IHP news 501 : UHC Day & a devastating global health report

(14 December 2018)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

We assume that after this week, many in global health will begin to mentally prepare for the end of the year period, slowing down, taking time for deep reflection, spending (more) time with beloved ones (as compared to on Twitter or ‘in the field’), etc.

But this December week was still a hectic one, with among others, the adoption of the Global Migration Pact in Marrakesh, the 70th anniversary of the Universal Declaration of Human Rights, GAVI’s midterm review in flashy Abu Dhabi, the PMNCH Partners’ Forum in Delhi, the release of a list of Francophone Women leaders, updates on a worrying (or is it extremely worrying?) Ebola outbreak in the DRC, even more worrying noises coming from COP 24 in Katowice (and the Arctic), a WHO global management meeting in Nairobi, a short report on last week’s ITM colloquium on antibiotic resistance in Pnomh Penh, …

As most of you will know, UHC Day (12 December), by now a fixture on the global health agenda, was also celebrated this week. I personally celebrated with a close encounter with the Belgian health care system, earlier this week. And last but not least, perhaps the most important global health report of 2018 (according to some observers) came out last week on Friday. A downright devastating independent panel report on UNAIDS pointed out, among others, that its executive director tolerated harassment and bullying in a toxic organizational culture. The report was published just ahead of UNAIDS’ 43rd Programme Coordinating Board (PCB) meeting and triggered existential questions on the UNAIDS leadership as well as on the organization itself (in the global health architecture of the SDG era). Sidibé et al (‘et al’ includes the UNAIDS board) may also want to use the Christmas time for some deep reflection (and decision making).

In this week’s Featured article, social science researchers from SHAPES muse on power and health systems.

Enjoy your reading.

Kristof Decoster
Featured Article

Social science researchers’ musings on power and health systems

Marta Schaaf (Program on Global Health Justice and Governance, Columbia University Mailman School of Public Health, USA), Stephanie Topp (James Cook University, Australia), Veena Sriram (University of Chicago, USA), Kerry Scott (Johns Hopkins School of Public Health, USA & Independent research consultant, India), Walter Flores (Center for the Study of Equity and Governance in Health, Guatemala), on behalf of SHAPES

Several recent prominent global health events – the Health Systems Research Symposium in Liverpool, and the Women Leaders in Global Health event in London among them – demonstrated interest in the role of power in health systems and in health systems research. A group of interested researchers and practitioners affiliated with SHAPES (Social Science Approaches for Research and Engagement in Health Policy and Systems) and Emerging Voices for Global Health, both thematic working groups of Health Systems Global, have had follow up conversations on power and health systems. This blog represents a summary of some of our musings on these developments.

Power as a ‘fuzzword’: We agree that applying theories of power can be critical to understanding health policymaking and implementation, as well as the social determinants of health and population health status. However, we are concerned by references to power as a general, catch all concept that is not easily mutable. Power as a ‘fuzzword’ may not advance knowledge or promote change, whereas thorough applications of power as a lens may help us to identify the drivers of global health injustices ranging from health disparities to implementation failure. Moreover, we are anxious to move beyond explication of power dynamics to identify actionable strategies and tools that provide avenues for change. Are there particular ways of looking at power that make this easier?

Not enough reflexivity: Some in this group expressed discomfort with researchers assessing power as an external phenomenon that affected communities in other places, but not our own work. Researcher reflexivity is one approach to naming, acknowledging and addressing/accounting for certain types of power. However, just as we may uncritically engage power as a macro concept, we may insist rhetorically on the importance of reflexivity but fail to put it into practice in a robust way. The dynamic of the outside researcher who fails to see his/her role in the political economy of health research can be more acute in the context of the neocolonial past (and present) of global health. Northern or otherwise elite voices are often louder, and while those with louder voices may advocate for more diversity and inclusion in global health, some might be unwilling to question or concede their own privilege and prestige. Key institutions can also neglect or muzzle honest engagement with both inter- and intra-organisational power dynamics. UNAIDS, for example, was positively appraised for its gender-related policies, but it took an outside review to identify the extent and impact of patriarchal culture that existed within the organization despite these policies.

How does power shape ‘what’s in’ in global health? Lack of reflexivity influences our own research and global health agendas. The dynamics researchers ignore are likely to be similarly absent from the agendas of national and global policy makers. This in turn undermines our ability to understand
and address the very power dynamics shaping health disparities. Of course, there is ample rigorous, empathetic, community driven research on health policy and systems. Yet, there are also issues – so-called “big invisibles” - consequential in health systems - that remain underemphasized in global health. By way of example, SHAPES members mentioned corruption, disrespect and abuse in maternity care, access to safe abortion, informal payments for health care, and hospitals detaining patients because they are unable to pay, but doubtless more exist. Germaine to people’s experiences, these issues are shaped at multiple levels of the system, including national politics and policies and global health governance, and are also deeply contextual. Moreover, these dynamics and relationships of power have taken shape over time. SHAPES members emphasized that it isn’t possible to fully understand their present iteration without reference to their historical underpinnings.

**How do we ‘see’?** Whether or not we acknowledge them, the persistence of these invisibles in global health is evidence of power. Moreover, failure to acknowledge such issues is a further exercise of agenda-setting power – by researchers, policy makers and programmers. SHAPES members opined that intentions are key. In this context, conscious use of theories of power is important. Are we applying these theories just to our particular research topic and site, or to the ecology of global health governance that includes ourselves? Are we thinking of power as a political scientist may, as a top down system wherein individuals have limited decision space given political and economic structures? Do we also apply an anthropological lens so that we see how people at all levels apply and subvert mechanisms of power to suit their own needs? Or, do we think of power as Foucault did, as a pervasive system that regulates our language and behavior? And, what about the postcolonial underpinnings of these power theories – essentially western in origin, but used in the context of understanding LMICs? Our choice of approach has consequences for our research and for the global health agendas we create and inform.

These issues surfaced in our discussion of power and HPSR, but there are certainly others, and we welcome a robust discussion on those topics as well. Stay tuned as we try to tackle the practical issue of identifying approaches to studying power and health systems that facilitate both rich description and subsequent action.

**Highlights of the week**

**UHC Day (12 December)**

We start with some background on [UHC Day](https://news.un.org/en/story/2018/12/1028331) (in case you didn’t know), and then continue with some key reads, publications & blogs:

**UN News - UN pushes for universal health care on International Day**


“The International Day is supported by UHC2030, a global partnership consisting of Member States, several United Nations Agencies – including the World Health Organization (WHO), the UN Children’s’ Fund (UNICEF), and the UN Development Programme (UNDP) – and civil society organizations. **The aim is to raise awareness of the need for strong and resilient health systems and**
universal health coverage, by sharing the stories of the millions of people still waiting for health care, championing what has been achieved so far, and calling on decision-makers to make bigger and smarter investments in health, moving the world closer to Universal Health Care by 2030.

... In 2012, the UN General Assembly unanimously endorsed a resolution urging countries to accelerate progress toward universal health coverage: the idea that everyone, everywhere should have access to quality, affordable health care – as an essential priority for international development: in 2017 the General Assembly made December 12 the official UN-designated International Day for Universal Health Coverage....”

So this was basically the first time it was celebrated as a UN International Day. Two months after the Astana meeting, and to build up momentum further towards the UN HL meeting on UHC next year in New York.

Theme of this year: “Unite”.
As in: #AIDS & #UHC movements are stronger together; NCD & UHC movements stronger together, etc. (Mr. Modi took it quite literally, trying to unite the whole world on stage (in Delhi at least))

WHO - Global Trends in Health Expenditure: A Closer Look at Public Spending


“The 2018 global health financing report presents health spending data for all WHO Member States between 2000 and 2016 based on the SHA 2011 methodology. It shows a transformation trajectory for the global spending on health, with increasing domestic public funding and declining external financing. This report also presents, for the first time, spending on primary health care and specific diseases and looks closely at the relationship between spending and service coverage.”

“The report’s key messages include: Global trends in health spending confirm the transformation of the world’s funding of health services. Domestic spending on health is central to universal health coverage, but there is no clear trend of increased government priority for health. Primary health care is a priority for expenditure tracking. Allocations across disease and interventions differ between external and government sources and; Performance of government spending on health can improve.”

This report is WHO’s annual update of its Global Health Expenditure (GHED) database. Must-read!

“...In addition to providing health expenditure information by revenue source and “financing arrangement” (i.e. scheme) we are also, for the first time, publishing expenditure data by health care function (e.g. inpatient, outpatient, preventive services), and on primary health care for over 50 countries. We are also providing health expenditure data by disease for more than 30 countries.”

There are also new interactive visualizations of health spending per country.

Coverage for example in HPW - Health Spending Grows Faster Than Global GDP – But Millions Lack Essential Coverage, UN Says
WHO’s Department of Health Systems and Governance also published a few case studies on the ‘Transition to programme budgeting in health: experience from countries and lessons learnt’ (with more to come). The first ones are on Burkina Faso & Armenia. See here.

Lancet Public Health - Funding and services needed to achieve universal health coverage: applications of global, regional, and national estimates of utilisation of outpatient visits and inpatient admissions from 1990 to 2016, and unit costs from 1995 to 2016

https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30213-5/fulltext

“To mark Universal Health Coverage day on December 12, The Lancet Public Health publishes an analysis by the Global Burden of Diseases estimating the funding and services needed to achieve universal health coverage.”

Some Findings: “In 2016, the global age-standardised outpatient utilisation rate was 5.42 visits (95% uncertainty interval [UI] 4.88–5.99) per capita and the inpatient utilisation rate was 0.10 admissions (0.09–0.11) per capita. Globally, 39.35 billion (95% UI 35.38–43.58) visits and 0.71 billion (0.65–0.77) admissions were provided in 2016. Of the 58.65% increase in visits since 1990, population growth accounted for 42.95%, population ageing for 8.09%, and higher utilisation rates for 7.63%; results for the 67.96% increase in admissions were 44.33% from population growth, 9.99% from population ageing, and 13.55% from increases in utilisation rates. 2016 unit cost estimates (in 2017 international dollars [I$]) ranged from I$2 to I$478 for visits and from I$87 to I$22,543 for admissions. The annual cost of 8.20 billion (6.24–9.95) additional visits and 0.28 billion (0.25–0.30) admissions in low-income and lower-middle income countries in 2016 was I$503.12 billion (404.35–605.98) or US$158.10 billion (126.58–189.67).”  (God I hate these confidence intervals : )

Check out the related Comment in the Lancet Public Health as well - Measuring the gap to universal health coverage

Excerpts:

“Universal health coverage (UHC) is a fundamental global public health objective. It is part of the Sustainable Development Goals and a strategic priority of the World Bank and WHO. UHC includes access to quality essential health-care services for all. In The Lancet Public Health, Mark Moses and colleagues assess the evolution of outpatient visits and inpatient admissions by age and sex for 195 countries from 1990 to 2016. The study also estimates the main drivers of the changes in volumes of outpatient visits and inpatient admissions, as well as their unit costs. The costs required to close the gap in UHC are then calculated by multiplying these unit costs with the additional health-care services required to meet a UHC standard for utilisation. ...”

“... Selecting the Netherlands as reference for a UHC standard of utilisation, the additional global cost to meet this standard amounted to I$1177-69 billion (95% uncertainty interval 896.05–1456.56). Globally, only seven other countries reached this standard, most of which were European. However, a third of the remaining countries would incur in costs below 1% of their gross domestic product (GDP) to reach the reference UHC standard for utilisation. Conversely, another third of countries would incur in costs between 2% and 5% of GDP, and 23 countries in costs greater than 5% of GDP. ... ... Progress to UHC standard was somewhat sobering because the substantial
increase in outpatient visits and inpatient admissions from 1990 to 2016 was mainly driven by population growth and ageing and only marginally by increasing utilisation rates. ...

Lancet Public Health (Comment) Universal Health Coverage and public health: a truly sustainable approach

R Verrecchia et al; https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30264-0/fulltext

UHC Day isn’t really UHC Day if Robert Yates isn’t (co-)authoring a new article. Thankfully, Rob delivered.

“...Although synergies have been explored between UHC and global health security, primary health care, and health systems, how UHC relates to public health has been under less consideration. ....”

“... Although the global agenda of health security provides an opportunity to increase investment in public health systems, the focus on health protection will not necessarily lead to improvements in the other two public health domains: health improvement and health services. ... ... As exemplified by the UK Department for International Development’s forthcoming Tackling Deadly Diseases in Africa Programme, there is a risk that so-called securitisation of health could deflect resources from major public health challenges—ie, endemic infectious diseases that pose less acute international risk, and the growing burden of non-communicable diseases. Expanding the definition of global health security to include public health and UHC issues could offer a way forward...”

... Crucially, as UHC continues to be championed and rolled out globally, all people working in global health need to reinforce the importance of including the full scope of public health in health system reforms; only then can the full potential of UHC be realised—a true reduction in health inequities.”

Steering committee meeting UHC 2030 (13-14 Dec)


You find the agenda here. Background docs & presentations soon to come.

Lancet (Letter) - Shrink the universal health coverage cube

M Jimba et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32518-2/fulltext

Must-read.

“...the two [cube] models (i.e. WHO’s UHC cube, and the Step Pyramid) are focusing more on diagnosing and treating current and future diseases, they do not consider the success of disease control and the potential of disease prevention and health promotion.”
For example, “..., if disease prevention and health promotion programmes are successful, the number of high-risk populations might be reduced for chronic conditions, such as diabetes or hypertension....”

“...Thus far, the two types of UHC cube diagrams do not address this aspect of shrinking the coverage of the cube. As the expansion of the coverage of some diseases is inevitable, the cube will not lose the direction of expansion. The cube is not static, and is always changing, keeping or not keeping the balance of expanding and shrinking. However, we need to reinforce the movement towards shrinking the UHC cube, by advocating about the potential of disease prevention and health promotion, particularly in settings with scarce resources.”

PHM - African Civil Society Statement on Universal Health Coverage
https://phmovement.org/african-civil-society-statement-on-universal-health-coverage/

(based on the Alternative Civil Society Astana Statement) “....the dialogue on UHC in Africa is strongly influenced by the World Bank and other multilateral and bilateral donors, which promote UHC as predominantly a health financing mechanism. Issues of health equity, including a focus on access for the ‘uncovered’ poor, community participation and the strengthening of public health systems are largely ignored...”

“This civil society statement on UHC in Africa therefore puts forth the following actions to strengthen UHC within a Comprehensive Primary Health Care framework...” With 9 focused recommendations, arguing for a shift in the UHC debate from predominantly financing to services & population.

Some UHC Day related blogs
We recommend:

* WB - Lack of Health Care is a Waste of Human Capital: 5 Ways to Achieve Universal Health Coverage By 2030 (with 5 ways to accelerate UHC progress)

* The WB’s Tim Evans came up with his own blog for the occasion, linking UHC Day to the WB’s Human Capital project - Building human capital starts with health

“...Universal Health Coverage (UHC) —ensuring that all people have access to the quality health services they need at an affordable cost—underpins all of the Health Nutrition and Population (HNP) investments at the World Bank. Last year, these reached $15 billion—our highest ever for HNP. This is a good indication of how much demand there is from countries at all income levels to invest in health. ... ... “... UHC Day, being celebrated today, is especially important this year because it is being marked officially for the first time by the UN and celebrated around the world. For the World Bank, it is doubly important because it closely follows the launch of our Human Capital Project (HCP) -- an ambitious effort to accelerate more and better investments in people. “ “...The Human Capital Project drive to increase demand from countries forces us ask – how best to do that in the health sector? Here are three principles for more and better investments in health...”

* Pat Scheid - Four ways funders can support better health services in low-income countries
The fourth being, “Ensure civil society and research organizations from low- and middle-income countries have meaningful input and are part of the dialogue around the UN High-Level Meeting on Universal Health Coverage in 2019.”

- **Barbare McPake** (on HSG blog) - [Transitioning health systems for UHC](https://www.hsg.org)

“...The dilemmas facing transitioning middle-income countries in which most of the world’s population live about how rather than whether to progress to UHC are large. Those faced with making the momentous decisions needed require much more support from the research community – commissioners, funders and researchers themselves, than they have had to date.”

### 59th colloquium ITM: Antibiotic resistance: from research to action (5-7 December 2018, Pnomh Penh)


ITM teamed up with its partner organisations & institutes in Cambodia for this 59th colloquium in Pnomh Penh.

Below some impressions and key messages, HT my colleagues Marianne van der Sande & Wim Van Damme (who attended the colloquium):

**MvdS** – “200 public health scientists from many different professional backgrounds gathered in Phnom Penh for the 59th ITM symposium which focused on antibiotic resistance (ABR) with as guiding principle: from research to action. The research presented focused on the situation and lessons learned in the South-East Asia region, illustrating complex biological, social and system interactions driving the current situation; whereby the available data may still only reveal the tip of the iceberg. In spite of these complexities, there were many encouraging reports on how to strengthen awareness raising, surveillance quality, effective infection control (in particular in hospitals: dirty places!) and stewardship towards prudent use of the right antibiotics. These give hope for local and regional progress; no apocalyptic doom scenarios (at least as of yet), but indeed time for action. To be continued!”

**WVD** – “In the wrap-up session, Wim Van Damme attempted to formulate “take-home messages for action in an era of increased anti-microbial resistance (AMR)”, despite the great uncertainty of the effects of interventions in complex interrelated systems that are still imperfectly understood:

1. **Understanding which strategies work to improve Infection Prevention and Control (IPC) in the hospitals of the Region.** Standard strategies and trainings lead to very different uptake across hospitals. A realist-type of understanding of “What works well? For whom? How? And why?” can give inspiration for hospitals with better IPC to partner with lesser performing hospitals to share learning and substantially improve IPC in the more problematic hospitals.

2. A more controversial proposal was to create increased awareness among health professionals and the public at large about the considerable risk of acquiring a nasty hospital-acquired infection (HAI) during any hospitalisation, especially when invasive procedures, such as catheters or surgery, are used. There definitely is an increasing use of
hospitals and invasive procedures worldwide, also when the patient’s condition could be equally well cared for at primary level (with much lower risk for nasty nosocomial infections). This would certainly require increased investment in upgrading primary care facilities, and improving their quality and attractiveness, both for patients and for health workers.

(3) **Awareness of prudent use of antibiotics is now globally recommended.** However, instead of a generic message “use less antibiotics”, a **stronger focus on the most critical antibiotics**, such as carbapenem & colistin, and a sound “whole system” strategy to safeguard their use for the patients who absolutely need them may be more realistic and yield better results.

These proposals were discussed by an expert panel, who nuanced them from their perspective. The colloquium clearly showed that progress on dealing with AMR needs the insights from multiple disciplines and perspectives to be brought together. AMR is clearly not only a challenge for microbiologists or clinicians; they are faced with the problem daily, but can’t contain it on their own. “

**Adoption of the Global Migration Pact (Marrakech)**

UN News Governments adopt UN global migration pact to help ‘prevent suffering and chaos’


Given the commotion in many countries, unless you live on Mars, you probably know this by now. “The Global Compact for Migration was adopted on Monday by **leading representatives from 164 Governments** at an international conference in Marrakesh, Morocco, in an historic move described by UN Chief António Guterres as the creation of a “roadmap to prevent suffering and chaos”.”

**Quite an encouraging number of countries**, in the current (not very multilateral) circumstances.

See also the Guardian - **UN states agree historic global deal to manage migration crisis**

Or a Lancet World Report, by Jocalyn Clark - **World leaders adopt first global pact on migration**

“The compact’s adoption came among controversy over some governments withdrawing their support. Jocalyn Clark reports from Marrakesh.” The adoption is just the starting point of a big collective journey.

Other links you might want to look into:

- **IISD** - **UN Member States Adopt Migration Compact, Prepare to Implement 23 Objectives**

“...The compact includes 23 objectives and a set of possible actions for each one, from which governments can draw in responding to the issue. The UN also launched the Migration Network to support the compact’s implementation at country level.”
• ODI Comments & Analysis- 163 states just approved the Global Compact for Migration. Now what?

Various analyses by M Foresti, D Donoghue, H Dempster (recommended, also of the journey that lies ahead...)

• PRI - UN compact recognizes climate change as driver of migration for first time

“... it’s the first time a major migration policy addresses climate change, says University of Liège environmental migration expert François Gemenne. “The simple fact that there is a section on climate change is in itself quite a novelty,” Gemenne said. The document identifies climate change as a driver of migration and suggests countries work together to start planning for people who move due to natural disasters and climate change. “And it also restates the need to tackle the causes of climate change and to support adaptation in developing countries so that people are not forced to migrate in relation to climate change,” Gemmenne said....”

70th anniversary of Universal Declaration of Human Rights

Lancet Editorial - The right to health

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33141-6/fulltext

... Human Rights Day is recognised annually on Dec 10, and this year is especially important since it is the 70th anniversary of the day that the UN General Assembly adopted the Universal Declaration of Human Rights....”

“Recognition of the importance of human rights in protecting health is fundamental and is as crucial today as it was in 1948. As a common standard of achievement for all nations, promoting respect for these rights and freedoms is critical. But with constant rights violations taking place worldwide, and global threats such as climate change, armed conflict, and mass migration, the future of rights-based global health efforts is in the balance.... “

Lancet - 70 years of human rights in global health: drawing on a contentious past to secure a hopeful future

L Gostin et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32997-0/fulltext

« Lawrence Gostin and colleagues, including the director-general of WHO, look back at the evolution of human rights in global health over the past 70 years and outline key messages for the future of health as a human right.” Must-read!!!!!
Guardian - Humanity is on path to self-destruction, warns UN special rapporteur

“On 70th anniversary of Universal Declaration of Human Rights, Nils Melzer says global community has failed to learn lessons of second world war.”

“…Human rights are facing a “worrying backlash” from a global community that has failed to “learn the lesson” of the past. Speaking exclusively to the Guardian, the United Nations’ special rapporteur on torture, Nils Melzer, said the global community had become “complacent” in the face of injustice because the world no longer understood why human rights should be protected or what the world would look like without them....”

GAVI's midterm review in Abu Dhabi (10-11 Dec)

GAVI - “Global health leaders hail immunisation as shortest path to healthy lives”

Good overview of the GAVI mid-term review in Abu Dhabi, with among others announcements on a series of new innovative partnerships with the private sector and governments to further strengthen immunisation in developing countries. (with among others: collaboration with the German government on using blockchain technology for GAVI)

Some background on this mid-term review: “Gavi’s mid-term review, held in Abu Dhabi, United Arab Emirates (UAE) on 10-11 December, is a high-level conference celebrating Gavi’s progress and impact in the world’s poorest countries. By the end of 2018, Gavi will have contributed to the immunisation of 700 million people and the prevention of more than 10 million future deaths. This has contributed to an acceleration in the decline of global under-five mortality rates and brought wider impact beyond immunisation. As well as reviewing progress made since the last Gavi replenishment in Berlin in 2015, this high-level conference is also an opportunity to shape Gavi’s future and help overcome the challenges preventing children from receiving the full course of recommended vaccines. This is a cost effective and high impact intervention that is core to primary health care and provides a robust platform to deliver better health for all.”

You find the 2016-2020 midterm review report here.

See also Reuters – Vaccines group plots path through conflict, instability, epidemics

“More children worldwide are now immunized against killer diseases but the task has become harder due to conflicts, epidemics, urbanization and migration, the head of a global vaccine group said. Seth Berkley, chief executive of the GAVI vaccines alliance, said his agency was now focusing on how to get vaccines to people in rural areas, those isolated by war and refugees.”
Scathing Independent Report on UNAIDS & 43rd PCB (11-13 Dec)

As most of you will know by now, after a devastating report by an Independent Panel that came out last week, UNAIDS is in deep crisis, just as the 43rd PCB meeting was to begin.

Below you find some reads, starting with the decision of the PCB (yesterday evening), and then going back a week in time, with the release of the report.

As for tweets (mostly from global health (governance) observers) related to the sorry UNAIDS saga, we refer to the Global Health Governance section (further in this newsletter).

UNAIDS – UNAIDS Board calls for immediate implementation of UNAIDS agenda for change


“The UNAIDS Programme Coordinating Board (PCB) has called on UNAIDS to fully implement the management response (UNAIDS agenda for change) to address harassment, including sexual harassment, bullying and abuse of power, at the UNAIDS Secretariat which was presented to Board members by the Executive Director of UNAIDS on Tuesday 11 December. The decision was agreed by the members of the PCB at the conclusion of the 43rd meeting of the PCB in Geneva, Switzerland, today. The PCB agreed to establish a working group to oversee the immediate implementation of the management response and to discuss the report of the Independent Expert Panel in a special PCB meeting before March 2019....“

“...The Executive Director of UNAIDS also told the PCB that he wanted to have an orderly transition of leadership at UNAIDS in the final year of his term. He informed the UNAIDS Board that its meeting in June 2019 would be his last Board meeting and he would complete his duties at the end of June 2019....“

Guardian - Pressure grows on UN official accused of encouraging 'harassment and abuse'


From last Saturday, just after the release of the report.

Although the report acknowledged Sidibé’s “outstanding contribution made to the work of UNAIDS”, “A culture of favouritism that tolerated harassment and bullying has been allowed to fester within a major UN agency, according to a damning independent assessment that calls for a change of leadership. The independent report, commissioned following multiple allegations of sexual harassment and bullying by senior staff at UNAIDS, said Michel Sidibé, the agency’s executive director, had created “a patriarchal culture tolerating harassment and abuse of authority”. After one submission made to the panel described the agency as “a predators’ prey ground”, experts
warned of ineffective processes for dealing with complaints, inadequate policies to prevent abuse of power, and a cult of personality at the top of the organisation....”


You find the full report here. (“Report on the work of the Independent Expert Panel on Prevention of and response to harassment, including sexual harassment; bullying and abuse of power at UNAIDS Secretariat”)

The UNAIDS press release (7 Dec) - “UNAIDS puts forward a transformative agenda to create a model working environment at UNAIDS” was probably not the most tactical move.

You find the UNAIDS management response to the independent report here. (“Transforming UNAIDS An agenda for eliminating all forms of harassment and upholding dignity, accountability and well-being in the workplace”)

Sidibé emphasized in this response, that he wanted to lead, the coming 12 months, on “The agenda for change” outlined in this document, with five key components for action, informed by the Panel’s report: 1. Putting staff at the centre. 2. Strengthening compliance and standards. 3. Galvanizing leadership, governance and oversight. 4. Investing in management systems and activities. 5. Enhancing capacity.

Sidibé convinced hardly anyone.

On Twitter and elsewhere, the pressure was mounting for a change in UNAIDS leadership (also on UN SG Guterres), and some even questioned the existence/relevance of UNAIDS altogether in the SDG health era (for tweets, see the GHG section).

Offline: How to restore the credibility of UNAIDS

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33164-7/fulltext#.XA9vBZXmeh4.twitter

Must-read. Horton’s assessment of the report, with its damning messages on the organizational culture at UNAIDS, Sidibé’s and the PCB’s responsibility in this, and what should be done now.

His conclusion wasn’t exactly ambiguous: “…On Dec 11, 2018, the PCB met to discuss the findings of the Expert Panel. One of its roles is to make recommendations to co-sponsoring organisations regarding the activities of UNAIDS. It is the UN Secretary-General who has the power to hire and fire the Executive Director. Both the PCB and António Guterres now have a duty to deliver on the recommendations of the Expert Panel. The reputation of UNAIDS and the UN system depends on it.”

Guardian - Sweden is freezing UNAIDS funding

Meanwhile, donor pressure was also rising.

“The Swedish government has announced it is to withhold funding to a UN agency until its director resigns in a row over his “dysfunctional leadership”. UNAids, which spearheads the global fight against Aids and HIV, will receive no further funding until its executive director, Michel Sidibé, stands down, said Isabella Lövin, Sweden’s minister for international development cooperation and climate…. … Britain has been attacked by campaigners for not taking a similarly strong stance. The UK’s Department for International Development (DfID), is also a key donor.”

For some background papers on PCB43, see here

Oxfam & #MeToo report

The Times - Oxfam delays ‘uncomfortable’ scandal report
https://www.thetimes.co.uk/article/oxfam-delays-uncomfortable-scandal-report-xkgb8s693

“A report into Oxfam’s handling of sexual misconduct cases will now not be published until the new year after disputes over its highly critical content, The Times has learnt. The charity is understood to have been at loggerheads with an independent review team that has uncovered serious failures in the way it dealt with scores of safeguarding incidents in its offices and shops....”

COP 24 in Katowice (second week)

It hasn’t really been a “walk in the park”, in Katowice, so far, not unexpectedly in the current geopolitical environment.

If no compromise can be reached, the talks may end this weekend without finalising the rulebook for implementing the Paris agreement, the key aim of these two weeks of negotiations. According to Devex, a few of the key issues at stake at the COP24 climate talks in Katowice, Poland, are ambition, finance, and transparency.

As the negotiators are frantically trying to get to an agreement, and with UN SG Guterres trying to whip everybody towards one, having come back to Poland earlier this week, while stressing that humanity is on a ‘suicidal path’, here are some reads from this week (more or less chronologically):

Guardian – US accused of obstructing talks at UN climate change summit

“... The United States and other high carbon dioxide-emitting developed countries are deliberately frustrating the UN climate summit in Katowice, Poland, Vanuatu’s foreign minister has said. His warning came as Pacific and Indian ocean states warned they faced annihilation if a global climate “rule book” could not brokered.
The UN’s climate change talks in Poland have been distracted by a semantic debate over whether the conference should “welcome” or “note” the IPCC’s special report warning of dire consequences if global warming rises more than 1.5°C above pre-industrial levels, with a bloc of four oil-producing countries – the US, Saudi Arabia, Russia, and Kuwait – insisting the report be only “noted”....

See also the Washington Post on this - Trump administration resists global climate efforts at home and overseas.

Devex - Activists sound alarm as human rights guidelines are dropped at COP

“Activists at the climate negotiations marked International Human Rights Day Monday by sounding the alarm over the removal of language from draft guidelines that would encourage protection of human rights within national climate change strategies. They are concerned that without the guarantees, future development projects that benefit from new climate-related financing mechanisms might move forward without consulting the very communities their construction might affect....”

On a more positive note, as already mentioned above, “the portions of the Paris Agreement that deal with displacement and migration brought about by climate change have been reinforced by a new global agreement adopted this week in Marrakech”.

Devex pointed out “The inclusion of this language in both the Paris Agreement and the migration compact will give countries a strong hook for including plans for climate-related migration and displacement in their national strategies for tackling climate change.”

UN News - Failing to agree climate action would ‘not only be immoral’ but ‘suicidal’, UN chief tells COP24


“With roadblocks continuing at the COP24 climate change conference over how to implement the historic 2015 Paris Agreement, United Nations chief António Guterres returned to Poland on Wednesday, to challenge the more than 100 Government leaders gathered in Katowice to find consensus and “finish the job.””

When the (few) little kids in 2118 will be stuck with Elon Musk’s weed blowing descendants on Mars, they’ll see a documentary on Guterres as one of the few global leaders, a hundred years earlier, who knew the world was on a suicidal path and tried to warn humanity, however, the world wouldn’t listen to him.

The Guardian - Climate change talks lead to heightened pledge to cut emissions

Some positive news: “The EU and scores of developing countries have pledged to toughen their existing commitments to reduce greenhouse gas emissions to enable the world to stay within a 1.5°C rise in global warming. The promise, which follows increasingly dire scientific warnings, was the most positive message yet to come from the ongoing talks in Poland.”
“Campaigners praised the decision by the High Ambition Coalition group of countries, made up of the EU and four other developed countries, including Canada and New Zealand, as well as the large grouping of least developed countries and several other developing nations, to scale up their emissions-cutting efforts in line with a 1.5C temperature rise limit.”

PS: Belgium wasn’t part of this High Ambition Coalition Group. The little kiddies on Mars should get that message too in 2118.

Foreign Policy - Trump Has Officially Ruined Climate Change Diplomacy for Everyone


Analysis. “The evidence is in: the Paris Agreement doesn’t work without the United States.”

The conclusion: “In the short run, the Paris Agreement can resist the Trump effect—indeed, it was designed to do so. But in the medium and longer term, it will continue to be assailed by instability and uncertainty until the underlying structural factors in the U.S. political-economy can be addressed.”

Guardian - China demands developed countries ‘pay their debts’ on climate change

“Key sticking point at UN negotiations is how countries should account for their greenhouse gas emissions.”

The Conversation - COP24: here’s what must be agreed to keep warming at 1.5°C

H Hunt (Cambridge); https://theconversation.com/cop24-heres-what-must-be-agreed-to-keep-warming-at-1-5-c-107968

“The urgency for decisive action is the imperative for COP24. The UN must press on with four major strands for meeting the Paris 1.5°C target: Reduce fossil carbon emissions. Remove carbon from the atmosphere (NETs). Halt the rise of emissions of non-CO₂ greenhouses cases (Methane, Nitrous oxide, CFCs). Investigate techniques for geoengineering, including Solar Radiation Management.”

WHO global management meeting (Nairobi)

This week, dr Tedros convened WHO’s top staff in Nairobi, rather than Geneva, for a global management meeting on his long-awaited restructure plan.

See HPW: “The WHO meeting aimed to introduce senior management staff to new ways of doing business that are being introduced by Dr Tedros over the coming year, according to sources. The changes, intended to make the organisation more responsive to country priorities, would include more country and regional management of programmes and resources; increased emphasis on
“operational” rollout of activities in the field; better alignment between WHO and other UN agencies in resource-strapped country offices; increased rotation of WHO staff between challenging field positions and Geneva headquarters; streamlined recruitment of more diverse talent worldwide. Sources said that the changes would be implemented gradually, beginning in February 2019.”

Or cf a WHO tweet: ““This week we have held a historic meeting of WHO’s senior management here in #Kenya. Our focus is on transforming WHO to make it an organization that is more capable of delivering impact where it really matters – in countries.””

One read in particular we can recommend, linked to the financing of WHO:

Devex - WHO needs $14B — here’s how it plans to raise it

Must-read analysis.

“When the World Health Organization’s executive board meets next month, one of the top items on the agenda is expected to be the agency’s proposed budget for the next two years. The talks among the organization’s leaders and member states will give insight into how effective and convincing the sweeping changes WHO initiated in the past year have been. The United Nations agency is also expected to reveal more about the viability of its first investment case as it seeks to raise billions of dollars in funding to deliver on its priorities for the next five years. Over the next five years, the organization will need some $14.1 billion, according to estimates in the investment case released in September. This will be used to help deliver the organization’s much-touted “triple billion” goals...”

“...In interviews, Tedros and two of his directors — Imre Hollo, director for strategic planning, and Dominique Hyde, director for strategic engagement at WHO — laid out the strategies they are exploring and implementing to raise funds. These range from changing the narrative around resource mobilization, to employing different mechanisms to broaden the donor base. They also shared with Devex details behind the numbers WHO is seeking from member states....”

HPW - Kenya To Launch Universal Health Coverage Pilot Of Free Healthcare

While Tedros was in Kenya: “Kenya’s President Uhuru Kenyatta [is] set to launch a major initiative on universal health coverage (UHC) on 13 December, in the presence of World Health Organization Director General Dr Tedros Adhanom Ghebreyesus, positioning Kenya as a regional leader in the race to meet health-related UN Sustainable Development Goals.”

“...Kenyatta said the first pilot phase of the Kenya UHC rollout would involve a “strong focus on primary health care and to the fundamentals of health promotion and disease prevention, addressing determinants of health.””

See also HPW - Kenyan President Launches Benchmark Universal Health Coverage Pilot, To Become Nationwide In 18 Months
Partners’ Forum (New Delhi, 12-13 Dec)


“The Partners’ Forum is co-hosted by the Partnership of Maternal, Newborn & Child Health and the Government of India. The two-day event brings together 1200 participants from 85 countries in New Delhi, to measure progress in the implementation of programs for the health and well-being of women, children and adolescents.”

WHO - 2018 Partners’ Forum opens on Universal Health Coverage Day in New Delhi, PM Modi commits US$ 100 billion for health services in India


“At the opening of the 2018 Partners’ Forum in Delhi today, Prime Minister Narendra Modi pledged USD$ 100 billion to be invested into the improvement of health services until 2025. The commitment amounts to 2.5% of India’s GDP, representing an actual increase in health spending of 345% over the coming eight years.

... India’s involvement in the Forum reflects a long-standing relationship with PMNCH. The Government of India is currently the Partnership’s acting Board Chair....

UN News - Better care, stronger laws needed to save 30 million babies on the brink of death


“Nearly 30 million babies are born too soon, too small or become sick, requiring specialized care to survive beyond the first month of life, according to a new report by a global coalition that includes the UN Children’s Fund (UNICEF) and World Health Organization (WHO). “... The report, “Survive and Thrive: Transforming care for every small and sick newborn,” finds that babies with complications from being born premature, or suffering brain injury during childbirth, severe bacterial infection or jaundice, risk death and disability.”

See also WHO - Nearly 30 million sick and premature newborns in dire need of treatment every year

“Global coalition calls for better care and stronger legislation to save babies on the brink of death.”
On 13 December, key findings of the report were launched at the Partners’ Forum of the Partnership for Maternal, Newborn and Child Health (PMNCH) in New Delhi, hosted by the Government of India, where 130 countries will decide on better policies for newborns.

For some coverage of this report, see also HPW - **WHO-UNICEF Report: Some 2.5 Million Newborns Died In 2017, Mostly Preventable.**

Draft version of a call to action – SRHR: An essential element to achieving UHC

[https://drive.google.com/file/d/1nc9NjCg4Cb- _cXo2K9rRzaInQfn81LOG/view](https://drive.google.com/file/d/1nc9NjCg4Cb- _cXo2K9rRzaInQfn81LOG/view)

“PMNCH, as part of its workstream on Sexual and Reproductive Health and Rights, is partnering with a range of colleagues to generate a sign-on Call to Action advocating for SRHR as a core pillar of Universal Health Coverage. The Call to Action, called “**Sexual and Reproductive Health and Rights: An essential element to achieving universal health coverage**,” is being developed in the lead-up to the High Level Meeting on UHC at the 2019 UN General Assembly. We are sharing a draft version of the Call to Action with the PMNCH community to solicit feedback, comments, and – we hope – signatories. Please review the document and let us know what might be missing from this statement to ensure it truly represents the aspirations of the SRHR community in relation to UHC. **The draft document will be shared and discussed at the Partners’ Forum in New Delhi next week, 12-13 December.** Once the document is finalized, signatories will be accepted for another period of 6-8 weeks.”

**BMJ Collection – Making multisectoral action work**

[https://www.bmj.com/multisectoral-collaboration](https://www.bmj.com/multisectoral-collaboration)

“Analysis of factors that contribute to progress in reducing maternal and child mortality suggests that action from sectors beyond health have a profound influence. Recognition of the value of collaboration between sectors is embedded in the sustainable development goal (SDG) targets, with SDG 17 in particular highlighting the importance of multistakeholder partnerships to achieve the goals. However, there is little formal understanding of the general principles that contribute to effective multisectoral collaboration for health. **This collection of articles includes twelve country case studies, each an evaluation of multisectoral collaboration in action at scale on maternal, neonatal, and child health.** Each case study relates to one or more of the key thematic priorities from Every Woman Every Child initiative, with diverse country income levels and regions reflected across the series. Collectively these twelve studies inform an overarching synthesis and accompanying commentaries, drawing together lessons learned in achieving effective multisectoral collaboration.

**These articles, launched at the Partners’ Forum 2018, aim to provide insights and ideas that will inform the evolving evidence base on effective multisectoral action.**

For an introduction to & overview of the series, check out the related **BMJ Opinion blog: To achieve the SDG health goals we need to recognise the goals and outcomes of other sectors** “Tobias Alfvén, Agnes Binagwaho, and Måns Nilsson call for multisectoral collaboration to become the “new normal””
At the very least, read:

- The Editorial introduction - Multisectoral collaboration for health and sustainable development (by Wendy Graham et al)
- The Synthesis paper - Business not as usual: how multisectoral collaboration can promote transformative change for health and sustainable development.

“Shyama Kuruvilla and colleagues present findings across 12 country case studies of multisectoral collaboration, showing how diverse sectors intentionally shape new ways of collaborating and learning, using “business not as usual” strategies to transform situations and achieve shared goals.”

Global health security

Homeland Preparedness News - Canada to donate additional CA$10 mil to CEPI for anti-epidemic efforts

“Canadian Prime Minister Justin Trudeau affirmed another 10 million Canadian dollars for the Coalition for Epidemic Preparedness Innovations (CEPI) this week, in an effort to bolster the development of vaccines. The announcement was made following the recent G20 summit and supports that body’s efforts on global health....”

Reuters – Scientists to test tailor-made vaccine tech to fight epidemics

“A global coalition set up to fight disease epidemics is investing up to $8.4 million to develop a synthetic vaccine system that could be tailor-made to fight multiple pathogens such as flu, Ebola, Marburg and Rabies. The deal, between the Coalition for Epidemic Preparedness Innovations (CEPI) and a team of scientists at Britain’s Imperial College London is aimed at progressing a “vaccine platform” which uses synthetic self-amplifying RNA (saRNA). A vaccine platform is a system that uses the same basic components as a backbone or framework, and can be adapted to immunise against different diseases by inserting new genetic sequences from, for example, the flu or Marburg or rabies virus....”

BMJ Blog - Building health security into health systems: one legacy of polio eradication that must not be lost
S Matlin, J Diment, D Heymann; BMJ blog;
Recommended blog. “...As the GPEI plans for the future, it has become increasingly clear that ‘finishing the job’ must mean not only certifying that the last case of polio in a human being has been seen, but that the assets of polio eradication and the knowledge gained are put to good use for the benefit of health everywhere. Stronger health security and accelerated movement towards UHC are the prizes to be won.”

Coalition for Epidemic Preparedness Innovation turns to IFFIm to accelerate funding for new vaccine development


More news from Abu Dhabi: “...the Board of Gavi, the Vaccine Alliance has approved a proposal for the Kingdom of Norway to support the Coalition for Epidemic Preparedness Innovation (CEPI) through the issuance of bonds backed by a new Norwegian pledge to the International Finance Facility for Immunisation (IFFIm). The IFFIm Board has also expressed its support for this novel arrangement. CEPI, which is developing new vaccines for some of the world’s most dangerous infectious diseases, will draw on IFFIm’s capacity to raise short-term financing on capital markets based on long-term contributions from donor countries....”

Devex - US gets a C on sexual and reproductive global health assistance, new index finds


“The U.S. government’s overall grade on sexual and reproductive health and rights in its global health assistance dropped from a B in 2016 to a C in 2017, according to a new index published Wednesday by the Washington, D.C.-based Center for Health and Gender Equity, or CHANGE. The CHANGE index examines policies and funding on SRHR from six federal government actors: the White House, Congress, USAID, the Department of State, the Department of Defense, and the Department of Health and Human Services. Each department is graded on the three separate categories of HIV/AIDS, maternal and child health, and family planning. Grades ranged from an F for the White House on the family planning indicator to an A for the U.S. Agency for International Development on HIV/AIDS work. The interactive index, which intends to keep the U.S. government accountable for its $10.8 billion in global health assistance, can be explored by agency and category for 2016 and 2017. This is the first publication of the index, although it includes data and grades for both years.... “

Devex – OECD-DAC members unable to reach a consensus on private sector instruments

“After four years of negotiations, the world’s top donors have been unable to agree a set of permanent rules on how to count aid money spent through private channels as official development assistance. The Organisation for Economic Co-operation and Development’s Development Assistance Committee — the body tasked with setting the rules around ODA for its members — released a statement on Wednesday revealing that despite years of talks, members could not reach a comprehensive set of rules on how to report aid spent through private sector instruments such as loans, guarantees, and equity....”

“Instead, DAC member countries — including 30 of the world’s richest countries which collectively account for about 80 percent of global aid spending — did agree to a set of five provisional reporting arrangements....”

“... But civil society groups have long warned that without strict rules, ODA could be used to subsidize private sector investments and lead to a decrease in overall aid effectiveness. They described the just-published provisional agreement as a “weak stop-gap arrangement” which could leave the door open for donors to report their private sector instrument spending however they want....”

The Trump administration announces a new Africa policy


“At an event in Washington, D.C., John Bolton, White House national security advisor, outlined three core U.S. interests in the region: advancing trade and commercial ties, countering violent extremism and conflict, and no longer providing “indiscriminate” assistance. He said U.S. engagement and aid would be more strategic and focused and that the administration would prioritize investments in certain countries or objectives. In order to improve U.S. trade relationships, the administration will negotiate bilateral trade agreements and launch a new initiative called Prosper Africa, although few details are available about what it will do specifically. Bolton said the Africa policy was prioritized because prosperity and independence of African countries are in the U.S. interest, particularly with Russia and China’s expanding influence....”

For more detail, see The Guardian - US unveils new Africa policy to counter ‘predatory’ Russia and China.

“The Trump administration has unveiled a new Africa policy focused on combating the “predatory” practices of China and Russia, and ending what it calls “indiscriminate assistance” and “unproductive, unsuccessful and unaccountable” UN peacekeeping missions. Announcing the new policy, the national security adviser, John Bolton, said it would put US interests first, so would be built around trade and countering the threat terrorist groups like Isis and al-Qaida could pose to the US....”
HPW - Experts Call For Global Accountability Mechanism For Access To Essential Medicines

Coverage of a Lancet article from last week. “Global health experts, including senior officials at the World Health Organization, are calling for a global accountability mechanism for access to essential medicines, noting that a lack of data on medicines affordability and national pharmaceutical expenditures has hindered this process, according to a recent article published in UK medical journal The Lancet.”

“The focus of accountability should move away from measuring only availability of medicines towards the effectiveness, quality, and efficiency of patient-centred comprehensive primary care services, which encompasses equitable access to essential medicines,” they said. Authors include WHO Deputy Director General Mariângela Simão and WHO Director of Essential Medicines and Health Products Suzanne Hill, along with an array of academics and other experts. The article stated that “high-level discussions between WHO, the Lancet Commission, other UN agencies, and NGOs have led to the identification of four priorities to ensure the development of a global Accountability Mechanism for Access to Essential Medicines.” It listed these priorities as: the need for high-level political support, the strategic collection and use of data for decision-making, the adoption of new technologies for data collection, and the need for more global advocacy.”

“The Health Data Collaborative was highlighted in the article as a leader in applying health data towards improved accountability.”

Ebola outbreak DRC

Cidrap News - Ebola outbreak grows as DRC issues alerts in Goma


Recent update. There are now over 500 Ebola cases, of which about half have died....

Science – Ebola vaccine is having ‘major impact’ but worries about Congo outbreak grow

J Cohen; Science;

Includes the assessment of Peter Salama. Must-read.
The Conversation – Worsening Ebola crisis leaves UN Security Council with few options


This expert thinks perhaps the only feasible option for the UN Security Council is: “… A more likely option appears to be expanding the role of the MONUSCO peacekeepers to take a more active role in protecting healthcare workers in the DRC so that healthcare workers can safely carry out their work. While the UNSC has moved away from authorising military-led peacekeeping missions, the fact that there is a peacekeeping force already in the DRC means an expansion of their mandate is more likely. In particular, MONUSCO could create and maintain a corridor of safety when combatants are only engaged by peacekeepers if they enter this area. The UNSC created such a zone in the Iraq-Kuwait conflict as a form of humanitarian intervention so that water and aid could be delivered to civilians within the corridor.”

Meanwhile, South Sudan will also start Ebola vaccinations soon (on December 19).

List of 200+ Women Francophone leaders launched

https://www.womeningh.org/wghfrancophone

“Women in Global Health have launched a #WGHFrancophone list to highlight Francophone women in global health who are working towards better health for their communities.”

New WHO initiative targets emergency 'blind spot'


“Talk of emergencies has focused on large-scale disasters and outbreaks, such as the Ebola crisis in the Democratic Republic of the Congo. But there’s another kind of emergency in global health that doesn’t often capture headlines: everyday ones. “I think there's a lot of attention these days to big emergencies like disasters and outbreaks. They capture the imagination of the public and news. [But] the everyday emergency care systems that really are the first point of access for many people around the world, those, I think, are widely neglected within international agendas,” said Teri Reynolds, who leads the emergency, trauma, and acute care program at the World Health Organization….

“…WHO, with support from AO Foundation, hopes to improve this. As part of the new WHO global emergency and trauma care initiative, the organization aims to use its technical expertise and products — which can come in the form of toolkits and guidelines — to help an initial 10 low- and middle-income countries assess where the gaps are in their emergency care systems and implement interventions where needed. …”
UNAIDS - Launch of a global partnership to eliminate HIV-related stigma and discrimination


“Despite the existence of human rights obligations and policy commitments, HIV-related stigma and discrimination continues to be widespread around the world and in all sectors of society. Following a call from civil society in 2017 to accelerate and scale up action to address stigma and discrimination, UNAIDS, UN Women, the United Nations Development Programme and the Global Network of People Living with HIV (GNP+) agreed to co-convene the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination. The global partnership was launched on 10 December on the 70th anniversary of the adoption of the Universal Declaration of Human Rights, during an event in Geneva, Switzerland...”

CGD (Press Release) – Global Consortium Supporting Low- and Middle-Income Countries to Make Evidence-Based Healthcare Investment Decisions Receives $14.5 Million Boost


“A global consortium working with low- and middle-income countries as they aim to make healthcare investment decisions that reflect the best value for money has received a $14.5 million grant from the Bill & Melinda Gates Foundation, announced the Center for Global Development today. The grant covers the next five years and specifically supports the International Decision Support Initiative (iDSI), made up of health policymakers, researchers, and development experts....”

“...iDSI will harness the funding to extend its engagement with policymakers and healthcare payers in low- and middle-income countries, primarily in sub-Saharan Africa, working with them to understand and respond to the challenges they face when deciding on benefits—whether ensuring the financial sustainability of a health insurance fund or fair access to good quality care across public health facilities. The network endeavors to generate long-term, locally owned solutions to healthcare challenges through building capacities for using evidence in policy and clinical decisions. Its impact to date includes influencing policy in eight countries—China, India, Indonesia, Philippines, Vietnam, South Africa, Tanzania, and Ghana...”
Some key publications & journal articles of the week

A health policy analysis reader: The politics of policy change in low- and middle-income countries

“The primary objective of this reader is to encourage and deepen health policy analysis work in low- and middle-income countries (LMICs). It illuminates the range of health policy analysis studies that have been conducted in LMICs, highlights relevant theory, and points to new directions for such work. It also includes methodological and analytical pointers, and considers how to use health policy analysis prospectively to support health policy change. ....”

Plos Med - Associations between sex work laws and sex workers’ health: A systematic review and meta-analysis of quantitative and qualitative studies
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002680

“Lucy Platt and colleagues provide qualitative and quantitative evidence demonstrating the extensive harms associated with criminalisation of sex work.”

PHCPI (report) – Measuring what matters: Case studies on data innovations for strengthening PHC
PHCPI;

This new report from the Primary Health Care Performance Initiative assesses, in 7 case studies, how 5 nations—Argentina, Ghana, Rwanda, Senegal and Tanzania—advanced PHC by improving how they collect, analyze and deploy data. You find some of the common themes on p 7-8.

Some blogs and articles of the week

The Conversation - ‘Leaving no one behind’ conveys a paternalistic approach to development

“The term “leaving no one behind,” now at the centre of a United Nations framework and campaign, has gained centre stage in the era of sustainable development goals (SDGs). It does not stop there: leaving no one behind is also now prevalent among the public health academics, development agencies and organizations that aspire to realize development goals, like not-for-profit bodies and civil society organizations. In a recent health systems global conference in Liverpool, England, the term was thrown around, presented, used and dissected throughout. That’s despite the fact that while the term purports to advocate for inclusivity and progressive universalism, it also
conveys a subtle message of paternalism. The undesirable interpretations of the term can be understood from two perspectives: a paternalistic view of the marginalized and an ecological view of our shared planet...”

O’Neill institute (blog) – The Universal Periodic Review: Is it delivering for global health?

J B de Mesquita et al; http://oneill.law.georgetown.edu/the-universal-periodic-review-is-it-delivering-for-global-health/

Last blog in the O’Neill Institute blog series on Human rights in global health. This one examines the influence of the Universal Periodic Review (created in 2006) on state implementation of the Right to Health.

You find an overview of the whole blog series here.

Global Health Events

Coming up – Africa Health Agenda International Conference: 2030 Now: Multi-sectoral Action to Achieve Universal Health Coverage in Africa (5-7 March, Kigali, Rwanda)

AHAIC.

“The Africa Health Agenda International Conference (AHAIC) is the leading convening on Africa’s health priorities.”

“Every iteration of AHAIC builds on the success of the previous one to bring more nuance and action to conversations on health in Africa. The 2017 conference, which was held in Nairobi, Kenya, brought together over 1000 stakeholders to discuss systems and innovations needed to enable Africa to achieve the Sustainable Development Goals. AHAIC 2019 will convene stakeholders from across sectors and around the world to take forward critical conversations initiated in Nairobi to explore what it will take for Africa to achieve Universal Health Coverage (UHC) by 2030.”
Global governance of health

Devex – Gates Foundation CEO on the importance of innovation, but also prioritization

https://www.devex.com/news/gates-foundation-ceo-on-the-importance-of-innovation-but-also-prioritization-94010

“Sue Desmond-Hellmann, CEO of the Bill & Melinda Gates Foundation, said she is committed to saying no more often....”

“...Following a busy year where it launched a number of new programs, the Gates Foundation plans to spend 2019 refining its strategies, rather than taking on new challenges. On Thursday, the Gates Foundation released its annual year in review, capturing what happened in 2018, including the launch of three new strategies: $170 million for gender equity, $68 million for global education, and $158 million for mobility from poverty in the United States. Desmond-Hellmann says that while "innovation is helping more people than ever" lead healthy and productive lives, the Gates Foundation strategy moving forward must involve innovation, as well as prioritization....”

Axios - Bill Gates hopes Trump's trade war won't wreck the global health agenda

https://www.axios.com/bill-gates-trump-trade-war-global-health-agenda-d15c8c7a-e7fd-4c26-b60d-2d22254a329b.html

“Microsoft founder and philanthropist Bill Gates, who’s in D.C. this week to meet with administration officials and members of Congress, told Axios he hopes the U.S.’ souring relationships with Europe and China — sparked by the Trump administration’s tariffs — won’t hurt long-term global health or climate change goals....”

“...For example, he said, he’d like to partner with China to work on eradicating malaria by 2040. His message to the Trump administration: Don’t make that job harder. "We’re going to the Chinese and saying, 'Hey, join in this effort.' And obviously, if U.S.-China relationships are not going well, that means our chance at succeeding in getting China to participate in these global efforts makes it less than we would have otherwise," he said....”

KFF brief – PEPFAR Reauthorization: Side-by-Side of Existing and Proposed Legislation

PEPFAR was reauthorized, signed into law by President Donald. The 4th time that PEPFAR has been reauthorized, which displays a remarkable bipartisanship over 15 years. Check out this KFF brief.

**Reality of Aid 2018 Report - The Changing Faces of Development Aid and Cooperation: Encouraging Global Justice or Buttressing Inequalities?**


With among others, an interesting ‘Political Overview’ chapter, quite critical of current aid trends.

“... The 2018 Report sets out a narrative in support for the integrity of ODA as a dedicated resource that contributes directly to the eradication of poverty and the reduction in all forms of inequality. **The Report examines these “changing faces of aid” in five major areas:** 1. ODA and private sector resources to achieve the SDGs 2. ODA, security, migration and options for development 3. ODA and response to the acute challenges of climate change 4. South-South Cooperation in development finance 5. Safeguarding ODA as a public resource for reducing poverty and inequalities: Recommendations for the future deployment of aid.”

**BMJ Global Health (Commentary) – Advancing Germany’s new global health strategy**

J M Stratil et al; [https://gh.bmj.com/content/3/6/e001140](https://gh.bmj.com/content/3/6/e001140)

Summary: “Reacting to a rapidly changing global health landscape, the German government has initiated the development of a new global health strategy, to be published in 2019. As there is no universal ‘right’ decision on how to tackle the plethora of global health challenges with the available resources, the German government will need to reflect on how decisions can be made and multiple strategic considerations and interests balanced. **With strengthening its commitment to fair, transparent and participatory decision-making processes in the development and implementation of its new global health strategy, Germany can ensure buy-in from German society at large and contribute to shaping the way global health is practised in the coming decades.**”

PS: Germany’s global health strategy for the coming years was certainly also ‘advanced’ by CDU’s choice for AKK (over her key male opponent) 😊

**NYT – Heather Nauert’s Pick as U.N. Envoy Hints at Reshaping of the Role**

“President Trump confirmed on Friday that he would nominate Heather Nauert, a former “Fox & Friends” host who has served as the State Department spokeswoman since last year, to replace Nikki R. Haley as ambassador to the United Nations and help promote an “America First” foreign policy that has at times rankled some of the country’s leading allies. Ms. Nauert has impressed Mr. Trump with her fierce advocacy and telegenic presence, while earning the trust of the president’s daughter Ivanka Trump and her husband, Jared Kushner....”

“...If confirmed, Ms. Nauert may serve more as a public face for the administration than as a policymaker, leaving Secretary of State Mike Pompeo and John R. Bolton, the president’s national security adviser, to dominate decision-making back in Washington. Many in Washington saw the appointment as a way for Mr. Bolton to consolidate power....”

CGD (blog) - Public versus Private Flows in Fragile States: Examining the External Financing Landscape


(recommended, with also interesting graphs) “...the available data show that ODA remains a comparatively prominent source of external financing for fragile states...” “...The information presented in this blog offers a few insights into the current financing environment for fragile states, and where we might go from here:....”

“Foreign aid remains essential for fragile states, prompting important questions about both the level of aid and its quality. ... There is still potential for growth in private flows to fragile states; ... But it’s important to be realistic.”

IJHPM - On the Path to UHC – Global Evidence Must Go Local to Be Useful; Comment on “Disease Control Priorities Third Edition Is Published: A Theory of Change Is Needed for Translating Evidence to Health Policy

A Davis et al; http://www.ijhpm.com/article_3575.html

“The Disease Control Priorities (DCP) publications have pioneered new ways of thinking about investing in health. We agree with Norheim, that a useful first step to advance efforts to translate DCP’s global evidence into local health priorities, is to develop a clear Theory of Change (ToC). However, a ToC that aims to define how global evidence (DCP and others) can be used to inform national policy is too narrow an undertaking. We propose efforts should be directed towards developing a ToC to define how to support progressive institutional development to deliver on universal health coverage (UHC), putting the client at the center. Enhancing efforts to meet the new global health imperatives requires a shift in focus of attention to move radically from global to local. In order to achieve this we need to reorganize the nature of technical assistance (TA) along three major lines (1) examine and act to clarify the mandates and roles to be played by multilateral
normative and convening agencies, (2) ensure detailed understanding of local institutions, their needs and their demands, and (3) provide TA over time and in trust with local counterparts. This last requirement implies the need for long-term local presence as well as an international network of expertise centers, to share scarce technical capabilities as well as to learn together across country engagements. Financing will need to be reorganized to incentivize and support demand-led capacity strengthening.”

South-Centre (Investment Policy Brief) - Investor-State Dispute Settlement: An Anachronism Whose Time Has Gone

https://www.southcentre.int/investment-policy-brief-12-december-2018/

“Investor-State Dispute Settlement (ISDS) – a mechanism that allows foreign investors to bring claims against host governments to an international arbitral tribunal – is a relic that should be abolished. Its alleged benefits have not materialized and its costs – monetary and other – can represent a formidable obstacle to good economic governance. We recommend policymakers to terminate ISDS provisions in existing agreements and eschew them in future trade and investment treaties.”

WHO – Luxembourg: Partners in Global Health


Nice fact sheet on the WHO-Luxembourg collaboration. “WHO is proud to partner with Luxembourg, a strong supporter of global health, that contributes more than 15% of its official development assistance to the health sector. Since 2009, Luxembourg has provided 1% of its gross national income to development assistance, one of the few countries that exceeds the United Nations target of 0.7%. WHO and Luxembourg work together in key health areas including universal health coverage; reproductive, maternal, newborn, child and adolescent health; health emergencies; polio eradication; and neglected tropical diseases. Since 2017, Luxembourg has co-chaired the Special Programme for Research and Training in Tropical Diseases, a partnership hosted by WHO....”

HEARD report – Exploring Global Fund processes in three African countries


In Malawi, Tanzania & Zimbabwe, that is. Check out some of the findings.

See a tweet by Kalipso Chalkidou to give you a taste – ““National strategic plans are dominated by global norms and commitments and not necessarily by country contexts. They are subsequently
costed, which reveals large funding gaps that are beyond well-considered expectations of available resources.”

Devex – USAID launches new private sector engagement policy

Devex

“The U.S. Agency for International Development launched a new private sector engagement policy Wednesday designed to change the culture and operations of the organization as it works to help countries develop....”

“...The new policy outlines how USAID should engage with the private sector, and the basic message is that it should happen early and throughout all USAID processes....”

Tweets & advocacy related to UNAIDS crisis

Women in Global Health – Beyond Band-Aids: Fixing Sexual Harassment, Bullying and Abuse of Power in UNAIDS


Excerpt:

“...UNAIDS presents an apparent paradox. Known for a strong focus on rights and gender equality, UNAIDS is the only UN body to have achieved all 15 performance indicators of the UN’s System-Wide Action Plan on Gender Equality and the Empowerment of Women. In addition, UNAIDS has taken steps to achieve gender parity within the leadership of its country offices. Female Country Directors in UNAIDS increased from 27% in February 2013 to around 50% today. UNAIDS has been regarded as a leader in gender equality within the UN system. Yet evidence from the IEP report suggests success on gender equality in programmes and increasing gender parity in leadership existed side by side with ‘a patriarchal culture tolerating harassment and abuse of authority’. The UNAIDS example demonstrates that it is possible for organisations to have centres of excellence in gender equality programming and also have organisational cultures that tolerate sexual harassment of staff and/or sexual misconduct....

“...Last month, Women in Global Health addressed this paradox in an article ‘A New Vision for Global Health Leadership’ outlining a Gender Transformative Leadership approach going beyond gender parity in leadership and focusing on organisational and cultural change....”

Women in Global Health then draws conclusions beyond UNAIDS, for the whole UN system.
Some tweets from this week on the UNAIDS crisis

The report sparked a storm on Twitter as well. People like Laurie Garrett, Pam Das, Ilona Kickbusch, Matthew Kavanagh, Gavin Yamey, Sophie Harman, Devi Sridhar, Robert Marten ... all weighed in. (PS: not all tweets below are assigned – of some I don’t remember who came up with them). So just to give you a flavor of the raging Twitter discussions.

Below some tweets, in no particular order:

“@MichelSidibe today announced his intent to step down in June 2019; a structured & orderly transition that prioritizes the implementation of the @UNAIDS IEP’s HR policy recommendations is preferred to chaos that an immediate transition would represent to global #AIDS response.”

- Robert Marten - “While much of @UNAIDS discussion is concerned about the org’s and leadership’s future, it is also remember to remember the victims. 2017 survey found 5.4% of staff said they had experienced sexual harassment in the workplace in the past year. 5.4% of total staff 670=~36 victims.”

- Thread by Sophie Harman (Thread thoughts (mainly angry) on #UNAIDS):

  Report is not a reason to get rid of UNAIDS - a vitally important institution (with good people) - but reform it and root out the rot 1/5

  Sidibe must resign. He either knew & did nothing OR didn’t know, showing lack of grip on institution he was running. But sign of good leadership is responsibility. 2/5

  To not resign or reform undermines whole #AIDS response. Disease driven by gender inequality cannot be run by institution riddled with gender inequality 3/5

  Feminist men of #globalhealth walk your talk!! So fed up of woke misogynists with public declarations & offline sexism 4/5

  Finally, UNAIDS probably tip of iceberg. #globalhealth needs to support those who speak out & believe them 5/5

- Laurie Garrett: “I say: - dissolve @UNAIDS - move all its data collection/analysis to @WHO / @IHME - take its budget & create a permanent Office of Health & Human Rights inside @UNHCR based on Alma At principle "health is a human right" - move human rts budgs of other multilats there, too.”

“An agency responsible for promoting health human rights & "safe sex" is indicted for its corrupt defense of sexual abusers and bullies in its top ranks. It’s time to ask: - Fire @MichelSidibe now? - shut down @UNAIDS & put its funds in @WHO #HIV prog.?”
• J S Morrison: “UNAIDS leadership looks to be toast. We shall see. Other big question: is UNAIDS itself toast? This is what reform of so-called “global health governance” looks like in practice.”

“Read this thread. Real questions here such as: - What is the purpose of @UNAIDS in 2019? Is there ANY? Would its budget be better spent elsewhere? - As globalization disappears & funding declines, which #globalhealth institutions merit our political support?”

• M Kavanagh: “#AIDS Governance: Amidst debate over deeply unsettling #UNAIDS report, some suggest getting rid of UNAIDS. But #HIV remains a crisis; end pandemic w no cure & no vaccine where marginalized are most affected? Political task still huge. Demand accountability, don’t abandon mission”

Radio silence from UN Secretary-General @antonioguterres as Independent Report calls for oust of @UNAIDS’ Executive Director, Michel Sidibé.

• I Kickbusch: “The issue is not „getting rid of“ @unaids but to reflect whether the #globalhealth structures established 20 years ago really hold and deliver. At the turn of the century there was courage to establish new institutions - why not show foresight now in the #SDG Era?”

“Agree with this - there is a hush in #globalhealth for fear of the dynamic that could be unleashed with implications for other organizations and actors in the present climate”

“Amidst all the talk of ‘the end of AIDS’ within one generation, it looks more like this is the ‘end of #UNAIDS.’”


• Pam Das – “Sadly, UNAIDS is not the only organisation in the UN family or among other development institutions for that matter. I had to stop my investigations earlier in the year. I can’t say more than that....”

“Gravely concerning Independent Panel Report on sexual harassment at UNAIDS. Our confidence in UNAIDS’ ED is exhausted. Sweden is a leading voice in advocating for zero tolerance supporting SG’s efforts. Urgent action is needed to secure the important mandate and work of UNAIDS.”

Finally, a tweet related to a new WHO-civil society Working Group:

“Dr @DrTedros announcing the @WHO-Civil Society Working Group on #climatehealth, designed to catalyze a healthy response to #climatechange!”

Not quite sure what a ‘healthy response’ to climate change implies in these high-level circles.
UHC

UHC2030 launched an eLearning course on universal health coverage advocacy


For the many UHC advocates among you.

Devex - Older generation at risk of being left behind in push for UHC


“A lack of data on people aged 65 and above means the older generation is at risk of being left behind in the push toward universal health coverage, according to a new report by HelpAge International and AARP. This can be felt especially in lower income countries. In 2017, there were 962 million people aged 60 or older worldwide — 62 percent of whom live in developing countries. Without adequate data on this age group to monitor illnesses, conditions, and general health, governments cannot effectively plan for the delivery of health services....”

HP&P - Barriers and opportunities to improve the foundations for high-quality healthcare in the Mexican Health System


“This study aimed to describe the foundations for quality of care (QoC) in the Mexican public health sector and identify barriers to quality evaluation and improvement from the perspective of the QoC leaders of the main public health sector institutions: Ministry of Health (MoH), the Mexican Institute of Social Security (IMSS) and the Institute of Social Security of State Workers (ISSSTE)....”
Planetary health

Club of Rome Climate Emergency Plan – A collaborative call for climate action


With 10 priority actions.

Science – Reducing food’s environmental impacts through producers and consumers

http://science.sciencemag.org/content/360/6392/987

For coverage of this new study, see The planet wants you to stop eating so much meat and dairy

“A new, comprehensive analysis came to a regrettable conclusion for all you cheeseburger lovers out there: The earth has a beef with your meat and dairy consumption. A vegan diet is “probably the single biggest way to reduce your impact on planet Earth,” the University of Oxford’s Joseph Poore, the lead researcher, told the Guardian. He says that giving up meat and dairy makes a “far bigger” difference than cutting down on flying or getting an electric vehicle. The researchers found that meat and dairy production is responsible for 60 percent of greenhouse gas emissions from agriculture. The study, published in the journal Science, represents the most comprehensive analysis of farming’s environmental impact to date....”

Guardian – 'Global heating' more accurate to describe risks to planet, says key scientist


““Global heating” is a more accurate term than “global warming” to describe the changes currently taking place to the world’s climate, according to a key scientist at the UK Met Office. Prof Richard Betts, who leads the climate research arm of Britain’s meteorological monitoring organisation, made the comments amid growing evidence that rising temperatures have passed the comfort zone and are now bringing increased threats to humanity. “Global heating is technically more correct because we are talking about changes in the energy balance of the planet,” the scientist said at the UN climate summit in Katowice, Poland....”
Devex - Dirty energy powers aid agencies, report finds

“Humanitarian agencies operate in some of the most challenging, resource-poor settings. Often off-grid, they turn to generators for power and travel long distances for the most basic supplies — which can be expensive and is contributing to environmental degradation, according to a new research paper by the Moving Energy Initiative analyzing aid agencies’ energy consumption in the field. Aid agencies spent 5 percent of their expenses on fuel to power their operations and for transportation in 2017 — an equivalent of $1.2 billion. Much of their energy sources are also classified as “dirty.””

BMJ - Medical organisations must divest from fossil fuels

“...The healthcare community played a leading role in the tobacco divestment movement, paving the way for stronger anti-tobacco legislation. Divestment can also be used to enable legislation against fossil fuels and accelerate the transition to renewable power....”

Third World Quarterly - Is it possible to achieve a good life for all within planetary boundaries?

“The safe and just space framework devised by Raworth calls for the world’s nations to achieve key minimum thresholds in social welfare while remaining within planetary boundaries. Using data on social and biophysical indicators provided by O’Neill et al., this paper argues that it is theoretically possible to achieve a good life for all within planetary boundaries in poor nations by building on existing exemplary models and by adopting fairer distributive policies. However, the additional biophysical pressure that this entails at a global level requires that rich nations dramatically reduce their biophysical footprints by 40–50%. Extant empirical studies suggest that this degree of reduction is unlikely to be achieved solely through efforts to decouple GDP growth from environmental impact, even under highly optimistic conditions. Therefore, for rich nations to fit within the boundaries of the safe and just space will require that they abandon growth as a policy objective and shift to post-capitalist economic models.”

Foreign Policy - The Nobel Prize for Climate Catastrophe

“...The Nobel Prize for Climate Catastrophe"
“The economist **William Nordhaus** will receive his profession’s highest honor for research on global warming that’s been hugely influential—and entirely misguided.”  
Hard-hitting read.

“...while Nordhaus may be revered among economists, climate scientists and ecologists have a very different opinion of his legacy. In fact, many believe that the failure of the world’s governments to pursue aggressive climate action over the past few decades is in large part due to arguments that Nordhaus has advanced....”

And a quick link:


**Infectious diseases & NTDs**

**Stat** - Developmental delays persist as Brazil’s Zika babies grow up


“The Zika virus has faded from the world’s headlines. But the damage the strange mosquito-borne virus inflicted on some children whose mothers were infected during pregnancy very much remains. A new study, published Wednesday in the New England Journal of Medicine, reports that in a group of Zika babies from Brazil who are being followed to assess their progress, 14 percent had severe developmental problems. This was higher than previous studies have suggested, said Dr. Karin Nielsen-Saines, one of the authors....”

**Nature (news)** - Global funding for tuberculosis research hits all-time high

[https://www.nature.com/articles/d41586-018-07708-z](https://www.nature.com/articles/d41586-018-07708-z)

“Global spending on tuberculosis research hit a high in 2017, according to a report released on 3 December. **Investment reached US$772 million, up from $726 million in 2016,** says the report, from the activist organization **Treatment Action Group (TAG)** in New York City. The report, which tracked funding since 2005, shows that investment has gone up and down over the years, with a general upward trend. **The 2017 total is the most spent on research into tuberculosis (TB) in a year, according to the data, but it still falls short of the $2 billion a year that the TB research community says is needed to end the disease by 2030...”
Lancet Infectious Diseases (Comment) - Epidemic preparedness: why is there a need to accelerate the development of diagnostics?


“Global epidemics of infectious diseases are increasing in frequency and severity. Diagnostics are needed for rapid identification of the cause of the epidemic to facilitate effective control and prevention. Lessons learned from the recent Ebola virus and Zika virus epidemics are that delay in developing the right diagnostic for the right population at the right time has been a costly barrier to disease control and prevention. We believe that it is possible to accelerate and optimise diagnostic development through a five-pronged strategy: by doing a global landscape analysis of diagnostic availability worldwide; through strategic partnerships for accelerating test development, in particular with vaccine companies to identify novel diagnostic targets; by creating and sharing repositories of data, reagents, and well characterised specimens for advancing the development process; by involving key public and private stakeholders, including appropriate regulatory bodies and policy makers, to ensure rapid access for researchers to diagnostics; and last, by fostering an enabling environment for research and access to diagnostics in the countries that need them. The need is great, but not insurmountable and innovative and faster development pathways are urgently required to address current shortfalls.”

The National – Fake US vaccine scheme to catch Bin Laden was 'huge mistake'

https://www.thenational.ae/uae/health/fake-us-vaccine-scheme-to-catch-bin-laden-was-huge-mistake-1.800926

Tell me something new.

“The United States made a “huge mistake” by launching a fake immunisation programme in its quest to find Osama bin Laden, an expert seeking to eradicate polio has claimed. Chris Elias, president of the Global Development Division at the Bill and Melinda Gates Foundation, said the CIA plot had fuelled conspiracy theories about vaccines in Pakistan, one of only two countries which continues to report polio cases....”

STAT - HIV research halted after NIH freezes acquisition of fetal tissue


“Researchers at the National Institutes of Health have been ordered not to acquire new fetal tissue for their research since September, according to Science — the same month the Trump
administration began an audit of research using the tissue funded by the NIH and other agencies. The NIH confirmed the suspension on Friday to Science, which reported it affected two NIH labs, including halting an HIV research project....”

The word ‘scientific censorship’ fell in this article.

Vox - “Designer bugs”: how the next pandemic might come from a lab


“Why we need to take the threat of bioengineered superbugs seriously.”

“[This week], diplomats from around the world are meeting in Geneva, Switzerland, as part of an annual gathering of state parties for the Biological Weapons Convention (BWC). The BWC has an important mandate: It prohibits the 182 countries that have signed on and ratified the convention from developing, producing, and stockpiling biological weapons. The BWC, and the biosecurity community broadly, has historically been more focused on existing pathogens with clear potential to be used as biological weapons, such as anthrax and the agents causing botulism and Q fever. In addition, health security experts are worried about the “next big one” — the next global pandemic. Pandemic diseases are often zoonotic....... The emergence of such diseases depends a great deal on spontaneous genetic mutations and circumstantial factors. So here’s a scary thought: Possible future pandemics may not depend on the chance meeting of different animal species and chance mutations, but may be deliberately designed instead. New tools from the field of synthetic biology could endow scientists with the frightening ability to design and manufacture maximally dangerous pathogens, leapfrogging natural selection....”

Plos NTDs (Policy Platform) – The elimination of human African trypanosomiasis is in sight: Report from the third WHO stakeholders meeting on elimination of gambiense human African trypanosomiasis

Plos NTDs:

“Michael P. Barrett presents the successes, challenges, and conclusions discussed in the third WHO stakeholders meeting on elimination of gambiense human African trypanosomiasis.” Sleeping sickness, that is.
FP – Washington Wants Pyongyang to Choose: Humanitarian Aid or Nukes

“The United States is hampering some aid groups from fighting tuberculosis and other diseases in North Korea.”

AMR

HPW - New Study Tracks Global Children’s Antibiotic Use, Finds Deviation From WHO Guidelines

A new study has analysed antibiotic sales data from 70 middle-income and high-income countries, and found variation in the use of antibiotics to treat children, with some countries deviating from World Health Organization recommendations on antibiotic stewardship....”

See also last week’s IHP news. The Lancet Infectious Diseases publication, you find here.

“The study, Consumption of oral antibiotic formulations for young children according to the WHO Access, Watch, Reserve (AWaRe) antibiotic groups: an analysis of sales data from 70 middle-income and high-income countries, was published this week in the Lancet Infectious Diseases journal. ... ... The study states that it is “the first attempt to develop simple metrics of global child community antibiotic use based on the WHO AWaRe classification,” which groups antibiotics into the categories of ‘Access’, ‘Watch’ and ‘Reserve’.”

Exchange of letters in Lancet Infectious Diseases on Multidrug-resistant tuberculosis outbreak in South Africa

Check it out.

A quick link:
Deadly superbug rears its head in India “Klebsiella is a common bacteria that can cause lung, urinary tract and abdominal infections, but a strain has become highly resistant.”

NCDs

Global Health Governance Programme (blog) – Reflections on the Lancet Commission on Global Mental Health and sustainable development


By Anthony Maher (from D Sridhar’s team). “With the recent release of The Lancet Commission on global mental health and sustainable development, it is an opportune moment to reflect on the future of global mental health. This post begins by describing the Commission’s agenda and proceeds to offer reflections on communication and partnership in this field....”

Vox - Video game addiction is real, rare, and poorly understood


“The World Health Organization now recognizes “gaming disorder.” It’s a controversial, but some argue necessary, classification.”

Devex - WHO launches 'Twitter-like' platform for NCDs


With some info on the recently launched Knowledge Action Portal.
Sexual & Reproductive / maternal, neonatal & child health

Rewire News – Democrats Push State Department to Reinsert Reproductive Rights in Human Rights Reports


« Democrats in the U.S. House of Representatives introduced a bill Monday that would require the State Department to again include a subsection on reproductive health in its annual human rights report. ” “This bill would ensure that our State Department maintains its vital role as an international watchdog and protector of women’s rights,” said Rep. Katherine Clark (D-MA).”

CGD (blog) - Dispatches from the 2018 International Conference on Family Planning


Insightful blog on the 5th International Conference on FP in Kigali from last month. With 5 key takeaways and the questions they raise.

New themed issue Reproductive Health Matters- SRHR for all? Exploring inequities within countries

https://tandfonline.com/toc/zrhm20/26/54?nav=tocList

From the Editorial, by Julia Hussein - Exploring inequities, inspiring new knowledge and action

“...Exploring inequities related to sexual and reproductive health and rights (SRHR) requires attention to intersecting political, legal, social and economic factors which influence people’s knowledge, their access to rights and use of health and other public services. Inequities in SRHR may also be usefully considered in the context of specific population groups, especially those who are vulnerable, including, for example, younger and older populations, persons with disabilities, people living with HIV, transgender and intersex people, indigenous people, minorities and those who have been displaced. The papers in this themed issue do exactly these things, reflecting complex and multidimensional concerns from different populations within countries, as was the focus of our call, and from all corners of the globe...”
HP&P - A review of methodology and tools for measuring maternal mortality in humanitarian settings


“Estimation of maternal mortality ratio (MMR) in humanitarian settings (‘settings of conflict, displacement and natural disaster’) is challenging, particularly where communities have dissolved and geographical areas are inaccessible. During humanitarian events, the reproduction of maternal mortality figures by the media is common, and are often based on inaccurate reports. In light of such uncertainties and challenges, the aim of this article was to review and appraise the methodology and data collection tools used to measure MMR in humanitarian settings....”

Guardian - No world to leave our children’: progress on women’s rights still lags, shows study


“Progress on women’s rights has been far slower than expected across the world as a report shows underage marriage rates have barely come down this decade, while dozens of nations still legally prioritise men.”

“... The Social Institutions and Gender Index (Sigi), published on Friday by the Organisation for Economic Cooperation and Development’s (OECD) development centre, shows that some progress has been made since the rankings list was last published, in 2014....”

Guttmacher (Commentary) - Securing the Right to Safe and Legal Abortion: Perspectives from the Guttmacher-Lancet Commission


Republished from RHM.

And a quick link:

Guardian - Bolsonaro to abolish human rights ministry in favour of family values

“Rightwing president names evangelical pastor to head ministry lumping together women, family, rights and indigenous people.”
**Access to medicines**

**PATH report – Making the Case: How Regulatory Harmonisation Can Save Lives in Africa**

*PATH:*

“This report uses modeling to explore the potential impact - measured in lives saved - of regulatory harmonisation on accelerating access to health products across countries in Africa.” (12 p.)

For coverage, see HPW - **PATH Report: Uniform Regulatory Review For New Medicines In Eastern, Southern Africa Could Save 23,000 Lives Annually**

“A new report released today by PATH, the international global health NGO, shows that some 23,000 lives a year could be saved through more harmonised regulatory processes for health products in southern and eastern Africa – and this just for two essential medications that were subjected to the review....”

**WHO Afro - Tanzania is first African country to reach an important milestone in the regulation of medicines**


“Tanzania is the first confirmed country in Africa to achieve a well-functioning, regulatory system for medical products according to the World Health Organization (WHO). This means that the Tanzania Food and Drug authority (TFDA) has made considerable improvements in recent years in ensuring medicines in the healthcare system are of good quality, safe and produce the intended health benefit....”

**BMC Health Services - How to assure access of essential RMNCH medicines by looking at policy and systems factors: an analysis of countdown to 2015 countries**


“...We compiled indicator data on 15 commodities related to reproductive, maternal, newborn, and child health (RMNCH) and analyzed them across 75 Countdown to 2015 countries from eight regions to identify problems with specific commodities and determinants of access. The determinants related to policy, regulatory environment, financing, pharmaceutical procurement and supply chain, and information systems....”
Some of the findings: “The commodities we identified as having the fewest barriers to access had been in use longer, including oral rehydration solution and oxytocin injection. Looking across the different systems and policy determinants of access, only Zimbabwe had all 15 commodities on both its essential medicines list and in its standard treatment guidelines, and only Cameroon and Zambia had at least one product registered for each commodity. Senegal alone procured all tracer commodities centrally in the previous year, and 70% of responding countries had costed plans for maternal, newborn, and child health. No country reported recent stock-outs of all the 15 commodities at the central level—countries always had some of the 15 commodities available; however, products with frequent stock-outs included misoprostol, calcium gluconate, penicillin injections, ceftriaxone, and amoxicillin dispersible tablets.”

Miscellaneous

The Year in Global Health: New and Innovative Ways to Combat the Deadliest Diseases


The first in a series of similar blogs, no doubt, this week. Some global health breakthroughs from this year, according to Trevor Mundel (Gates Foundation).

FT (big read) - Universities challenged: scrutiny over Gulf money

https://www.ft.com/content/fa6d15a4-f6ed-11e8-af46-2022a0b02a6c

“Recent scandals have put Middle East funding of US and UK institutions in the spotlight.”

DESA, UNFCCC Announce 2019 Global Conference on SDGs and Paris Agreement

IISD:

“The UN Department of Economic and Social Affairs (DESA) and the UNFCCC have announced the first global conference on synergies between the 2030 Agenda for Sustainable Development and the Paris Agreement on climate change. The conference – convening in Copenhagen, Denmark, in March 2019 – will be one of several events on climate and sustainable development taking place in 2019.”
“The multi-stakeholder conference, announced during COP 24, will aim to deliver a set of concrete recommendations for strengthening the interlinkages between the SDGs and climate action. The conference will also serve as the expert group meeting in preparation for the in-depth review of SDG 13 at the HLPF in July 2019.”

TR Foundation - Niger adopts law to protect displaced people in first for Africa

Thomson Reuters Foundation;

“Niger has adopted Africa’s first national law for the protection and assistance of people fleeing violence, floods and droughts, the government and United Nations said on Thursday....”

“If is based on the Kampala Convention, a 2009 African Union treaty that establishes guiding principles for protection of internally displaced persons (IDPs). Other African countries have ratified the Kampala Convention, but not incorporated it into national law, according to the U.N. Refugee Agency (UNHCR)....”

OECD development cooperation report 2018


For a quick summary, see here.

Vox - Scaling up good ideas is really, really hard — and we’re starting to figure out why


Some of the reasons why scaling up is so difficult: (1) Aid changes how governments behave; (2) Governments make demands of aid programs; (3) You run into the laws of supply and demand; (4) Scaling up means new people and processes.

Blog - Is Meritocracy the new Aristocracy? And the 11 Tricks that Elites use to capture Politics.

Max Lawson; https://oxfamblogs.org/fp2p/is-meritocracy-the-new-aristocracy-and-the-11-tricks-that-elites-use-to-capture-politics/
I especially liked the first part of the blog. Max Lawson’s reflections on meritocracy.

And this conclusion: “In summary, we should accept that high levels of intelligence and ability are needed to fulfil certain positions in society, but not that those who possess these abilities are more valuable as human beings. Ultimately this is the notion that must be dethroned- the idea that the attributes of intelligence and ability are the sum and measure of human worth. Instead we should revive the idea that all people are of equal value, and that a fair society is one that opens up the possibility of life-satisfaction, in all of its varieties, to all of its members’.”

ODI (working paper)- Implementing the commitment to “leaving no one behind” in cities: what it means in practice


For the urban health people among you.

Foreign Policy - One Belt, One Road, One Big Mistake


Worth a read. Analysis of both the economical & geopolitical picture so far.

As you might have guessed, the author lived in China 😊

Emerging Voices

Research to Action (blog) - Sowing seeds for knowledge translation among new global health ‘change agents’


On the intensive collaboration between the EV TWG and the Evidence to Action (E2A) TWG in Liverpool, at the EV 2018 face to face program.
Vaccine - Modelling to inform prophylaxis regimens to prevent human rabies


Latest publication Omesh Bharti (EV 2010), recently also given a BMJ India award.

Blog - A Reality Check on UHC: Where do we go from here?

Arush Lal (EV 2018); https://medium.com/amplify/a-reality-check-on-uhc-where-do-we-go-from-here-d3b8a39acab13

Arush’s blog, published on UHC Day, focuses on fellow EV Angela Kisakye and the importance of intersectionality in achieving UHC.

Research

Global Health Promotion – Special issue on health literacy

Guest editors: Don Nutbeam et al; https://journals.sagepub.com/toc/pedb/current

Just published.

Health Research Policy & Systems - Deconstructing knowledge brokering for commissioned rapid reviews: an observational study


“Knowledge brokers are increasingly used by policy agencies, yet little is known about how they engage with policy-makers and facilitate discussions with them about their research needs. This study examines knowledge brokers’ behaviour in one-off interactions with policy-makers commissioning rapid reviews. It describes how knowledge brokers engage with policy-makers, build trust and gain agreement about the review’s parameters....”