paraguay’s Tabacalera del Este as a threat to global tobacco control


“Leading transnational tobacco companies (TTCs) began to expand their operations in Latin America in the 1960s. This included legally exporting their cigarettes to Paraguay during the 1960s which, in turn, were illegally re-exported to Argentina and Brazil. By the 1990s, competition between BAT and PMI for this lucrative illicit market, focusing on low-priced brands, prompted manufacturing in Paraguay. Paraguayan manufacturing rapidly grew after the introduction of a new cigarette export tax in Brazil in 1999....”

“... Tabesa became the largest cigarette manufacturer in Paraguay, and one of the largest companies in the country, through complicity in the illicit trade. Enabled by market conditions created by leading TTCs, and a permissive regulatory environment in Paraguay, evidence suggests Tabesa had become a
major source of illicit cigarettes across Latin America and beyond by the late 2000s. Although Brazil continues to account for the bulk of Tabesa’s revenues, findings suggest that the company is aspiring to compete with TTCs in markets worldwide through legal and illegal sales....”

Public Health Nutrition - Sugar-sweetened beverage taxes in 2018: a year of reflections and consolidation


“The year 2018 was undoubtedly momentous for sugar-sweetened beverage (SSB) tax implementation, with the enactment of SSB taxes in nine additional jurisdictions around the world. The year was also marked by new evidence supporting the effectiveness of SSB taxes to reduce the purchase and consumption of SSB. On the other hand, industry opposition reached new heights and further global commitment to tax SSB in 2018 was minimal. But the public health agenda is consolidating and there is reason for optimism that past momentum will continue into the new year and beyond. Below we reflect on the year that was 2018 for policies to tax SSB....”

And a (worrying) tweet from Menno van Hilten:

“Health Attaché in Geneva: "We are witnessing an extreme politicization of the #NCDs agenda to accommodate economic, market and commercial factors of some multinationals, including by pushing @WHO between a rock and a hard place by questioning the credibility of its guidance””

Sexual & Reproductive / maternal, neonatal & child health

Devex - Opinion: Menstrual hygiene management matters — period

Torsten Kiefer & Gerda Larsson (The Case for Her); https://www.devex.com/news/opinion-menstrual-hygiene-management-matters-period-93852

Great title. And article.

“...At least 500 million women and girls globally lack access to sanitation facilities that are adequate for menstrual hygiene management, or MHM....”
“...The ongoing neglect of menstruation does not just hurt women and girls around the world, it negatively affects overall global economic development. While development funding has been focused on children between 0-5 years of age and mothers, adolescent girls and their specific needs have often been neglected. In fact, to our knowledge at this point, The Case For Her is still the only funder who has menstruation and menstrual hygiene as a strategic priority. ...”

“...Over the past few years, concerted advocacy efforts on the issue, including through global Menstrual Hygiene Day on May 28, have managed to break the silence and increase MHM visibility. Now, leading United Nations institutions are finally starting to put their political weight behind the issue. There still are two critical gaps however: leadership and funding. Senior leaders, policymakers, and donors must align to accelerate progress on the issue....”

Thomson Reuters Foundation – Murders of transgender people rising worldwide - activists

T R Foundation:

“Transgender people are suffering a spiral of "horrifying" violence worldwide, activists said ahead of an annual day of remembrance for victims on Tuesday aimed at raising awareness of transphobic hate crimes. Activists have identified at least 369 reports of trans people killed within the last 12 months, but said the true number may be significantly higher....”

Devex - Opinion: The economic case for reproductive rights


“... If women are able to participate in the labor force in the same way that men are, there could be a $28 trillion increase in global GDP by 2025. Further evidence indicates that investments of just $5 per person per year in 74 countries — those that hold 95 percent of the global burden of maternal and child mortality—would yield up to nine times the economic and social benefit by 2035.

“... There is a simple truth: Investing in women's health creates a ripple effect that results in healthy societies on all levels....”

“It offers an incomparable return on investment: When women have control over decisions about our bodies, our lives, and our families, communities, and countries will benefit. Our futures — and yours — will be better....”
IPPF - New flagship health programme to transform the lives of millions of women and girls


With some more info on the new DFID programme announced last week in Kigali.

“The lives of millions of women and girls will be transformed by new sexual and reproductive healthcare programmes led by International Planned Parenthood Federation (IPPF) and Marie Stopes International (MSI) consortia across Africa and South Asia. The programmes will launch integrated healthcare expansion in 27 countries and were announced in Kigali at the International Conference on Family Planning today. The Women’s Integrated Sexual Health (WISH) programme is funded by the UK Department for International Development (DFID), to deliver access to life-saving contraception for six million couples per year.”

Global Public Health – Collaboration between key populations in a global partnership for health and human rights: Lessons learned from ‘Bridging the Gaps’


“Because HIV and AIDS key populations share common social-cultural factors challenging their sexual health and rights (e.g. stigma, criminalisation), there is an assumed benefit of collaborative programmes where various key populations work in solidarity. In this paper, we reflect on how partners collaborated in a complex alliance of over 100 different NGOs, representing and supporting three key populations – lesbian, gay, bisexual and transgender (LGBT) people, sex workers and people who use drugs – working across 16 countries. We used a multiple-method approach of participant observation, qualitative interviews, and a survey to explore the benefits, facilitators and challenges of collaboration. Results show that motivators for collaboration included being part of the larger funding structure with applied impacts, a repressive human rights context, and intersectionality. Barriers for collaboration included identity politics, stigma, and constraints regarding the appropriate timing of new collaborations. Finally, facilitators include practical support for engagement, the framing of human rights in a medical agenda, and recognition of implicit differences. We conclude that for building the capacity for collaboration among socially marginalised groups it is important to develop trust and the ability to recognise strength in difference beyond the initial identification of shared norms and common goals.”
Access to medicines

KEI – Roadblocks ahead on the WHO Roadmap on Access to Medicines and Vaccines?

K Athersuch & T Balasubrianum; https://www.keionline.org/29227

“In May 2018, the World Health Assembly (WHA) adopted decision WHA71(8) requesting WHO’s Director-General to “elaborate a roadmap, in consultation with Member States, outlining the programming of WHO’s work on access to medicines and vaccines for the period 2019-2023, including activities, actions and deliverables ... ... In July 2018, WHO published the zero draft of the roadmap on access to medicines... ... The roadmap contains ten areas of action for prioritization:... From 9 July 2018 to 16 August 2018, the WHO secretariat held an online consultation for its Member States to provide contributions; non-governmental organizations and intergovernmental organizations were not provided such recourse. ...”

“... What is particularly striking in reviewing the feedback submitted, is the degree to which the United States appears to be out on a limb and isolated in its positions compared to most other Member States including those considered ‘traditional allies’ such as European Union Member States, Japan and Switzerland. ... ... This blog post will zero in on three topics where divergences were particularly striking:

A) Research and Development for medicines and vaccines that meet public health needs  
B) Fair pricing and financing policies, and  
C) Application and management of intellectual property to contribute to innovation and promote public health....”

Reuters – Tens of thousands die in Africa each year due to fake drugs


“... Tens of thousands of people in Africa die each year because of fake and counterfeit medication, an E.U.-funded report released on Tuesday said. The drugs are mainly made in China but also in India, Paraguay, Pakistan and the United Kingdom. Almost half the fake and low-quality medicines reported to the World Health Organization (WHO) between 2013 and 2017 were found to be in sub-Saharan Africa, said the report, also backed by Interpol and the Institute for Security Studies....”
Globalization & Health - Organizational capacities of national pharmacovigilance centres in Africa: assessment of resource elements associated with successful and unsuccessful pharmacovigilance experiences


“National pharmacovigilance centres (national centres) are gradually gaining visibility as part of the healthcare delivery system in Africa. As does happen in high-income countries, it is assumed that national centres can play a central coordinating role in their national pharmacovigilance (PV) systems. However, there are no studies that have investigated whether national centres in Africa have sufficient organizational capacity to deliver on this mandate and previous studies have reported challenges such as lack of funding, political will and adequate human resources. We conducted interviews with strategic leaders in national centres in 18 African countries, to examine how they link the capacity of their organization to the outcomes of activities coordinated by their centres....”

Human resources for health

Devex – Nigeria's medical brain drain

Devex;

“...Aside from leading to a severe shortage of medical staff in Nigeria and disrupting health care services, a report released in August by the Mo Ibrahim Foundation estimated that African countries have footed a bill of $4.6 billion in training doctors who were then recruited by the U.K., U.S., Canada, and Australia....”

“... It is not known exactly how many doctors have left the country. In 2017, a Nigerian Medical Association official, Olumuyiwa Odusote, told local media that 40,000 Nigerian doctors were practicing outside the country — around half of all doctors Nigeria has trained since the 1960s. NMA President Dr. Mike Ogorima has put the number much lower, at about 15,000. Neither the NMA nor the Medical and Dental Council of Nigeria could provide Devex with an official figure. However, the Association of Nigerian Physicians in the Americas has more than 4,000 members; data from the U.K. shows that more than 5,000 Nigerian doctors are working there; and the Canadian Medical Association Masterfile has recorded a quadrupling of Nigerian doctors practicing in the country over a decade, from 176 in 2008 to 568 in 2018. Other top destinations include Saudi Arabia, Kuwait, and the United Arab Emirates....”
Human Resources for Health – Factors enabling community health workers and volunteers to overcome socio-cultural barriers to behaviour change: meta-synthesis using the concept of social capital


“Community-based health workers and volunteers are not just low-level health workforce; their effectiveness is also due to their unique relationship with the community and is often attributed to social capital, an area not well studied or acknowledged in the literature....

“Three constructs were identified that enable community health workers to bring about changes in behaviour in the community: seeing their role as a service or a calling motivated by altruistic values, accompanying community members on their journey and the aim of the journey being empowerment rather than health. Community health workers feel under-resourced to provide for expectations from the community, to fulfil their non-health needs, to meet the expectations of their employers and to be able to deliver health services. ... ... The dichotomy of needs between the community and health services can be resolved if policy makers and programme designers examine the possibility of two cadres of community-based health workforce: full-time workers and part-time volunteers, with clear scopes of practice and supervision. Community health workers would primarily be concerned with task shifting roles demanded by programmes, and volunteers can focus on the wider empowerment-based needs of communities.”

You might also want to check out this week’s Lancet Editorial - Health-care system staffing: a universal shortfall

“In a world where the population is growing and living longer, the health-care workforce is not keeping up with demand. Two reports—published by The King’s Fund on Nov 15 and Wemos, an independent civil society organisation, and the Association of Malawian Midwives on Nov 11—show how two very different health systems are facing similar predicaments over staffing....” Both systems are negatively impacted by migration.

Miscellaneous

Madhukar Pai - If you had to read one book on global health.

https://naturemicrobiologycommunity.nature.com/users/20892-madhukar-pai/posts/41300-if-you-had-to-read-one-book-on-global-health

“If there is 1 book that you would like all global health students to read, it would be.....? Here is impressive list of over 120 books generated by this question on Twitter!”

For your sabbatical : )
The Conversation - Study sheds light on scourge of “fake” news in Africa


“...To fill the gap in information about “fake news” in sub-Saharan Africa, we conducted an online survey in Kenya, Nigeria and South Africa earlier this year. Our study had three goals: to measure the prevalence of disinformation, to learn who people believe is responsible for stopping fake news, and to understand the relationship between disinformation and media trust....”

“...Our findings suggest that African audiences have low levels of trust in the media, experience a high degree of exposure to misinformation, and contribute – often knowingly – to its spread....”

With five takeaways.

IISD – UN, 2020 Olympics Plan to Advance Sustainability, SDGs


“The collaboration will enable the two bodies to leverage their platforms to begin conversations about the contributions of Tokyo 2020 to SDG implementation and the power of the Olympics to promote peace and development worldwide....”

HPW - Surge In Demand Spurs Market-Opening Initiatives In China’s Healthcare Market


“A surge in demand for better healthcare coverage and outcomes and widespread calls for a reduction in high medical treatment costs are driving structural reforms and market-opening initiatives in China’s rapidly expanding healthcare market, industry executives, officials and experts have said. The market is forecast to increase from $761 billion in 2017 to nearly $2.4 trillion by 2030.

The whole of Chinese society is now focused on “disease prevention and health awareness,” Li Chuyuan, chairman of Guangzhou Pharmaceutical Group, a major Chinese pharmaceutical company, recently told an international conference in Guangzhou....”
Guardian - 'I can't breathe': older women do double the unpaid work of men, says study


“Older women spend twice as much time as older men on unpaid work, research has found. A report by the Overseas Development Institute covering 31 countries shows that women over 60 spend an average of four hours a day on work that goes unrewarded and largely unrecognised....”

Read also the related ODI Comment - Older women are left behind – Penny Mordaunt is well placed to change this

Nature (News) - Widespread plagiarism detected in many medical journals based in Africa

https://www.nature.com/articles/d41586-018-07462-2?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews&sf202575434=1

“Around 63% of articles from 100 sampled journals contained some text copied without attribution.”

“African medical journals have a plagiarism problem. A study that looked at nearly 500 papers in 100 Africa-based journals found that 63% contained some form of plagiarism. The study, published in BMJ Open on 8 November by researchers based in South Africa, Croatia and the United Kingdom, sampled the papers from African Journals Online (AJOL), a database that aims to boost the visibility of journals from the continent....”

Research

BMJ Global Health (Commentary) - Moving beyond the individual: mHealth tools for social change in low-resource settings

J McCool et al; https://gh.bmj.com/content/3/6/e001098

“Mobile phone use in low-income and middle-income countries has increased, and with that offered huge potential to provide timely support for overworked and under-resourced health systems. Behaviour change theory, which guides many mHealth interventions, is typically rational, sequential and designed to motivate and maintain personal behaviour change, such that cultures underpinned by emphasis on family, collectivist values may not benefit optimally. We propose drawing on social networks as resources to inspire collective action—and to offer clues on improving the reach, resonance and impact of health messages to support social and behavioural change. The
benefit of mHealth is the opportunity for scaling and sustainability, especially in low-resource settings—it is therefore important to consider how change occurs within and across social and cultural groups, and the role mobile devices can play in this process.”