

# IHP news 503 : Best wishes for 2019 (and beyond, hopefully)!

( 4 Jan 2019)

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 hope you all safely made it to the new year, even if some of you might have released for once the Bacchus hidden deep inside on New Year's Eve (*to forget about Trump/Bolsonaro/Ortega/Duterte/Orban..., the climate, as well as all KPIs in your life 😊*). No worries, we won't tell anybody. But we trust the rest of the year you'll hunt Big Alcohol down!

Over to the new year then. In case you didn't know, 2019 was the year in which the original [Blade Runner](#) movie was set. Lovely movie, even if, as Steven Pinker wasn't around yet, 2019 looked fairly dystopian back then. But here we are, in 2019! The global health community is already contemplating new year resolutions, aka 'paradigm shifts'. As mentioned in one of the **SDG 3 Global Action Plan (preliminary) Accelerator Discussion Frames**, in the new year (and the years & decades to come), we need, among others, a **paradigm shift toward multisectoral governance for health**. Spot on, even if in an increasingly multipolar (a nice word for '*there are now many bullies instead of just one*') world in which multilateralism is in decline and authoritarian populists still seem to, euhm, multiply, that will be a tall order. But as you've all internalized neoliberalism by now, "Nothing is Impossible". For a start, let's hope the populist pendulum begins to swing to the left in a number of key countries, so that "Green New Deals" can materialize sooner rather than later.

Meanwhile, to quote an [old wise man](#) from the US, let's just 'Calm down and enjoy the ride' this year, and don't forget to read the IHP newsletter. We hope you're once again ready for the (neverending) fight for a fairer and more sustainable world. It's perhaps never been more important.

We can't afford cynicism (anymore). Wonder whether we ever could.

Enjoy your reading.

Kristof Decoster

## Highlights of the week

### Lancet – Offline: WHO powers up in 2019

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30004-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30004-2/fulltext)

*“It was the most ambitious and unexpected riff perhaps ever delivered by a Director-General of WHO. When Dr Tedros Ghebreyesus opened the **first Global Burden of Disease Forum at the agency's Geneva headquarters last month**, participants were prepared for warm words in praise of a **new partnership between WHO and the Institute for Health Metrics and Evaluation (IHME), the Global Burden of Disease's scientific centre**. They were not disappointed. But the audience also heard Dr Tedros deliver a **passionate vision for a greatly strengthened WHO.**”*

One that wants to go truly global, not just focusing on developing countries.

*“The partnership between WHO and the Global Burden of Disease is an opportunity for improving policy dialogue with countries. That dialogue should break from the traditional division between donors (high-income countries) and recipients (low and middle income nations). “Who says that WHO should only work in developing countries?”, he asked. His idea for a more muscular WHO is nothing short of a revolution for the agency...”*

The model Tedros has in mind for this, is the IMF's of ‘firm surveillance’.

### Lancet (Editorial) – Ensuring and measuring universality in UHC

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)33257-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33257-4/fulltext)

*“...A series of events and declarations in 2018 laid the groundwork for the global health community and policy makers **to make 2019 the year to spur action to achieving universal health coverage (UHC)...**”*

*“The political failures [i.e. of the 2 UN HL meetings on NCDs & TB respectively, of last year ] cannot be repeated with the upcoming high-level meeting on UHC. The questions of exactly how UHC is defined and implemented must be carefully considered. Clear strategies to implement and finance UHC are essential to ensure that the first of the triple billion targets and SDG target 3.8 are met....”*

*“...How will WHO's commitment to 1 billion more people benefitting from UHC be measured? That answer was revealed last month in a **proposed WHO Impact Framework, to be considered at the agency's forthcoming Executive Board Meeting**. The crucial metric will be a **UHC Index...**” The index will measure (effective) service coverage & financial hardship.*

The Editorial concludes, somewhat ominously: *“UHC is the cornerstone of good health and wellbeing for all. Ensuring true universality of coverage relies on developing specific country-level policies that*

*meet the needs of all, including women, adolescents, and vulnerable populations. Without doing so, the September high-level meeting on UHC will fail and even risks hindering global progress toward achieving the SDGs....”*

## Global Action Plan - SDG3 Accelerator Discussion Frames

<https://www.who.int/sdg/global-action-plan/accelerator-discussion-frames>

You no doubt remember the **SDG3 Global Action Plan (for Healthy Lives and Wellbeing for All)**, launched at the World Health Summit in Berlin last year. The **draft** 'Accelerator Discussion Frames' for the SDG 3 Global Action Plan have now been published on WHO's website.

As a reminder: *“**Accelerator discussion frames** have been developed to present the central role of accelerators in driving progress towards the health-related SDGs, opportunities and bottlenecks to closer coordination, roles of and implications for relevant organizations and initial frameworks for joint action. **The following documents serve to frame the discussion around seven proposed thematic areas of collective action** and will guide multi-stakeholder engagement toward identifying collectively-shaped, country-relevant, concrete actions at global, regional and country level. “*

Important remark: *“The accelerator discussion frames are **preliminary documents** and have been prepared to stimulate multi-stakeholder engagement and discussion toward identifying collectively-shaped, country-relevant, concrete actions at global, regional and country level. They are unedited, unofficial documents and should not be interpreted as final. **The publication does not constitute official endorsement by the agencies signatory to the Global Action Plan for Healthy Lives and Well-being for All.**”*

The 7 cross-cutting areas are: **Sustainable financing; Frontline health systems; Community and civil society engagement; Determinants of health; R&D, innovation and access; Data and digital health; Innovative programming in fragile and vulnerable states and for disease outbreak response.**

## Ebola DRC outbreak – Election further jeopardizes response

WHO's Dr Tedros shared a New Year's meal with Ebola responders and WHO colleagues in Komanda, DRC. **Tedros** served the food, while **Jeremy Farrar** (Wellcome Trust) was the bartender. Alcohol-light, apparently 😊.

Other news & links on the DRC outbreak over the past few weeks:

Cidrap (3 Jan) - [Refugees flee DRC to Uganda, escalating Ebola fears](#)

*“... The new year brought fresh violence to the outbreak region, once again delaying surveillance tracking and vaccination efforts, the WHO said today in a press release. WHO Director-General **Tedros Adhanom Ghebreyesus, MD returned today from a 3-day mission to the outbreak zone. "I'm concerned about the impact of the recent disruptions at this critical moment. This outbreak is***

*occurring in the most difficult context imaginable," Tedros said. "To end it the response needs to be supported and expanded, not further complicated. **Ebola is unforgiving, and disruptions give the virus the advantage.**"..."*

Cidrap News (2 Jan) - [DRC Ebola total tops 600; vaccination team attacked](#)

*"With 10 new Ebola infections reported on New Year's Day and today, the Democratic Republic of **the Congo (DRC) Ebola outbreak passed the 600-case mark**, as a fresh round of violence—this time in Komanda—**injured a member of a health ministry vaccination team**. In other developments, Samaritan's Purse, a group that was instrumental in treating Ebola patients in West Africa's outbreak, announced plans to open an Ebola treatment center in the outbreak region, and **Oxfam announced a suspension in activities due to continuing unrest....**"*

**AP - Congolese flee to Uganda after vote, raising Ebola fears**

<https://apnews.com/35484caa0c1c4ca589da4a9b4255448a>

*"Hundreds of refugees have crossed into Uganda from Congo in the days since that country's troubled presidential election, a Red Cross official said Wednesday, heightening concerns about the possible cross-border spread of Ebola. Separately, the **head of the World Health Organization said he has asked the supplier of an experimental vaccine to produce more of it....**"*

More in general, the **upheaval of the elections in DRC (30 Dec) jeopardized/s Ebola response efforts**, amongst others due to resentment on postponed elections in some (opposition controlled) areas. Let's hope the situation doesn't go from bad to catastrophic in the weeks to come.

See also **IRC (International Rescue Committee)- [Election-related violence in Democratic Republic of Congo forces IRC to temporarily suspend life-saving Ebola response programming.](#)**

Quote: *"**Bob Kitchen, Vice President of the Emergency Unit at the International Rescue Committee** said, "When the DRC election commission used Ebola as a reason to delay elections in Beni and Butembo, areas known to have more supporters of the opposition candidates, they politicized the outbreak and put a target on the back of Ebola responders working to combat the outbreak. It is unacceptable that this disease is being used as a political ploy, putting aid workers in immediate danger. The reaction by the Congolese people was a predictable outcome of this dangerous declaration. IRC staff have been advised to stop working and hibernate in their homes...."*

**Reuters - WHO says progress against Ebola in Congo will be lost if violence goes on**

<https://www.reuters.com/article/us-health-ebola-congo/who-says-progress-against-ebola-in-congo-will-be-lost-if-violence-goes-on-idUSKCN1OR1EY>

*(28 Dec) "Progress in fighting Democratic Republic of Congo's Ebola outbreak, the second worst ever, will be reversed if fighting continues around the disease hotspots of Beni and Butembo, the head of the World Health Organization (WHO) said on Friday. "We have reached a critical point in the Ebola response," WHO director general Tedros Adhanom Ghebreyesus said in a statement. "**After an***

*intensification of field activities, we were seeing hopeful signs in many areas, including a recent decrease in cases in Beni. “These gains could be lost if we suffer a period of prolonged insecurity, resulting in increased transmission. That would be a tragedy for the local population, who have already suffered too much.””*

Some other links:

NYT (26 Dec) - [Trek Into Congo Forest Reveals an Ebola Crisis Fueled by Violence](#)

Plos blog - [Action not justification: how to use social science to improve outbreak response](#) (by H Rohan, D Bausch & K Blanchet) (must-read for the social scientists & outbreak response people among you)

*“The current outbreak of Ebola virus disease (EVD) in North Kivu, Democratic Republic of the Congo (DRC), was announced nine days after another, in DRC’s Equateur Province, was officially declared over. While the Equateur outbreak reached urban areas and therefore raised serious concerns about disease spread, the North Kivu outbreak is even more complex due to active and prolonged conflict in DRC’s eastern province that borders Uganda, South Sudan, and Rwanda. **Both outbreaks have shown that, even in countries experienced with a particular infectious disease, international and specialist support may be needed to help structure the response to bring an outbreak under control.** While diverse skills and research are needed, **a critical component of that international response should be to rapidly identify and deploy national and international social scientists, with knowledge of the local context, who can work together to develop the protocols and tools needed to implement social science research so essential for outbreak control....”***

*“...It is extremely promising that social scientists have been deployed to the outbreak in North Kivu, and that the infectious disease and social science communities are working to identify the critical research questions that could help inform the response there. Nevertheless, **there are still ways that our technical preparedness for social science engagement could be improved for future outbreaks to ensure that social science insights are developed at speed and fed back to other components of the response:...**”* The authors give **4 suggestions** in this respect.

## Health in Indonesia

### Lancet - Successes and challenges for health in Indonesia

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)33258-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33258-6/fulltext)

*“... A closer study [of Indonesia] shows a vibrant country of 262 million people keen to develop. Health is an example of the country's success and vision, with 8 years' increased longevity since 1990. **Universal health coverage was introduced in 2014 with the Jaminan Kesehatan Nasional (JKN), which now includes 76% of the population, the largest single-payer scheme in the world. A Review of the JKN by Rina Agustina and colleagues was launched in Jakarta on Dec 20, 2018. The Review, published in today's issue, charts successes of the JKN and identifies areas for improvement, such as maternal, newborn, and child health....”***

For the **review** (already published online on 19 Dec), see [here](#).

## Lancet Editorial - Looking ahead to 2019 in *The Lancet*

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)33259-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33259-8/fulltext)

“What can regular readers of *The Lancet* expect in 2019? Our priority is always high-quality research, review, and comment. But, *increasingly, we see value in the organisation of science as a foundation for health advocacy.*”

Read what the Lancet has in store in terms of Commissions, national health care focus, partnerships, ... for this year. Pfewww!

## E-cigarettes research

### UCSF - E-cig industry-funded research is less likely to find harms

<https://tobacco.ucsf.edu/e-cig-industry-funded-research-less-likely-find-harms>

“Charlotta Pisinger, Nina Godtfredsen, and Anne Mette Bender recently published “**A conflict of interest is strongly associated with tobacco industry-favourable results, indicating no harm of e-cigarettes**” in *Preventive Medicine*. The title says it all; like research funded by cigarette companies (and a range of other corporate interests), research funded by e-cigarette interests makes e-cigs look (relatively) good. Work not funded by industry showed higher dangers....”

Surprise, surprise.

## UNAIDS & #MeToo

### Lancet HIV (Editorial) - Rehabilitate UNAIDS to reflect HIV/AIDS community values

[https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30368-0/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30368-0/fulltext)

The Lancet HIV’s take on the unsavoury UNAIDS story.

Excerpt: “ ... **Given the findings of the panel, a swifter exit of the leadership of UNAIDS would be welcome**—the reluctance of UN Secretary-General António Guterres to step in and insist on change reflects poorly on the UN. **As it stands, the onus falls on the UN and on Guterres more specifically to ensure that systems are put in place at UNAIDS to ensure that such a culture can never develop again:** systems that live up to the UN’s avowed commitment to zero-tolerance to sexual harassment and bullying, that enable complaints to be heard and investigated thoroughly, swiftly, and fairly, and that take apart the structures that have formed over the past decade and allowed a toxic culture to develop and flourish. Implementation of the independent panel’s recommendation for a body external to UNAIDS where complaints of harassment—including sexual harassment, bullying, and abuse of power in all its forms—are first received would go a long way towards making a meaningful

*change. The fight against HIV/AIDS has done so much to put notions of equity, equality, fairness, and human rights to the front of the global health agenda, and women have been essential to every aspect of the response over the past four decades. Gender-based violence is a driver of HIV and a barrier to an effective response, and that it has been allowed to occur in UNAIDS is a tragic irony. **Although currently in a state of disrepute, a rehabilitated UNAIDS still has an important part to play.** When UNAIDS considers its future and how to rebuild its organisation to ensure a safe, inclusive, respectful, and professional workplace, those appointed to leadership should reflect the values of the HIV/AIDS community and honour the important contributions of women to the movement.”*

## WHO Bulletin – January issue

<https://www.who.int/bulletin/volumes/97/1/en/>

With, amongst others, **editorials** on: ‘Artificial intelligence in the health sector: a call for papers’; ‘Proxy indicators for antibiotic consumption’.

There’s also an **interview with UN Special Rapporteur C D Aguilar**, the first UN Special Rapporteur appointed by the Human Rights Council **to support the implementation of the Convention on the Rights of Persons with Disabilities.**

## Global Health Now turns 5

[Global Health Now](#)

Our colleagues from Global Health Now celebrate their 5<sup>th</sup> anniversary. Read Brian Simpson (editor-in-chief)’s take on the journey so far.

## Planetary Health

### Vox - The case for “conditional optimism” on climate change

David Roberts; <https://www.vox.com/energy-and-environment/2018/12/28/18156094/conditional-optimism-climate-change>

Recommended read to start the new year on a (cautiously) upbeat note. “ **Limiting the damage requires rapid, radical change — but such changes have happened before.**” Put differently, it seems complexity theory (tipping points, nonlinear change, ...) doesn’t just pertain to the most catastrophic climate change scenarios, we will also need it if we are to have a chance to still fend off the worst.

In this post, **David Roberts lays out (first) “the case for pessimism and (then) the case for (cautious) optimism, pivoting off a new series of papers from leading climate economists.”**

In the end, Roberts arrives at ‘**opti-pessimistic hopeful realism**, or something’ 😊.

### **FT health - Pharma finds its feet in fight against climate**

<https://www.ft.com/content/d672b65a-fe30-11e8-aebf-99e208d3e521>

“As well as reducing emissions, the industry seeks to develop drugs as disease patterns shift.”

### **Guardian - Jair Bolsonaro launches assault on Amazon rainforest protections**

<https://www.theguardian.com/world/2019/jan/02/brazil-jair-bolsonaro-amazon-rainforest-protections>

*“Hours after taking office, Brazil’s new president, Jair Bolsonaro, has launched an assault on environmental and Amazon protections with an executive order transferring the regulation and creation of new indigenous reserves to the agriculture ministry – which is controlled by the powerful agribusiness lobby. The move sparked outcry from indigenous leaders, who said it threatened their reserves, which make up about 13% of Brazilian territory, and marked a symbolic concession to farming interests at a time when deforestation is rising again....”*

### **UN News - Powering up health care in Sub-Saharan Africa**

<https://news.un.org/en/story/2019/01/1029652>

*“Solar power is helping make universal healthcare a reality in places where unreliable power supplies regularly affect access to vital services, and can put people’s lives at risk, thanks to **support from the United Nations Development Programme (UNDP)**.”*

*“Governments in Sub-Saharan Africa have partnered with UNDP to launch the Solar for Health initiative to install solar systems in rural health centres and clinics where surgeries may be carried out by candlelight and where vaccines and medicines can expire without proper temperature regulation.”*

## **SRHR**

### **The Guardian - A gift to feminists': how Trump's 'gag rule' inspired a worldwide movement**

<https://www.theguardian.com/global-development/2018/dec/26/how-trump-gag-rule-inspired-worldwide-movement-shedecides>

*“Born as a response to Trump’s aid cuts, **SheDecides** has blossomed into a vast movement, with women across the globe joining its rallying cry.”*

*“... Funding pledges have now topped \$450m, government ministers and foundations have become vocal champions of the cause and a manifesto has been written. Crucially, though, **SheDecides has morphed from a top-down urgent international response to Trump’s policies into a growing global grassroots movement campaigning for the fundamental rights of women and girls to have control of their own bodies, everywhere....”***

## UN Women (Discussion Paper) – The SDGs and feminist movement building

G Sen; [UN Women](#);

By **Gita Sen**. Need I say more?

## The Conversation - Why improving access to surgery in childbirth makes economic sense

I Epiu; <https://theconversation.com/why-improving-access-to-surgery-in-childbirth-makes-economic-sense-108206>

Focus here on obstetric fistula. “ ... *If women don’t have **access to quality emergency obstetric care**, the fistula can cause long term damage. This can include incontinence. In turn this can lead to women being stigmatised and isolated from their families and communities among other socio-economic losses. While **conducting research in East Africa**, I personally witnessed the profound lack of safe anaesthesia. This meant that there was a delay in access to safe and immediate caesarean sections. The lack of access was due to a number of issues. These include few anaesthetists, lack of equipment and emergency drugs, shortage of blood supply and failed referral systems. **In my more recent research I conducted a cost evaluation to see if it made sense to provide women with fistula repair surgery.** We looked at it both from the point of view of the long-term cost to women as well as the financial cost...”*

*“Our study found that **fistula surgery is cost-effective and can significantly reduce disability in women of childbearing age in Uganda.** Our findings were consistent with a previous modelled analysis on the issue in low- and middle-income countries. Increasing access to high quality obstetric and fistula surgery could improve the health of many women in resource-limited settings.”*

## FT Health - Falling vaccination rates pose a global health risk

<https://www.ft.com/content/225c3124-06a9-11e9-9fe8-acdb36967cfc>

*“**Scepticism over immunisation has grown alongside rising populism.**”*

*“... For years, measles in Europe has been in decline, thanks largely to successful vaccination campaigns. But in the first 10 months of this year the number of confirmed cases topped 54,000 — more than twice the total for all of 2017 and a 20-year high, according to the World Health Organization. The vaccine has not suddenly stopped working. Instead, **vaccination rates are dropping** — in large part because **populist politicians have wrapped “anti-vax” scepticism into***

*their narrative of suspicion and hostility towards institutions and multinational companies, amplifying the message through social media. The health implications are profound.”*

The piece concludes: “... If future generations are to be spared the scourges of their ancestors, **public health officials, scientists and doctors must sharpen communications. They need to learn to navigate the awkward terrain of social media**, to engage with critics and give more weight to credible scientific evidence. Public health urgently needs better defences; the common good needs better advocates.”

For related news, see **the Guardian** (Jan 3) - [Italian health chief says he resigned over 'anti-scientific' policies](#)

*“The head of Italy’s national health research organisation has said he was forced to quit because of the “anti-scientific” policies of the country’s populist government. Walter Ricciardi, the president of the National Health Institute, said the government’s endorsement of unscientific positions, particularly regarding vaccinations, was putting public health at risk.”*

## **Lancet World Report - Sub-Saharan Africa leads the way in medical drones**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)33253-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33253-7/fulltext)

*“By improving access to vital medicines in parts of Africa, medical drones promise to deliver on universal health coverage. The developed world is slowly catching up. Becky McCall reports.”*

## **Lancet Obituary of Amit Sengupta**

A Green; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)33174-X/fulltext#figures](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33174-X/fulltext#figures)

*“...Speaking earlier this year at the People's Health Assembly in Savar, Bangladesh, which he helped to organise, Sengupta explained his commitment. **“The struggle for health is a struggle for a more caring world. And I think that we are here to build a more caring world.” ...**”*

Do read this obituary.

## Development & aid trends

### Devex - Facing harsh realities, the global development community confronts another fraught year

Ray Kumar; <https://www.devex.com/news/facing-harsh-realities-the-global-development-community-confronts-another-fraught-year-94080>

Must-read analysis of **the year ahead, from a development angle**. Focus on the US, but also broader.

Excerpt:

*“... Unfortunately, 2019 may not turn out so rosy. Political uncertainty and nationalist, anti-aid pronouncements are taking a toll around the world. **As we enter 2019, the development community is coming to grips with harsh realities.** For one thing, there’s the **real prospect of a no-deal Brexit** and the disruption that will cause to NGOs, implementers, and aid workers. For another, **bilateral donors are under tremendous political pressure.** The leadership of French President Emmanuel Macron and German Chancellor Angela Merkel are in question as they confront domestic upheavals. The U.K. Department for International Development is losing budget and clout as British aid is channeled through other government departments. And the U.S. Agency for International Development faces policy uncertainty, with projects that stop and start, as it fights off an internecine battle with powerful Trump administration adversaries. **The outlines of an established global politics on aid are beginning to come into focus,** and it’s a fraught landscape. **Aid is now openly and directly discussed as a tool to stem migration, achieve foreign policy objectives, and derive domestic economic benefits, particularly for major donors including the U.S., China, Germany, and the U.K....”***

Focus in this analysis, amongst others on: **‘funding picture isn’t pretty’; ‘what to watch in 2019’; ‘uncertainty is the new normal’.**

### Devex – Win, lose, or draw: how US aid priorities fared in 2018

<https://www.devex.com/news/win-lose-or-draw-how-us-aid-priorities-fared-in-2018-94051>

Analysis of US aid in 2018. *“If the president’s tweets are any indication, America has clearly entered a period of political winners and losers. **By all measures, 2018 was a tumultuous year for U.S. foreign aid programs and institutions.** Once again, President Donald Trump’s administration took aim at global development programs in its budget request — and then doubled down on that position with an unprecedented attempt to retract money that had already been appropriated. At the same time, the U.S. Congress delivered a major — and bipartisan — victory for modernizing America’s development finance instruments; and the country’s largest single initiative [i.e. PEPFAR] received a renewed vote of confidence.”*

## Irin - Six aid policy priorities to watch in 2019

Ben Parker; [https://www.irinnews.org/feature/2019/01/03/six-aid-policy-priorities-watch-2019?utm\\_source=twitter&utm\\_medium=irinsocial&utm\\_campaign=irinupdates](https://www.irinnews.org/feature/2019/01/03/six-aid-policy-priorities-watch-2019?utm_source=twitter&utm_medium=irinsocial&utm_campaign=irinupdates)

According to Parker, the following are six aid policy priorities to expect. Not all of them are new, as you'll notice: **humanitarian principles under attack; new needs, new financing; giving money, not stuff; a 'participation revolution'; making way for home-grown aid; doing no digital harm.**

## Guardian – US halts cooperation with UN on potential human rights violations

<https://www.theguardian.com/law/2019/jan/04/trump-administration-un-human-rights-violations>

*“ The Trump administration has stopped cooperating with UN investigators over potential human rights violations occurring inside America, in a move that delivers a major blow to vulnerable US communities and sends a dangerous signal to authoritarian regimes around the world. Quietly and unnoticed, the state department has ceased to respond to official complaints from UN special rapporteurs, the network of independent experts who act as global watchdogs on fundamental issues such as poverty, migration, freedom of expression and justice. There has been no response to any such formal query since 7 May 2018, with at least 13 requests going unanswered...”*

*“... Jamil Dakwar, director of the American Civil Liberties Union’s human rights program, said the shift gave the impression the US was no longer serious about honoring its own human rights obligations. **The ripple effect around the world would be dire.** “They are sending a very dangerous message to other countries: that if you don’t cooperate with UN experts they will just go away. That’s a serious setback to the system created after World War II to ensure that domestic human rights violations could no longer be seen as an internal matter,” Dakwar said...”*

## Al Jazeera (Analysis) - A deeper look at the Bangladesh election

[Al Jazeera](#);

**Just before the New Year, “elections” took place in Bangladesh.** Sadly, the country, once very much a potential democratic country, seems to have joined the increasing number of countries in the world going authoritarian. The news doesn’t come unexpected, after the troubles experienced by the 4<sup>th</sup> PHA in Dhaka. **“On December 30, Bangladesh held its 11th parliamentary elections in which close to 100 million Bangladeshis voted at 40,000 polling stations across the country. But even before polling began, many observers concluded that the vote, conducted under the country’s increasingly authoritarian conditions, would be a managed affair.** It was clear to many that the ruling Awami League party would tilt the election process in its favour utilising coercive mechanisms. ...”

See also reports in the [New York Times](#) and [Washington Post](#).

We hope international civil society (including global health) will raise attention to this, and put pressure on the government.

## Some key journal articles & blogs of the week

### BMJ Global Health - Alma Ata after 40 years: Primary Health Care and Health for All—from consensus to complexity

Susan B Rifkin; [https://gh.bmj.com/content/bmjgh/3/Suppl\\_3/e001188.full.pdf](https://gh.bmj.com/content/bmjgh/3/Suppl_3/e001188.full.pdf)

Nice (short) analytical article to start the year with. *“Forty years ago, the 134 national government members of the WHO signed the Alma Ata Declaration. The Declaration made Primary Health Care (PHC) the official health policy of all members countries. Emerging from the conference was the consensus that health was a human right based on the principles of equity and community participation. Alma Ata broadened the perception of health beyond doctors and hospitals to social determinants and social justice. In the following years implementing this policy confronted many challenges. These included: (1) whether PHC should focus on vertical disease programmes where interventions had the most possibility of success or on comprehensive programmes that addressed social, economic and political factors that influenced health improvements; (2) whether primary care and PHC are interchangeable approaches to health improvements; (3) how equity and community participation for health improvements would be institutionalised; and (4) how financing for PHC would be possible. Experiences in implementation over the last 40 years provide evidence of how these challenges have been met and what succeeded and what had failed. **Lessons from these experiences include the need to understand PHC as a process rather than a blueprint, to understand the process must consider context, culture, politics, economics and social concerns, and therefore, to recognise the process is complex. PHC needs to be examined within evaluation frameworks that address complexity.** Recent developments in monitoring and evaluation have begun to respond to this need. They include realist evaluation and implementation research.”*

### IJHPM Editorial - We Need to Talk About Corruption in Health Systems

E Hutchinson, D Balabanova, M McKee;

[http://www.ijhpm.com/article\\_3578\\_0.html?utm\\_source=dlvr.it&utm\\_medium=twitter](http://www.ijhpm.com/article_3578_0.html?utm_source=dlvr.it&utm_medium=twitter)

« *The health sector consistently appears prominently in surveys of perceived corruption, with considerable evidence that this has serious adverse consequences for patients. Yet this issue is far from prominent in the international health policy discourse. **We identify five reasons why the health policy community has been reluctant to talk about it.** These are the problem of defining corruption, the fact that some corrupt practices are actually ways of making dysfunctional systems work, the serious challenges to researching corruption, concerns that a focus on corruption is a form of victim blaming that ignores larger issues, and a lack of evidence about what works to tackle it. **We propose three things that can be done to address this situation.** First, seek consensus on the scale and nature of corruption. Second, decide on priorities, taking account the importance of the particular problem and the feasibility of doing something about it. Third, take a holistic view, drawing on a wide range of disciplines. »*

## Globalization & Health (Editorial of Special Collection) - Trade, investment and public health: compiling the evidence, assembling the arguments

R Labonté; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0425-y>

*"...In this special collection we draw together 17 trade and health articles that have appeared in this journal over the past 12 years, organized thematically..."*

## BMJ blog - Global health disruptors: Migration

M Told; [BMJ Blog](#);

Nice (and very important) new contribution to the BMJ series of Global Health Disruptors. *"How can we ensure the health of migrants, asks **Michaela Told**?"*

## Plos Med (Policy Forum) – Defining rights-based indicators for HIV epidemic transition

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002720>

*"In a Policy Forum, **Joseph Amon** and colleagues discuss human rights indicators for tracking progress towards ending the HIV epidemic."*

Summary Points: *"Stark differences in HIV incidence and mortality across locations and populations demonstrate the challenge of identifying a single indicator, at national scale, of progress toward the control of HIV epidemics. **Even in countries that report decreases in HIV incidence, incidence may be increasing among groups that are particularly vulnerable and face political and social exclusion, especially sex workers, people who inject drugs, transgender persons, men who have sex with men, and prisoners. To comprehensively evaluate national progress on HIV, five categories of indicators should be examined that address: levels of coverage of key evidence-based prevention and treatment interventions; incidence and prevalence of HIV infection; AIDS-related or all-cause mortality among people living with HIV; stigma and discrimination; and the legal and policy environment.** Indicators should be disaggregated, whenever feasible, to fully reflect progress and challenges relating to all populations and locations in the national response. The process of evaluating indicators of national progress should meaningfully involve people living with HIV and from key populations as an important part of data validation."*

## BMJ Global Health (Commentary) - Accountability in global surgery missions

E Zitzman et al; <https://gh.bmj.com/content/3/6/e001025>

*"**Supervisory systems regulating outcomes after global surgical missions are limited.** With a few notable exceptions, most global surgical missions garner low (if any) follow-up rates and thus outcomes reporting is scarce. Obstacles include logistical difficulties, surgeon and non-governmental organisation non-compliance, journalistic coverage (both positive and negative), and economics. **We suggest a multifaceted solution**, including buy-in and direction from global surgical leadership, web-based and tax-incentivised reporting, and a cross-disciplinary cooperation with journalists and social media. We believe that the implementation of outcomes reporting during the development of*

*surgical systems in low-income and middle-income countries is both an efficient way to promote safe surgery worldwide and vital to our professional ethic.”*

## **Journal of Global Health - Methods to improve quality performance at scale in lower- and middle-income countries**

G Fritsche et al; <http://www.jogh.org/documents/issue201802/jogh-08-021002.pdf>

*“UHC is one of the SDG targets. But coverage without quality health services limits benefits to populations. **Performance-based financing programs (PBF)** use strategic purchasing of services to expand coverage and promote quality by measuring quality and rewarding good performance. The widespread presence of PBF programs in lower and middle-income countries provide an opportunity to introduce and test new approaches for measuring and improving quality at scale. **This article describes four approaches to improve quality of health services at scale in PBF programs.** These approaches looked at structural and process measures of quality as well as outcome measures like patient satisfaction. Three types of tools were used in these approaches: clinical vignettes, competency tests and patient satisfaction surveys. Specific tools within each of the approaches are used in Kyrgyzstan, Cambodia, Democratic Republic of Congo and the Republic of Congo.”*

## **Journal of Global Health - Local coalitions as an underutilized and understudied approach for promoting tobacco control in low- and middle-income countries**

C Berg; <http://www.jogh.org/documents/issue201901/jogh-09-010301.htm>

*“... Multi-sectoral local coalitions aligning civil society and local public health agencies have been effective in changing policy and have been particularly relevant to advancing tobacco control policies. **Community Coalition Action Theory (CCAT)** synthesizes research on characteristics and processes of community coalitions...”*

The article concludes: *“...future research is needed to answer fundamental questions regarding whether coalitions can significantly impact tobacco control in LMICs or those with less democratic histories, and, if so, how the CCAT and its constructs operate in these communities, providing a theoretical and empirical basis to inform future local tobacco control work....”*

## **BMJ Global Health - Models of care for chronic conditions in low/middle-income countries: a ‘best fit’ framework synthesis**

Dorothy Lall et al; <https://gh.bmj.com/content/3/6/e001077>

*“Management of chronic conditions is a challenge for healthcare delivery systems world over and especially for low/middle-income countries (LMIC). Redesigning primary care to deliver quality care for chronic conditions is a need of the hour. However, much of the literature is from the experience of high-income countries. **We conducted a synthesis of qualitative findings regarding care for chronic conditions at primary care facilities in LMICs. The themes identified were used to adapt the existing chronic care model (CCM) for application in an LMIC using the ‘best fit’ framework synthesis methodology.** ... All themes of the CCM, identified a priori, were represented in primary studies. Four additional themes for the model were identified: a focus on the quality of communication between health professionals and patients, availability of essential medicines,*

*diagnostics and trained personnel at decentralised levels of healthcare, and mechanisms for coordination between healthcare providers. We recommend including these in the CCM to make it relevant for application in an LMIC.”*

## **IJHPM - Aid Effectiveness in the Sustainable Development Goals Era; Comment on “It’s About the Idea Hitting the Bull’s Eye”: How Aid Effectiveness Can Catalyse the Scale-up of Health Innovations”**

O Ogbuoji, G Yamey; [http://www.ijhpm.com/article\\_3582.html](http://www.ijhpm.com/article_3582.html)

*“Over just a six-year period from 2005-2011, five aid effectiveness initiatives were launched: the Paris Declaration on Aid Effectiveness (2005), the International Health Partnership plus (2007), the Accra Agenda for Action (2008), the Busan Partnership for Effective Cooperation (2011), and the Global Partnership for Effective Development Cooperation (GPEDC) (2011). More recently, in 2015, the Addis Ababa Action Agenda (AAAA) was signed at the third international conference on financing for development and the Universal Health Coverage (UHC) 2030 Global Compact was signed in 2017. Both documents espouse principles of aid effectiveness and would most likely guide financing decisions in the Sustainable Development Goals (SDG) era. This is therefore a good moment to assess whether the aid effectiveness agenda made a difference in development and its relevance in the SDG era.”*

In the last part of the article, the authors also describe what “A New Aid Effectiveness Agenda for a New Era of Development Cooperation” would entail.

## **Plos Med (Editorial) - Better medicine through machine learning: What’s real, and what’s artificial?**

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002721>

*“Machine Learning Special Issue Guest Editors Suchi Saria, Atul Butte, and Aziz Sheikh cut through the hyperbole with an accessible and accurate portrayal of the forefront of machine learning in clinical translation.”*

## **IHP - The Eastern Mediterranean Region: Pioneering innovative solutions for health systems’ actionable governance**

H Abou-Taleb, M Isakarous & S Van Belle; <http://www.internationalhealthpolicies.org/the-eastern-mediterranean-region-pioneering-innovative-solutions-for-health-systems-actionable-governance/>

*“At the beginning of November, a group of policy-makers, experts and health practitioners convened in Beirut, Lebanon, to exchange on the EMRO region’s governance challenges, and to launch the first Regional chapter on health system governance issues....”*

## **Gates Notes – What I learned at work this year**

<https://www.gatesnotes.com/About-Bill-Gates/Year-in-Review-2018>

(29 Dec) Bill Gates reflects on 2018. What did he learn in the areas of Alzheimer's disease, polio, energy (*turns out that, amongst others, Bill is quite a big fan of (advanced) nuclear energy to address climate change*), the next epidemic, gene editing, and looking ahead. PS: you can expect his & Melinda's annual letter in February.

## Global health events

### Coming up later this month: WHO's 144th EB meeting (24 Jan-1 Feb, Geneva)

[http://apps.who.int/gb/e/e\\_eb144.html](http://apps.who.int/gb/e/e_eb144.html)

With the **preliminary agenda, reports, ...**

We admit this is perhaps not the kind of reading you might want to digest to kick off the New Year, with a wooden head, but make sure you have a good look at this **document**, released just before Christmas: [WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform](#)

A tweet to get you in the right mood for this debate:

***"Plans to reduce space of #civilsociety at @WHO governing body meetings in favor of industry lobby: See options listed in EB chair report wrapped in revival of WHO "World Health Forum" that was already discussed and rejected in 2011***  
[http://apps.who.int/gb/ebwha/pdf\\_files/EB144/B144\\_34-en.pdf ...](http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_34-en.pdf)

In other news, ***"@WHO proposes that #EB144 "consider the deferral of the decision on the review of the following non-State actors to the 146th session of the Board: Commonwealth Pharmacists Association, CropLife International, Global Health Council and Save the Children." "***

But do go through all reports, ahead of the EB meeting end of this month.

## Global governance of health

### BMJ Feature - Has Cochrane lost its way?

<https://www.bmj.com/content/364/bmj.k5302>

*“Dissent over growing centralisation culminated in the expulsion of one of Cochrane’s founding members. **Melanie Newman** reports on the organisation’s internal struggles.”*

### Development Policy review - Policy development: An analysis of disability inclusion in a selection of African Union policies

R Lang et al; <https://onlinelibrary.wiley.com/doi/10.1111/dpr.12323>

*“Contemporary debates in international development discourse are concerned with the non-tokenistic inclusion and participation of marginalized groups in the policy-making process in developing countries. This is directly relevant to disabled people in Africa, which is the focus of this article. The United Nations Convention on the Rights of Persons with Disabilities delineates the principles of inclusion in society. Furthermore, the African Union (AU) plays a key role in advising its Member States about disability issues, and this advice should be reflected in disability-inclusive policies. **This article analyses nine policy or strategy documents produced by the AU, covering the policy domains of education, health, employment and social protection that are crucial to the inclusion of disabled people in international development. These were analysed according to seven discrete elements (rights, accessibility, inclusivity, implementation plans, budgetary allocations, enforcement mechanisms or disaggregated management information systems) using a rating scale of one to four, with four being the highest level of inclusion. The process (for example, level of consultation), the context (for example, the Sustainable Development Goals) and actors involved in the policy development were reviewed as far as was possible from the documents. None of the policies reached even 50% of the total possible score, indicating poor levels of genuine inclusion. Rights scored a highest rating, but still at a low level. This suggests that there is recognition of the rights of disabled people to inclusion, but this is not generally integrated within inclusive implementation plans, budgetary allocations, enforcement mechanisms or disaggregated management information systems for monitoring. The limited socio-economic inclusion of disability within AU policies is a lost opportunity that should be reviewed and rectified. The findings have broader ramifications for the non-tokenistic and genuine involvement of poor and marginalized groups in the international policy-making arena.”***

### Stat News - With Senate votes, Trump gets a permanent drug czar — and his first science adviser

<https://www.statnews.com/2019/01/02/with-senate-votes-trump-gets-a-permanent-drug-czar-and-his-first-science-adviser/>

*“In the final hours of a lame-duck Congress, lawmakers on Wednesday confirmed the Trump administration’s nominees for science adviser and “drug czar,” following nearly two years in which those White House posts sat vacant. “... The confirmation of Kelvin Droegemeier, a former University of Oklahoma professor, means the White House’s Office of Science and Technology will have a director for the first time since the president’s inauguration in January 2017. Droegemeier, a meteorologist, has received largely positive reviews from the scientific community at large, including from John Holdren the OSTP director during the Obama administration.*

*“...The Senate also confirmed James Carroll to lead the Office of National Drug Control Policy, giving the White House a top drug policy adviser amid a national epidemic in which 70,000 Americans die each year from drug overdoses. Carroll has filled the role in an acting position since February....”*

See also Nature News - [Donald Trump finally has a White House science adviser](#)

## **Global Policy (response article)– Additional Challenges in Democracy Support and the Need for Donors to Confront some Neglected Issues**

K Lotshwao; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12642>

*““For democracy support to make meaningful sense, therefore, donors should balance their interests with those of the populations of the recipient countries. In many recipient countries, some real political issues are ignored by donors. In Botswana, for instance, donors are mute on the need for constitutional reform.”*

Comment on: Dodsworth, S. and Cheeseman, N. (April 2018), Ten Challenges in Democracy Support – and How to Overcome them. Global Policy. See [here](#).

Abstract of the latter article: *“Democracy supporters face tough times. Authoritarian reversals across North and sub-Saharan Africa, combined with a lack of progress in the Middle East and Central Asia, have dampened funders’ enthusiasm for the endeavour. To better understand these setbacks, we identify **ten challenges in democracy support**. These are the challenges of: (i) difficult cases; (ii) authoritarian backlash; (iii) adapting to context; (iv) confronting politics; (v) managing uncertainty; (vi) unintended side-effects; (vii) a tight funding environment; (viii) defining and demonstrating success; (ix) competing priorities; and – exacerbating all the rest, (x) a limited evidence base. While much has been written about the need for more coordinated and politically intelligent engagement to meet these challenges, far less has been said about the **need to improve our evidence-base and the way in which policy-oriented research is produced. We identify several strategies that policy makers and practitioners can use to advance the field. All require better bridges between research, policy and practice, so we offer concrete suggestions about how such bridges can be built.**”*

## **ILO – ILO Centenary Initiatives**

<https://www.ilo.org/global/about-the-ilo/history/centenary/lang--en/index.htm>

*“In 2019, the International Labour Organization – the oldest UN specialized agency – celebrates its 100th anniversary. In the run up to the anniversary seven Centenary Initiatives are being implemented – part of a package of activities aimed at equipping the Organization to take up successfully the challenges of its social justice mandate in the future.”*

## Book Fran Baum – Governing for Health: Advancing health and equity through policy and advocacy

Fran Baum; <https://global.oup.com/academic/product/governing-for-health-9780190258948?cc=be&lang=en&>

You know this will be a must-read. Expected release: 11 January.

*“A timely, thoroughly researched case for policy and governance centered on public health. An ideal text for students and courses in health equity, public health, and social science. **Argues that the dominance of economics in contemporary government and politics is a threat to the sustainability of human life on planet earth.** Offers examples of practical measures to change the way we measure progress, how we plan our cities, maintain strong public sectors, and promote a low-carbon economy - all as signposts to toward healthier, sustainable, and more equitable societies. **Includes innovative “well-being manifesto”** — a guide for politicians who want to govern for health and equity.”*

## Germany government’s priorities for UN Security Council

<https://www.auswaertiges-amt.de/de/aussenpolitik/internationale-organisationen/uno/deutschland-sicherheitsrat-2019-2020/2174086>

See Katri Bertram’s tweet: *“These are critically important priorities, but **what happened to the pledge to place #globalhealth as a priority on the #UNSC agenda,** @GermanyDiplo? @BMG\_Bund @BMZ\_Bund”*

Having said that, last time I checked the link, I got the message *“Ein Problem ist aufgetreten. Wir bitten um Entschuldigung.”* So perhaps they’re working on it as we speak!

PS: my own country, **Belgium** is also a **member of the UN Security Council** now 😊. For the many lobbyists and coalition builders among you!

Finally a tweet by ‘Health in Myanmar’:

*“Thanks @globalhlth5050. I look forward to seeing more people focus on #gender and #intersectionality in #globalhealth next year. It is risky to tweet this, but “women (or men) in global health” is so last century.”*

## Health Systems & Reform – Introduction (to Special Issue): Advancing Toward Universal Health Coverage in the Asia-Pacific

Vivian Lin et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1543537>

*“... Across the Western Pacific Region, health service delivery systems can be characterized as pluralist. There is much heterogeneity in public versus private financing and provision of care, as well as varying degrees of integration of traditional medicines. Such variations are illustrative of the path dependency of health systems, and point to the multiple paths that exist in moving toward UHC. Nonetheless, certain common patterns do appear. For example, hospitals dominate and primary health care tends to be underdeveloped. Service providers often work in silos, and access is typically not assured by government policy or financing mechanisms. **This special issue seeks to identify some of those common patterns in the Western-Pacific region....”***

### Some resources

#### ReBuild Consortium – PBF videos

<https://rebuildconsortium.com/blog-news/news-archive/2019/performance-based-financing-videos/>

*“If you missed, or want to revisit, some of the performance-based financing sessions held during the Fifth Global Symposium on Health Systems Research in Liverpool in October you can now watch them on video. Each features both the slides and speaker's oral presentation.”* Featuring **Sophie Witter, Maria Bertone** et al.

#### CSOs4UHC webinar (which took place on UHC Day)

<https://www.youtube.com/watch?v=LDVGxtMAWGs>

If you want to (re-)watch this webinar. *“...Listen to #civilsociety advocates @NdiranguRay @Itairusike & @AdongHarriet1 speak about their country-level advocacy for inclusive #UHC policies that #LeaveNoOneBehind. “*

And finally, a quick link:

Leadership Editorial - [UHC for Nigerians](#)

Nobody can recommend a piece like **Rob Yates** (on Twitter): “Good editorial on Nigeria's lamentable performance in achieving #UHC”.

## Planetary health

### Nature (World View) - How to make the next Green New Deal work

E Barbier; <https://www.nature.com/articles/d41586-018-07845-5>

*“To make green investments pay off, policymakers must learn from past mistakes and stop subsidizing polluters, urges Edward B. Barbier.”*

*“As the 116th US Congress begins, a coalition is growing around an ambitious Green New Deal. If successful, a new House of Representatives committee would craft a 10-year plan to shift away from polluting industries, embrace green infrastructure and produce 100% of energy from renewables, improving prospects for US workers. **Sound familiar? It is. In 2008, in the midst of the Great Recession, the United Nations Environment Programme asked me to write a report that formed the basis of its Global Green New Deal to stimulate economic recovery and create jobs.** It aimed to improve the lives of the world’s poor, lessen carbon dependency and reverse environmental degradation. **In the decade since, I have watched what worked, what didn’t and why.** For the latest Green New Deal to flourish, the US government must first end fossil-fuel subsidies and correct other market distortions that prop up ‘brown economies’ — those that rely on fossil fuels and ignore the environmental impacts. Second, it must finance the new policy sustainably...”*

In related ‘Green New Deal’ news, read also (IIED) [2019 - The way forward is a Green Decent Work Guarantee](#) (by Andrew Norton)

*“How can the world achieve a step change in the fight against climate change during 2019? IIED Director Andrew Norton looks at the issues and suggests that a radical approach may hold the solution. “*

*“...Today, the idea of a Green New Deal is capturing the imagination of young people: in the words of Democrat Congresswoman Alexandria Ocasio-Cortez, “**This is going to be the Great Society, the moonshot, the civil rights movement of our generation.**” There is of course a long way to go – while the idea is gaining support, US politics would have to change a lot for it to become feasible.*

***The Green New Deal makes a direct connection between tackling climate change and tackling inequality.** A radical element is the **proposal for a jobs guarantee – and these jobs would be geared to environmental goals** such as rolling out renewable energy. History shows that when people are given rights they did not have before, and which they do not wish to give up, it becomes hard to roll back the progress made. So this is a powerful and resonant offer, which needs to find a global scale and a global language. ...”*

## Naomi Oreskes on the Politics of Climate Change

<https://fivebooks.com/best-books/politics-of-climate-change-naomi-oreskes/>

Five books recommended by Naomi Oreskes, Professor of the History of Science and Affiliated Professor of Earth and Planetary Sciences at Harvard University. Among others: *the Great Derangement* by Indian novelist Amitav Ghosh; *Learning to Die in the Anthropocene* (by Roy Scranton); *Love in the Anthropocene* by Bonnie Nadzam and Dale Jamieson; *The Great Persuasion: Reinventing Free Markets since the Depression* by Angus Burgin.

## Infectious diseases & NTDs

### IJHPM - The Impact of Conflict on Immunisation Coverage in 16 Countries

J Grundy et al; [http://www.ijhpm.com/article\\_3585.html](http://www.ijhpm.com/article_3585.html)

*“Military conflict has been an ongoing determinant of inequitable immunisation coverage in many low- and middle-income countries, yet the impact of conflict on the attainment of global health goals has not been fully addressed. This review will describe and analyse the association between conflict, immunisation coverage and vaccine-preventable disease (VPD) outbreaks, along with country specific strategies to mitigate the impact in 16 countries....”*

Findings: *“We found that these 16 countries, representing just 12% of the global population, were responsible for 67% of global polio cases and 39% of global measles cases between 2010 and 2015. Fourteen out of the 16 countries were below the global average of 85% coverage for diphtheria, pertussis, and tetanus (DPT3) in 2014. We present data from countries where the onset of conflict has been associated with sudden drops in national and sub-national immunisation coverage. Tense security conditions, along with damaged health infrastructure and depleted human resources have contributed to infrequent outreach services, and delays in new vaccine introductions and immunisation campaigns. These factors have in turn contributed to pockets of low coverage and disease outbreaks in sub-national areas affected by conflict. Despite these impacts, there was limited reference to the health needs of conflict affected populations in immunisation planning and reporting documents in all 16 countries. Development partner investments were heavily skewed towards vaccine provision and working with partner governments, with comparatively low levels of health systems support or civil partnerships....”*

### Global Public Health - ‘When I die, let me be the last.’ Community health worker perspectives on past Ebola and Marburg outbreaks in Uganda

E G Englert et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1552306>

*“Uganda suffered four Ebola and five Marburg virus outbreaks from 2000 to 2012 with significant health worker mortality. **This paper describes findings from 41 interviews with health workers from three outbreaks.** Interviewees frequently encountered stigma from their communities, sometimes accompanied by mistrust and violence. These difficulties were defined as ‘challenges of society.’ Health workers also suffered emotional trauma, depressive symptoms, and fear classified as ‘challenges of psyche.’ As the incidence of such outbreaks will likely increase due to ecological and economic trends, health workers require greater access to personal protective equipment (PPE) and knowledge of viral containment. Such improvements would create an optimal psychosocial climate for managing infectious patients ultimately decreasing the severity of future outbreaks.”*

## **Journal of Clinical TB and other Mycobacterial diseases (Editorial) - Quality: The missing ingredient in TB care and control**

M Pai et al; <https://www.sciencedirect.com/science/article/pii/S2405579418300846?via%3Dihub>

*“...Given the importance of quality in TB care, **Journal of Clinical Tuberculosis and Other Mycobacterial Diseases, has launched a series on this topic.** The series will cover papers on quality of TB care, approaches to measuring quality, and quality improvement interventions. It is our wish and hope that this series will result in a robust and sustained conversation about quality TB care, a topic that has heretofore been woefully neglected.”*

## **Trends in Parasitology (Opinion) - Neglected Tropical Diseases and Mental Health: Progress, Partnerships, and Integration**

F Bailey et al ;

<https://www.sciencedirect.com/science/article/pii/S1471492218302393?dgcid=author>

*« **The past 6 years has seen mental health emerge as a key cross-cutting area of NTDs research. In this time, there has been a large increase in the number of holistic and psychological studies in NTD populations, adding to the evidence base of well-studied as well as lesser-studied NTDs. In particular, chronic NTDs have emerged as an important risk factor for common mental health conditions, with prevalence rates of depression higher than those found in other common chronic diseases.** Nevertheless, there remains a significant lack of psychological intervention studies as well as large opportunities to translate this knowledge into integrated mental and physical care for affected individuals. **Partners in the Mental Wellbeing and Stigma (MWS) task group of the NTD/NGO/Network (NNN) are working to address many of these areas through a comprehensive research agenda in collaboration with the World Health Organization and other key partners.** »*

## AMR

### The Bureau of Investigative Journalism – Unseen enemy: Doctors in Gaza battling superbug epidemic

[The Bureau of Investigative Journalism;](#)

As somebody put it on Twitter, Gaza is “ground zero” for superbugs.

*“Doctors in Gaza and the West Bank warn they are battling an epidemic of antibiotic-resistant superbugs, a growing problem in the world’s conflict zones and one that risks spilling over borders and diminishing the global medical arsenal against serious illness...”*

## NCDs

### Guardian - No evidence of sugar substitutes' health benefits, finds study

Sarah Boseley ; [https://www.theguardian.com/society/2019/jan/02/no-evidence-of-sugar-substitutes-health-benefits-finds-study?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/society/2019/jan/02/no-evidence-of-sugar-substitutes-health-benefits-finds-study?CMP=Share_iOSApp_Other)

*“Low-calorie and artificial sweeteners, increasingly added to drinks and food as the industry responds to pressure to cut sugar, **may not help people lose weight and there is not enough evidence on their safety, according to a major new review.**”*

*“ The review, carried out by Cochrane – a British medical research charity – aims to provide evidence for the World Health Organization, which is preparing guidance on what it calls “non-sugar sweeteners” or NSSs – a term that includes artificial sweeteners such as aspartame and low or no-calorie natural alternatives such as stevia. **“No evidence was seen for health benefits from NSSs and potential harms could not be excluded,”** says the review, published in the British Medical Journal, which calls for better-quality research to be done....”*

See also BMJ News - [Non-sugar sweeteners: lack of evidence that they help to control weight](#)

BMJ Editorial - [Non-sugar sweeteners and health](#)

The BMJ study - [Association between intake of non-sugar sweeteners and health outcomes](#)

*“This study found no compelling evidence to indicate important health benefits of non-sugar sweetener use on a range of health outcomes.”*

## WHO Bulletin - Finance, data and technology initiatives for noncommunicable disease control

M T Koivusalo ; [https://www.who.int/bulletin/online\\_first/18-220558.pdf?ua=1](https://www.who.int/bulletin/online_first/18-220558.pdf?ua=1)

*“Initiatives on finance, data and technology could provide new opportunities for the prevention and control of noncommunicable diseases because they offer resources, insights from data and new monitoring means. The **World Health Organization’s (WHO) independent high-level commission on noncommunicable diseases** discusses the potential of these initiatives in the report **Time to deliver**, and suggests incorporating them in the commission’s future working agenda. Potential opportunities and future applications from innovative financing and public–private partnerships, data and digitalization for health have political appeal. However, the public value and relevance of these new opportunities for the prevention and control of noncommunicable diseases require further scrutiny to ensure equity in access and distribution of resources as well as long-term financial sustainability of health systems. **Here I discuss why we should also focus on analysing the risks of finance, data and technology initiatives.** Such analysis requires looking into the implications of these initiatives on national policies and determining how they relate to the global norms and policy measures on control of noncommunicable diseases....”*

And a quick link:

Mail & Guardian - [World Cup host Qatar to introduce 100% booze tax](#)

*“World Cup 2022 host Qatar is to introduce a 100% percent tax on alcohol from January 1, a government official confirmed on Monday. The “sin” tax is being introduced just weeks after the conservative Muslim Gulf state announced in its annual budget statement that it would introduce a levy on “health-damaging goods”....”*

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

Guardian - Falling total fertility rate should be welcomed, population expert says

<https://www.theguardian.com/world/2018/dec/26/falling-total-fertility-rate-should-be-welcomed-population-expert-says>

News from just after Christmas (26 Dec): ***“Declining fertility rates around the world should be cause for celebration, not alarm, a leading expert has said, warning that the focus on boosting populations was outdated and potentially bad for women.”***

***“Recent figures revealed that, globally, women now have on average 2.4 children in their lifetime a measure known as total fertility rate (TFR). But while in some countries that figure is far higher – in Niger it is more than seven – in almost half of countries, including the UK, Russia and Japan, it has fallen to below two. Such declines have been met with alarm, with some warning that the “baby bust” puts countries at risk of a depopulation disaster. But Sarah Harper, former director of the Royal Institution and an expert on population change, working at the University of Oxford, said that far from igniting alarm and panic falling total fertility rates were to be embraced, and countries should not worry if their population is not growing. Harper pointed out that artificial intelligence, migration, and a healthier old age, meant countries no longer needed booming populations to hold their own. “This idea that you need lots and lots of people to defend your country and to grow your country economically, that is really old thinking,” she said. Having fewer children is also undoubtedly positive from an environmental point of view...”***

## **Acta Paediatrica (special issue) – Addressing Implementation Challenges for Maternal, Newborn and Child Health**

Guest Editors: Anayda Portela and Shamim Ahmad Qazi.

<https://onlinelibrary.wiley.com/toc/16512227/2018/107/S471>

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Do start with the Editorial - [Implementation research for maternal, newborn and child health](#)

***“The Alliance for Health Policy and Systems Research (AHPSR) partnered with the World Health Organization (WHO) Department of Maternal, Newborn, Child and Adolescent Health (MCA) to prepare a supplement to Acta Paediatrica to present results from selected implementation research studies that tested and documented the delivery of proven maternal, newborn and child health (MNCH) interventions in different countries and contexts. This editorial provides background information on how these studies were selected by WHO and an overview of the different studies in the context of the thinking on implementation research at the time they were developed...”***

## **O’Neill Institute (blog) – Taxes, development and human rights: reflections from Colombia**

I Barbosa; <http://oneill.law.georgetown.edu/taxes-development-and-human-rights-reflections-from-colombia/>

*“Last November, Colombia eliminated the tax on products for menstrual hygiene management. The Constitutional Court decided that taxing pads and tampons constituted a form of indirect discrimination against women and was therefore unconstitutional...”*

And a quick link:

Devex – [“Kenya has lifted its ban on Marie Stopes carrying out abortions in the country after a review found the charity had not actively encouraged women and girls to terminate their pregnancies. ...”](#)

## Human resources for health

### HP&P - Community health volunteers could help improve access to and use of essential health services by communities in LMICs: an umbrella review

M Woldie et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czy094/5259361>

*“A number of primary studies and systematic reviews focused on the contribution of community health workers (CHWs) in the delivery of essential health services. In many countries, a cadre of informal health workers also provide services on a volunteer basis [community health volunteers (CHV)], but there has been no synthesis of studies investigating their role and potential contribution across a range of health conditions; most existing studies are narrowly focused on a single condition. As this cadre grows in importance, there is a need to examine the evidence on whether and how CHVs can improve access to and use of essential health services in low- and middle-income countries (LMICs). We report an umbrella review of systematic reviews... .. Most concluded that services provided by CHVs were not inferior to those provided by other health workers, and sometimes better. However, CHVs performed less well in more complex tasks such as diagnosis and counselling. Their performance could be strengthened by regular supportive supervision, in-service training and adequate logistical support, as well as a high level of community ownership. The use of CHVs in the delivery of selected health services for population groups with limited access, particularly in LMICs, appears promising. However, success requires careful implementation, strong policy backing and continual support by their managers.”*

## **IJHPM - Reflections on Health Workforce Development; Comment on “Health Professional Training and Capacity Strengthening Through International Academic Partnerships: The First Five Years of the Human Resources for Health Program in Rwanda”**

Gilles Dussault; [http://www.ijhpm.com/article\\_3583.html](http://www.ijhpm.com/article_3583.html)

*“This commentary addresses the statement that “the authors believe that the HRH [Human Resources for Health] Program can serve as a model for other initiatives that seek to address the shortage of qualified health professionals in low-income countries and strengthen the long-term capacity of local academic institutions.” I adopt the position of the devil’s advocate and ask whether a country, with a profile comparable to Rwanda’s, should adopt this twinning model. I suggest that the alignment with population and other capacity development needs should be the main criteria of decision.”*

And a quick link:

Guardian - [Fears of Zimbabwe health crisis as row over doctors' pay continues](#)

*“A month-long impasse between government and doctors over pay and conditions has left Zimbabwe’s health care system in a critical state, after the government suspended more than 500 medical staff last week. The government refuses to give in to the doctors’ demands and has ordered striking doctors to return to their posts....”*

## **Miscellaneous**

### **Science (In-depth report) – The world debates open-access mandates**

<http://science.sciencemag.org/content/363/6422/11>

“Spurred by European funders behind Plan S, many countries consider similar moves.”

### **International Health - Household water sharing: a missing link in international health**

J Stoler et al; <https://academic.oup.com/inthealth/advance-article-abstract/doi/10.1093/inthealth/ihy094/5253751?redirectedFrom=fulltext>

*“Water insecurity massively undermines health, especially among impoverished and marginalized communities. Emerging evidence shows that **household-to-household water sharing is a widespread coping strategy in vulnerable communities**. Sharing can buffer households from the deleterious health effects that typically accompany seasonal shortages, interruptions of water services and natural disasters. Conversely, sharing may also increase exposure to pathogens and become burdensome and distressing in times of heightened need. **These water sharing systems have been almost invisible within global health research but need to be explored, because they can both support and undermine global public health interventions, planning and policy.**”*

## **Guardian - Save the Children UK chairman resigns after staff complaints**

<https://www.theguardian.com/global-development/2018/dec/28/save-the-children-uk-chairman-resigns-after-staff-complaints-un-sack-aid-worker-uganda>

*“The chairman of Save the Children UK has resigned after complaints by staff that he was not doing enough to address allegations of sexual harassment. The charity said **Peter Bennett-Jones** was standing down following objections to remarks he made during recent discussions with staff about the organisation’s future...”*

## **AP – Ivanka Trump plans global women's economic development push**

<https://www.apnews.com/3daa485acfd541d3b3e626ceaacd906f>

*“**Ivanka Trump is set to launch a White House effort aimed at women’s global economic empowerment in early 2019**. A formal launch for the initiative was planned for next week but has been postponed amid uncertainty about the government shutdown, the White House said Monday...”*

*“...**The initiative, which is backed by the State Department and the National Security Council, seeks to align government agencies behind the mission of supporting women’s economic development around the world. It will also include private-sector investment...**”*