

# IHP news 504 : Jim Kim kicks off the new global health year (with a bang)

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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,

The new year has clearly started now. Anybody who still felt a bit of a hangover after New Year festivities fully woke up on Monday when the World Bank's **Jim Kim announced** that [he'd resign](#). #Ouch. In another sign of our times, Kim will be [joining](#) a private equity firm.

As is customary at the start of a new year, people, global health observers, ... but also global health & other international organizations announced some of their **plans for the new year** ("*a bigger, bolder WHO*" was already in the works last week (cfr. Horton's [Offline](#)); we also learnt more about the [G7's focal areas this year under the French presidency](#), etc ); came up with **global health predictions for 2019**, and in some cases even an entire wish list. Many want to 'prove value' (or at least, if we are to believe our economist colleagues, 'signal' value 😊 ) to their funders, bosses, sponsors, ...

An encouraging trend is that more and more people **have enough of dystopia**. The world 'as it currently is' is dystopian enough, [we all agree](#), and so it's perhaps time to (dare) dream again, and **think of utopias** that could genuinely improve the world and lead to 'Health for All'. If the [FT](#) says so, then change truly must be in the air (*though paywalled*). PS: try to make sure you're in reasonable shape this year, to help achieve these much needed utopias - for some inspiration see "The Conversation ": [Top five ways to boost your health in 2019 – based on the latest research](#) (and if you want some age-specific advice, check out [Keeping fit: how to do the right exercise for your age](#)).

Speaking of age, I noticed that the disillusioned protagonist in the new Houellebecq novel, "Sérotonine", is a 46-year old male (*ahum*). Not everybody likes the novel, apparently, but according to our [domestic guru](#) in Belgium, psychiatrist Dirk De Wachter, Houellebecq "gets" our times (although the guru was quick to add he's a bit more optimistic than Houellebecq when it comes to the future). But as they say, always good to start changing the world based on some sound analysis!

In San Francisco, the 37<sup>th</sup> [JP Morgan Healthcare conference](#) (7-10 January) took place this week, **kicking off the global health event & conferences year** (*we won't cover it, as we were not invited to "the biotech industry's largest and most important business and networking meeting"*). But interesting to note that for the first time, an article hinted that what they called, in slightly Orwellian speak, "the municipal challenges with homelessness and open drug use" could force JPM to find another host city. Meanwhile, somewhat surprisingly (certainly in these times), [Chinese biotech was "big" at JPM](#).

This week's **Featured article kicks off our series of contributions by IHP correspondents**. Sameera Hussain (our Canada correspondent) dwells on how Trudeau's government has been doing in terms of the SDG goals, both domestically and internationally.

Enjoy your reading.

Kristof Decoster

## Featured Article

### With an election coming up in 2019, Canada through an SDG lens

Sameera Hussain (CIHR Health System Impact Fellow & IHP Correspondent Canada)

It's almost that time again in Canada – the federal government is gearing up toward October, when the next election will be held. The scenario is already quite different from that of the last election in 2015, when public efforts to oust a right-leaning government whose policies had become largely unpopular, proved successful. [Strategic voting](#) within the electorate led to a landslide win for Justin Trudeau and his team. Many of you will remember him proclaiming that '[Canada is back.](#)'

So, how has the Canadian government done over the past few years?

Well, commitments to change domestic policies around taxation, [climate and the environment](#), the [legalization of marijuana](#), and [electoral reform](#) are a tall order for any government. Canada under Trudeau was no exception. Trudeau has shortfalls domestically (climate action being one of them, see below for some more detail), but in the international arena, his actions are more promising.

Canada's international status as a friendly but firm middle power is undeniably 'back' – with a new development assistance plan, a strong set of trade negotiations with Europe and neighbours in North America, and avoiding (as much as possible) a diplomatic disaster during its 2018 [G7 presidency](#). Canada has demonstrated leadership in global politics under Trudeau.

As a self-declared feminist, Trudeau has put his (that is, Canadian taxpayers') money (\$650 million CAD) where his mouth is, backstopping a [global gag rule](#) ordered by the current occupant of the White House. Supplemented with a [feminist international assistance plan](#), and a willingness to tackle the SDGs at local, national, and international levels (cf the recent [Voluntary National Review](#)), [Canada's approach to SDG implementation](#) appears to be genuine.

Interestingly, the Trudeau government sees itself as aligned with the SDGs both domestically and internationally, particularly around gender equality (5), no poverty (1), good health and well-being (3), quality education (4), clean water and sanitation (6), and peace, justice, and strong institutions (16). It also views its [federal sustainability strategy](#) as consistent with the "environment" SDGs (7, 13, 14, and 15), and considers its [pan-Canadian framework for clean growth](#) to be aligned with SDGs 11, 12, and 13. Yet according to a civil society shadow report, [Canada is not on track to reach the 2030 goals](#), despite 8 ministries championing the advancement of the SDGs.

The promised electoral reform project has been abandoned, a [highly contested gas pipeline](#) is in the works -- much work remains to be done domestically. The SDGs will need to span across all groups in society to fully ascribe to the “[leave no one behind](#)” rhetoric – that means meaningful policy and program interventions particularly for Indigenous peoples, immigrant/refugee groups, people with disabilities, and the [LGBTQ2 community](#). Internationally, [Canada’s arms sales](#), extractive operations overseas, and [lagging ODA expenditures](#) fall short of our SDG commitments.

All this to say that as we take stock of how our federal government has performed in recent years, the SDG framework is a useful tool for policy analysis.

The argument that [Trudeau has counted on branding feminism as a thematic priority](#) (watch for the [Women Deliver](#) conference in Vancouver this year) to appeal to the electoral base rings true (did someone say neoliberal feminism?). But even taking this into account, it’s fair to say that the current global political order is a challenging environment for multilateralism, and Canada is perhaps one of the last remaining proponents, pushing for (non-binding) international agreements like the SDGs and the [Global Compact for Safe, Orderly and Regular Migration](#), among others. As with the money-where-our-mouth-is thinking, the remaining 8 months until the election will be important to find out whether the electorate believes in Trudeau the same way the rest of the (multilateral) world does.

## Highlights of the week

### A neat proposal for the Global Fund Replenishment

#### Project Syndicate - Fully Filling the Global Fund

J Sachs et al; <https://www.project-syndicate.org/commentary/global-fund-aids-tb-malaria-replenishment-round-by-jeffrey-d-sachs-et-al-2019-01>

Sachs et al look ahead to the GF replenishment in Lyon, France, later this year. At last, they come up with a half-decent proposal for our populist times.

*“...In the previous replenishment round, the Global Fund identified a total three-year financing need of around \$98 billion, of which all but around \$30 billion could be met by domestic budgets and other sources. Yet, instead of filling the \$30 billion gap (roughly \$10 billion per year), the donors gave the Global Fund just \$13 billion. The lack of adequate funding meant that all three diseases continued to kill and to spread unnecessarily. This time, the entire shortfall must be covered. The Global Fund will soon issue its own assessment of financing needs, but the numbers are unlikely to change much: around \$30 billion over three years, or \$10 billion per year....”*

*“... **Here, then, is a basic proposal:** The Global Fund should pledge its efforts to raise \$30 billion for the next three years. **Half of the \$30 billion could come from donor governments.** The US should continue its tradition of bipartisan support. China, a past Global Fund beneficiary, should now become a donor. **The other half of the funding should come from the world’s richest people, whose wealth has soared in recent years. Gates has set the standard, and, under the Giving Pledge that***

*he and Warren Buffett have launched, hundreds of the super-rich could easily pledge \$5 billion per year for the period 2020-2022.”*

We hope **especially the latter part will inspire financing for other global public goods** as well (at least as long as we don't manage to properly tax billionaires around the globe). If Macron is smart, he should listen to Sachs et al on this one. And if he isn't, I'm sure Rosa Luxemburg (see below) could be a source of inspiration, 100 years after her death 😊.

## Lancet Offline- Rosa Luxemburg and the struggle for health

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30050-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30050-9/fulltext)

The **centenary of Rosa Luxemburg's death** is an **opportunity to reconsider her legacy for health**. Her arguments remain relevant for health today, Horton argues. Excerpt:

*“...The **Rosa Luxemburg Stiftung**, established in 1990, is a Berlin-based foundation dedicated to using her ideas and values to illuminate contemporary social challenges. In 2018, the foundation published an analysis, written by Amit Sengupta, Chiara Bodini, and Sebastian Franco, which stands as a Luxemburgian manifesto for health. Entitled **The Struggle for Health**, the paper argues that the organisation of modern society “stands in contradiction to the rights of populations to health and healthcare.” At the heart of this contradiction lie the adverse effects of globalisation—the modern reincarnation of imperialism—including conflict, inequality, and the rise of authoritarian government. The result is a “**global health crisis**”. Good health depends on the political, economic, and social forces that shape conditions of living—unemployment, insecurity, and precarity. This global crisis has weakened the solidarity that helped to deliver strong systems of social protection after 1945. The rising influence of the World Bank, World Trade Organization, and private foundations has undermined WHO and enfeebled multilateralism. One consequence is a deepening democratic deficit in global health. ...”*

## “Zero polio transmission and health for all”, WHO Director-General gives new year's wish to the people of Afghanistan and Pakistan

### WHO

*“**WHO Director-General Dr Tedros Adhanom Ghebreyesus highlighted WHO's commitment to the final push to eradicate polio on a 4-day visit to Afghanistan and Pakistan** - the only two countries where wild poliovirus cases were reported last year. He also commended the governments of both countries for their efforts to provide universal access to health services....”*

*“...The visit took place shortly after **WHO Director-General Dr Tedros Adhanom Ghebreyesus took over the Chair of the Polio Oversight Board, which guides and oversees the Global Polio Eradication Initiative** – spearheaded by national governments, WHO, Rotary International, UNICEF, CDC and the Bill & Melinda Gates Foundation - **as a clear sign that the eradication of this disease is a priority for WHO.** ...”*

See also Xinhua News - [Polio likely to be eliminated from Pakistan by end 2019: WHO official](#).

## Jim Yong Kim resigns

The shock news of the week.

### Devex - Jim Kim's resignation sparks questions about the next World Bank president

<https://www.devex.com/news/jim-kim-s-resignation-sparks-questions-about-the-next-world-bank-president-94101>

*“World Bank President Jim Kim took the institution’s staff and board members by surprise when he announced his resignation, giving just three weeks’ notice of his plan to leave three years early, in order to **join an infrastructure investment firm**. The shock move, which was announced Monday, raised concerns among some members of the international development community about who will take over when Kim leaves on Feb. 1. **Advocacy groups called for the selection process to be more “open, transparent, and merit-based” than in previous years.**”*

Later on in the week, more detail became known on the move from Jim Kim, and the debate on his successor also took off:

### Reuters - World Bank's Kim to join Global Infrastructure Partners

<https://www.reuters.com/article/us-worldbank-kim/world-banks-kim-to-join-global-infrastructure-partners-idUSKCN1P302H>

*“World Bank Group President Jim Yong Kim will join Global Infrastructure Partners (GIP), a private equity fund that invests in projects in wealthy and developing countries, the firm said on Tuesday, a day after Kim’s shock resignation from the bank. Kim, who joins New York-based GIP on Feb. 1 as a partner and vice chairman, **has accepted a one-year ban from dealings with any World Bank units, including its private sector lending arm, the International Finance Corp**, a person familiar with his departure arrangements said.....”*

### FT World Bank’s Jim Yong Kim to join private equity firm

<https://www.ft.com/content/f1bf145a-1364-11e9-a581-4ff78404524e>

Excerpts:

*“A **primary concern for the World Bank in managing Mr Kim’s departure has been to insulate him from possible conflicts of interest: at GIP he will be working on infrastructure investments in developing economies, which is the World Bank’s core business. ...**”*

*“... His departure has triggered what is expected to be a hard-fought succession race, but supporters of the World Bank worry that the circumstances of Mr Kim’s exit risked demeaning the institution and its work. “There must be some big pull out there that explains it, but I’m disappointed in the sense that it doesn’t somehow befit the nature of the institution, that you could just dump it in this particular way,” said Johannes Linn, a former World Bank official and non-resident senior fellow at the Brookings Institution, a Washington-based think-tank.*

*“...GIP — which did not return a request for comment — is among a breed of private investment funds that have emerged as leading financiers of renewable power generation assets that are replacing legacy coal and gas plants. ....”*

## **Devex - Nominations for new World Bank president to open Feb. 7**

<https://www.devex.com/news/nominations-for-new-world-bank-president-to-open-feb-7-94127>

*“The hunt for the next president of the World Bank will kick off next month and will be “open, merit-based and transparent,” according to the institution’s board of executive directors. Nominations for the bank’s next leader will **officially open on Feb. 7 and close on March 14**, according to a statement published Thursday. **The plan is to have a new president in time for the World Bank spring meetings in Washington, D.C., in April....”***

*“... Scott Morris, a senior fellow and director of the U.S. Development Policy Initiative at the Center for Global Development, said **the quick progress in setting out a timeline for Kim’s replacement indicates that the White House intends to keep control of the nomination.** “I think it means that the U.S. is serious about putting forward a candidate, with an expectation that they will prevail. They would not have allowed the clock to start otherwise,” Morris said. **But the move does not necessarily mean they have a specific candidate in mind, he added....”***

## **Oxfam (blog) - World Bank President Jim Kim resigns: what’s his legacy and what happens next?**

<https://oxfamblogs.org/fp2p/world-bank-president-jim-kim-resigns-whats-his-legacy-and-what-happens-next/>

*“Speculation is swirling about the reasons for World Bank President Jim Yong Kim’s abrupt departure this week. But what’s **his legacy, and what happens next?** **Nadia Daar, head of Oxfam’s Washington DC office, gives a steer.”** A **mixed bag**, in her opinion. Well worth a read, this balanced blog.*

On how the WB’s selection process (typically) goes, criteria, ... see this [Devex primer](#).

Earlier this week, Nature [reported](#) *“Some analysts worry that Jim Yong Kim’s successor will be unlikely to support causes antithetical to the US administration, such as climate change.”*

## FT - World Bank chief's resignation to test US sway over successor Kim departure will spark tussle regarding American stranglehold on presidency

<https://www.ft.com/content/f1bf145a-1364-11e9-a581-4ff78404524e>

Recommended (though gated).

*"... The sudden departure more than three years ahead of schedule tees up **a battle between the Trump administration, which will have the central role in choosing his replacement, and critics seeking to break America's stranglehold on the WB presidency.** It will be an immediate test of the White House's highly skeptical approach to multilateral institutions – especially one such as the WB that works closely with China and enthusiastically finances climate change projects."*

**Other recommended analysis of the (succession) battle ahead:**

**Charles Kenny** (in Slate) – ["Bank of America: "](#) "The U.S. shouldn't get to pick the head of the World Bank. And not just because Trump is president."

**Kevin Gallagher** (in the FT) - ["Choice of next president will test institution's legitimacy and relevance"; Kim's resignation from World Bank leaves multilateralism at stake](#)

Excerpts:

*"... To regain the legitimacy and relevance of the World Bank, its members should nominate a set of candidates, debate those candidates and quickly choose one person as their collective nominee to stand against US president Donald Trump's nominee. Not only are the prospects of meeting the world's stated development goals at stake, but so is the future of the multilateral system...."*

*... .. The Trump administration couldn't have less legitimacy for nominating a World Bank president than it does now — as it is in the midst of a human resources crisis where the most merited members of the administration have left or been fired...."*

*"...Kim presided over much turmoil and leaves an institution at an important crossroads where its legitimacy and relevance are at stake. **The World Bank's crises of legitimacy and relevance come from the inside and out...."***

*... There is also real concern over the World Bank's cosy relationship with the private sector. According to the bank's own assessments, its emphasis on "public-private partnerships" has attracted very little private investment and, when it did, the risks of development projects were seen to be borne by the bank and host country governments while the rewards went to the private sector. As noted in recent FT Alphaville columns, **even cosier have been efforts — in the name of expanding the World Bank's lending — to securitise development loans in the same manner that Wall Street securitised mortgage loans that led to the global financial crisis...."***

PS: For the ones among you who want to get a flavor of the **Twitter discussion on Monday**, after the news broke on Jim Kim's resignation, we refer to the 'Global Health Governance' section below.

## Predictions 2019

As mentioned in this week's intro, a bunch of outlets, organizations, observers, ... came with their (global health and other) predictions for 2019.

Below we just flag some you might want to read:

### FT Health – Predictions for 2019

Andrew Jack; <https://www.ft.com/content/4838cff6-101d-11e9-acdc-4d9976f1533b>

*“The big themes for the year ahead: **pharmaceutical takeovers; pricing pressure; and the potential for new diseases.**”* According to Andrew Jack, in the intro of last week's FT Health newsletter. He also thought it'd be another tough year for prevention.

WEF - [10 reasons to be optimistic in 2019](#) Among others, 'drones to the rescue', and also: “5) **Protection from pandemics: The outbreak of the Ebola virus in West Africa in 2014-16 demonstrated just how unprepared the world was for a major epidemic outbreak. Launched at our 2017 Annual Meeting, the Coalition for Epidemic Preparedness (CEPI) aimed to address this by funding development of vaccines before diseases erupt. **Less than two years old, CEPI is already developing 15-20 vaccines including three - for Lassa Fever, MERS, and Nipah - that have been designated an urgent threat by the World Health Organization. In 2019 we should see more partners join the coalition and vaccines pursued for new diseases that pose a threat to human health, for example Chikungunya – a mosquito-borne virus whose name derives from a term meaning “to become contorted” - and Rift Valley Fever .****”

Not sure everybody is that optimistic about our protection from pandemics ...

NPR - [What's Coming In 2019? Global Thinkers Make Big, Bold Predictions](#)

“Pundits in global health and development came up with nine bold predictions.” Recommended.

Among others: *“**Positive social change will be contagious in Africa.... Urban slums will grow... More countries will follow the U.S. example of pulling out of U.N. funding... There will be more significant infectious disease outbreaks — maybe even a pandemic ... but the odds are good we can beat back a bad outbreak. ... There will be fewer food crises. ... Wealthy countries will turn away more people seeking asylum. ...**”*

As you can see, not every prediction qualifies for being 'bold' 😊.

Axios - [Global disease risk worsening as anti-vaccination campaigns spread](#)

By Peter Hotez. *“...The response to the anti-vaccine lobby by U.S. and European government agencies has been modest, leaving much of the defense of vaccines to academics. This situation will have to change if outbreaks of vaccine-preventable diseases continue or increase. What to watch: **The anti-vaccine movement could also move beyond its stronghold areas into Africa, Asia and Latin***

*America. 2018 already saw anti-vaccine activities adversely affect child health vaccination programs in India, Indonesia and Thailand....”*

IRIN - [Ten humanitarian crises and trends to watch in 2019](#)

Recommended. Make sure you check out trend 6 in particular (not a new trend, though).

WB - [Year in Review: 2018 in 14 Charts](#)

Nice one! (even if not really predictions for the new year)

MSF Access [Our wishlist 2019](#).

## G7 plans for the new year

Euractiv - **France to advocate multilateralism to address inequality at G7**

<https://www.euractiv.com/section/politics/news/france-to-advocate-multilateralism-to-address-inequality-at-g7/>

*“Fighting inequality and global warming will be key objectives of the French G7 Presidency in 2019. The aim of developing closer relations with Africa, in the interests of multilateralism, is also highlighted by France.”*

*And see also this tweet: “Gender equality will be a central theme of the work of the French #G7 Presidency. An equality label will be created for the G7 Summit and ministerial meetings. #G7equality .”*

## **GHAP & Pure Earth (report) – Pollution knows no borders: how the pollution crisis in low-and middle-income countries affects everyone’s health, and what we can do to address it**

[https://www.pureearth.org/wp-content/uploads/2019/01/PE\\_PollutionKnowsNoBordersFinal.pdf](https://www.pureearth.org/wp-content/uploads/2019/01/PE_PollutionKnowsNoBordersFinal.pdf)

Important and hard hitting new report on the transboundary impacts of toxic pollution.

## **Results for Development - Health Systems Strengthening Accelerator Concept Note**

<https://www.r4d.org/resources/hss-accelerator-concept/>

Worth checking out. 8 pages. *“This is an abridged version of the Health Systems Strengthening Accelerator concept, co-created by USAID, Results for Development, the Nigeria-based Health Strategy and Delivery Foundation (HSDF), ICF and several other partners as part of USAID’s Broad Agency Announcement process. The Accelerator is a global initiative to improve how health systems strengthening is done locally and globally. The Accelerator will connect locally-driven health system innovation with global knowledge, improve the institutional architecture for evidence-based and sustainable health system strengthening (HSS), and accelerate countries’ journeys to self-reliant health systems.”*

*“...The Accelerator will also explore a potential paradigm-changing approach to health system strengthening—one that questions not just what the levers are for better health system performance today, but what is the institutional “architecture” that countries need to sustain their own ongoing, evidence-based health system strengthening into the future. ...”*

PS: not quite sure USAID is fully ‘operational’ given the current shutdown in the US...

## OECD/DAC worries

**Brookings (blog) - Don’t undermine the basic architecture of OECD/DAC statistics: A Letter of warning**

<https://www.brookings.edu/blog/future-development/2018/12/21/dont-undermine-the-basic-architecture-of-oecd-dac-statistics-a-letter-of-warning/>

*“In response to ongoing efforts to rethink ODA measurement and broader development finance, following is a letter from three former OECD/DAC chairs who worry that the basic role of the OECD/DAC in measurement is eroding.”*

## Ebola DRC outbreak – Ebola response resumes

We’ll have to see what the rather [weird and controversial outcome](#) of the elections in DRC will spark, in terms of impact on the Ebola response as well, but for now, this was some of the main news from this week on the Ebola outbreak:

**UN News - DR Congo: Ebola response resumes despite ‘risky environment’**

<https://news.un.org/en/story/2019/01/1030052>

*“Despite a precarious security environment and continuing pockets of mistrust on the part of affected populations, the World Health Organization (WHO) reported on Tuesday that all Ebola-affected areas in the Democratic Republic of the Congo’s (DRC) North Kivu Province are now accessible to health workers.”*

*... The Ebola outbreak is in reality, several distinct outbreaks in the different affected areas. While the major outbreak in Beni, which was responsible for a large proportion of cases in recent months, is coming under control, the positive trend there is not mirrored elsewhere."*

As for the possible impact of the elections on Ebola, our colleagues from **Global Health Now** referred on Thursday to a [commentator](#) wondering **what will happen if Oly Ilunga is ousted as minister of health**. " "By the time a new government gets its act together on Ebola, the disease could be all over the DRC and all over East Africa," Kilian wrote. "

Let's hope it won't get to that.

Some other reads from this week:

### **Huffington Post - Election Chaos Is Making History's Second-Largest Ebola Outbreak Worse**

[https://www.huffingtonpost.com/entry/ebola-outbreak-congo-election\\_us\\_5c3036a7e4b0bcb4c25bd57d](https://www.huffingtonpost.com/entry/ebola-outbreak-congo-election_us_5c3036a7e4b0bcb4c25bd57d)

Interesting read from end of last week, featuring the views of many global health outbreak staff & observers. Among others WHO's Ryan ( WHO assistant director-general for emergency preparedness and response), Ron Klain (former Ebola czar Obama administration), J Stephen Morrison, ...

**The elections were 'the third wave of destabilization'** in this outbreak response.

Excerpt: "*...The global health community may need a new security solution, Klain said. While Ryan argues that the United Nations security force, known as MONUSCO, has been protecting WHO workers and other responders on top of its peacekeeping mission in the area, Klain is pushing for a separate force dedicated solely to protecting public health responders. "For four years, I have been advocating the creation of a 'white helmet' battalion of security forces that could operate globally to protect infectious disease responders. What is going on now in the DRC shows the need for such a force," Klain said.*"

### **Stat - WHO's Tedros: Experimental Ebola vaccine in the DRC has saved countless lives**

[Stat News](#)

Must-read interview with dr Tedros himself.

### **Lancet Editorial – Was DR Congo's Ebola virus outbreak used as a political tool?**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30002-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30002-9/fulltext)

*"From its very start, the people of DR Congo have perceived the Ebola response as politicised...."*

*“It is therefore a pity that their fears, at least in part, were proven to be justified. On Dec 26, 2018, DR Congo's Independent National Electoral Commission (CENI) invoked concerns about the Ebola outbreak and terrorism to postpone the elections in three areas in North Kivu (Beni, Beni ville, and Butembo) until March.... That the Ebola outbreak was used to control the electoral power of those likely to oppose Emmanuel Ramazani Shadary (the candidate who incumbent president Joseph Kabila chose as a successor) shows just how important these elections are. **The consequences of CENI's announcement on the Ebola response are immeasurable, not only for its effect on epidemic control but also in terms of trust lost.** These elections were celebrated as an important step towards a more democratic process and populous sovereignty. That this was jeopardised by leveraging the very health concerns that the Congolese people need the Government to alleviate is deeply regrettable.”*

## Lancet World Report - Logistical challenges in the DR Congo Ebola virus response

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30076-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30076-5/fulltext)

*“The ongoing outbreak in the DR Congo has recently surpassed 600 cases. To fight this outbreak, the Ebola response team faces many logistical challenges. Miriam Shuchman reports.”*

## The Economic Times - New single-dose Ebola drug treatment developed

[The Economic Times](#);

Encouraging research news for future outbreaks: *“Scientists have developed an experimental drug that in one dose successfully protected nonhuman primates **against a lethal infection of all strains of the deadly Ebola virus.** “*

For the study, see [Cell Host & Microbe](#).

Other links:

Devex - [Orphan numbers rise as Ebola persists in DRC](#)

Cidrap News - [DRC Ebola outbreak total rises to 613 infections](#)

This article also had some **info on nosocomial illnesses**:

*“... **The report also had more detailed information about healthcare-acquired infections and illness patterns.** It said that, **as of Jan 2, 86 nosocomial infections have been reported,** mainly in Beni, Butembo, Katwa, and Mabalako. No new illnesses in healthcare workers have been reported, keeping that total at 55, including 18 deaths. **Of all cases reported in the outbreak, 22% had a history of exposure to a hospital within 3 weeks of getting sick,** the WHO said...”*

On Twitter, the **debate on whether a PHEIC is warranted** still goes on. Check out the twitter accounts of **Larry Gostin, Helen Branswell & Laurie Garret**, for example. Not everybody is convinced that declaring a PHEIC would mobilize the international community more than is the case now...

And other interesting tweet (by Ben Philipps) : *“Private investors in the @WorldBank's pandemic insurance facility haven't lost a penny to tackle the two Ebola outbreaks in #DRC. They only start to pay if it spreads into a second country.”*

## Stat - New Ebola-like virus is discovered in China

<https://www.statnews.com/2019/01/08/new-ebola-like-virus-is-discovered-in-china/>

*“The notorious filovirus family — which includes such dangerous actors as the Ebola and Marburg viruses — seems to just keep getting bigger. In a new study, scientists from Singapore and China have announced they found a new branch of the family, in bats in China. While there is no evidence the new virus — called **Měnglà** after the place where it was discovered — has caused outbreaks in people, the virus has traits similar to those that have helped its cousin viruses break into human cells. The study was published in the journal **Nature Microbiology** on Monday....”*

## UHC reads

### WB - Intertemporal Dynamics of Public Financing for Universal Health Coverage : Accounting for Fiscal Space Across Countries

A Tandon et al; <http://documents.worldbank.org/curated/en/639541545281356938/Intertemporal-Dynamics-of-Public-Financing-for-Universal-Health-Coverage-Accounting-for-Fiscal-Space-Across-Countries>

Cfr a tweet by Thomas Paalu – *“Messages for #UHC: public expenditures on #health grew at 5% annual pace in poor countries compared to 3% in rich - some convergence happening. But with great variations! Increased aggregate fiscal space was enabler in poor, re-prioritization in rich countries.”*

*“... Although how money is expended is just as critical as the overall resource envelope, **we analyze changes in per capita public financing for health in real terms, a proxy for realized fiscal space, within and across 151 countries over time.** This allows for an assessment not just of trends in public financing for health but also of contributions from three macro-fiscal drivers -- economic growth, changes in aggregate public spending, and reprioritization for health -- exploiting a macroeconomic identity that captures the relationship between these factors. **Analysis of data from 2000 to 2015 shows per capita public financing for health in low- and middle-income countries increased by 5.0 percent per year on average: up from US\$60 (2.2 percent of GDP) in 2000 to US\$117 (2.8 percent of gross domestic product [GDP]) in 2015. ... At 3.1 percent per year, annual growth in public financing for health was lower among high-income countries, albeit from a much higher baseline in 2000. Increases in on-budget external financing comprised most of the changes among low-income countries, whereas domestic government revenues dominated changes in composition of public financing among lower- and upper-middle-income countries. Public financing increased at a faster rate than OOP sources for health in most regions except for South Asia. **Although there are important country-specific differences, it is notable that more than half of the increase in public financing for health was due to economic growth alone.** For the remainder of the increase, aggregate public spending contributed more than reprioritization across low and lower-middle-***

income countries, whereas the reverse was true in high-income countries. ... Although country context matters, **the importance of economic growth for public financing for health** underscores the critical need to situate, integrate, leverage, and proactively manage health financing reforms within a country's overall macro-fiscal context and to assess different pillars of fiscal space holistically."

## Health Affairs - It's Still The Prices, Stupid: Why The US Spends So Much On Health Care, And A Tribute To Uwe Reinhardt

G Morrison et al; [Health Affairs](#);

**"A 2003 article titled "It's the Prices, Stupid," and coauthored by the three of us and the recently deceased Uwe Reinhardt found that the sizable differences in health spending between the US and other countries were explained mainly by health care prices. As a tribute to him, we used Organization for Economic Cooperation and Development (OECD) Health Statistics to update these analyses and review critiques of the original article. The conclusion that prices are the primary reason why the US spends more on health care than any other country remains valid, despite health policy reforms and health systems restructuring that have occurred in the US and other industrialized countries since the 2003 article's publication. On key measures of health care resources per capita (hospital beds, physicians, and nurses), the US still provides significantly fewer resources compared to the OECD median country. Since the US is not consuming greater resources than other countries, the most logical factor is the higher prices paid in the US. Because the differential between what the public and private sectors pay for medical services has grown significantly in the past fifteen years, US policy makers should focus on prices in the private sector."**

For coverage, see for example [Global Health News Wire](#)

## Lancet Public Health (Editorial) - Universal Health Coverage: realistic and achievable?

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30268-8/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30268-8/fulltext)

This editorial puts in perspective a study (and some related Comments) that appeared online already in December 2018.

Excerpts:

**"In this issue of The Lancet Public Health, Mark Moses and colleagues estimate the cost of achieving UHC in all countries. ... Such national data and country comparisons are important for informing political leaders and policy makers on progress and gaps, but they do not capture the full picture. For Simon Wieser and Klaus Eichler, writing in an accompanying Comment, the quality of health-care services is likely to differ between countries, and inefficiencies in current health-care systems need to be considered when calculating UHC costs. Financing is an essential, and often forgotten, component of UHC. But progress toward UHC also requires coordinated actions across the different pillars of a health system— the health workforce in particular, but also health service delivery platforms and governance ... It is becoming clear that countries need a customised path towards UHC. There is no off-the-shelf model to implement. ..."**

The Editorial concludes: " ... Dr Tedros, WHO's Director-General, is reforming WHO to make it a more effective political instrument to deliver UHC. As a regular attendee at G20 meetings and a former foreign minister in Ethiopia, his political influence could well exceed that of any current global health

leader. *As 2019 beckons, we should be optimistic that UHC is not merely an idealistic hope. It is, instead, a perfectly realistic and achievable objective.*"

## Lancet Editorial – 2019 in the USA: shutdowns and showdowns

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30001-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30001-7/fulltext)

*"If the events of the end of 2018 and early days of 2019 in Washington, DC, portend anything, it will be **yet another contentious year ahead in the USA at the intersection of politics, governance, and health**. The engine of much of the conflict is the acrimony resulting from years of partisan political entrenchment.... ... **The shutdown** affects approximately 800 000 federal employees from nine Cabinet departments whose funding has lapsed, including the Environmental Protection Agency, Department of Agriculture, and the Food and Drug Administration (FDA). The shutdown speaks to the complexity and distributed nature of the American political system that impinges on health. ...*

*...The conditions under which that reopening is achieved will have tremendous implications for the coming year. With Pelosi at the helm leading an assertive congressional cohort who are comfortable disagreeing with the president, **there could be more action specifically around lowering drug prices, which continued to rise in 2018, and increasing health coverage**.... ... with the past few years of a Republican stronghold on congress and the plausible legislative threats to the ACA removed, a distinct opportunity now exists to revisit all the possibilities for expanding and achieving universal health coverage in the USA, from Medicare for All to a public option. **It will take a showdown, but the show must—and will—go on.**"*

## Migration & trafficking

### UN News - Rising human trafficking takes on 'horrific dimensions': almost a third of victims are children

<https://news.un.org/en/story/2019/01/1029912>

*"A new UN report published on Monday shows that human trafficking is on the rise and taking on "horrific dimensions", with sexual exploitation of victims the main driver. Children now account for 30 per cent of those being trafficked, and far more girls are detected than boys. The study from the **United Nations Office on Drugs and Crime (UNODC)**, draws on information from 142 countries, examining trafficking trends and patterns...."*

See also Thomson Reuters - [Human trafficking worsens in conflict zones as militants deploy slaves - UN](#)

In other (migration) news, I'm sure you saw (parts of) **Trump's address to the US** (see BBC News - [Trump wall: President addresses nation on border 'crisis'](#) ); the man is now clearly in 'bunker-modus' (on his wall). In the EU, the news wasn't much better, cfr a **new Oxfam report on Lesbos**. See the Guardian - [Oxfam condemns EU over 'inhumane' Lesbos refugee camp](#) "The EU has been strongly

*criticised over conditions in Greece's largest refugee camp, where Oxfam reported women are wearing nappies at night for fear of leaving their tents to go to the toilet."*

Leaders of "developed" countries are letting down migrants, in the US, as much as in the EU, or Australia...

## **Lancet Gastroenterology & Hepatology - Accelerating the elimination of viral hepatitis: a Lancet Gastroenterology & Hepatology Commission**

[https://www.thelancet.com/journals/langas/article/PIIS2468-1253\(18\)30270-X/fulltext](https://www.thelancet.com/journals/langas/article/PIIS2468-1253(18)30270-X/fulltext)

"Viral hepatitis is a major public health threat and a leading cause of death worldwide. Annual mortality from viral hepatitis is similar to that of other major infectious diseases such as HIV and tuberculosis. Highly effective prevention measures and treatments have made the global elimination of viral hepatitis a realistic goal, endorsed by all WHO member states. Ambitious targets call for a global reduction in hepatitis-related mortality of 65% and a 90% reduction in new infections by 2030. **This Commission draws together a wide range of expertise to appraise the current global situation and to identify priorities globally, regionally, and nationally needed to accelerate progress.** We identify 20 heavily burdened countries that account for over 75% of the global burden of viral hepatitis. **Key recommendations** include a greater focus on national progress towards elimination with support given, if necessary, through innovative financing measures to ensure elimination programmes are fully funded by 2020. In addition to further measures to improve access to vaccination and treatment, greater attention needs to be paid to access to affordable, high-quality diagnostics if testing is to reach the levels needed to achieve elimination goals. Simplified, decentralised models of care removing requirements for specialised prescribing will be required to reach those in need, together with sustained efforts to tackle stigma and discrimination. We identify key examples of the progress that has already been made in many countries throughout the world, demonstrating that sustained and coordinated efforts can be successful in achieving the WHO elimination goals."

For the related **Comment**, see [Elimination of viral hepatitis by 2030: ambitious, but achievable](#)

**"The Commission shares experiences - both positive and negative – from which lessons can be learned as we accelerate efforts to eliminate viral hepatitis by 2030.** Although ambitious, this target is achievable, but only with coordinated efforts from all stakeholders. "

## **NCDs**

### **NYT - Research Details How Junk Food Companies Influence China's Nutrition Policy**

<https://www.nytimes.com/2019/01/09/health/obesity-china-coke.html>

**“... China’s fitness-is-best message, as it happens, has largely been the handiwork of Coca-Cola and other Western food and beverage giants, according to a pair of new studies that document how those companies have helped shape decades of Chinese science and public policy on obesity and diet-related illnesses like Type 2 diabetes and hypertension.**

**The findings, published Wednesday in *The BMJ* and *The Journal of Public Health Policy*, show how Coca-Cola and other multinational food companies, operating through a group called the International Life Sciences Institute, cultivated key Chinese officials in an effort to stave off the growing movement for food regulation and soda taxes that has been sweeping the west. The group, known as *ILSI*, is a worldwide organization with a Washington headquarters, funded by many of the biggest names in snack foods, including Nestlé, McDonald’s, Pepsi Co. and Yum! Brands as well as Coca-Cola. It has 17 branches, most of them in emerging economies like Mexico, India, South Africa and Brazil, and promotes itself as a bridge between scientists, government officials and multinational food companies. But in China, *ILSI* is so well-placed that it runs its operations from inside the government’s Centre for Disease Control and Prevention in Beijing....”**

Read the **BMJ Feature**: [Making China safe for Coke: how Coca-Cola shaped obesity science and policy in China](#)

*“Susan Greenhalgh investigates how, faced with shrinking Western markets, the soft drink giant sought to secure sales and build its image in China.”*

Do check out also the related **BMJ Editorial** (by M McKee et al) - [The hidden power of corporations](#)

Excerpts from the latter:

**“...The growing literature on what are termed “the commercial determinants of health” pays particular attention to the hidden and invisible forms of power, whereby large corporations use various methods to shape thinking about what are appropriate responses to the health consequences of their products. In the accompanying article, Susan Greenhalgh describes how the Coca-Cola Company came to dominate obesity policy in China even though its influence was obscured behind the public face of intermediaries ...”**

*“...In the late 1970s, Coca-Cola took advantage of the opening of Chinese society to the international community, exploiting the then extremely limited opportunities for Chinese researchers to access funds to undertake studies or to develop links with Western counterparts. It was not, however, Coca-Cola that made the approaches to Chinese researchers. Instead it was an organisation called the **International Life Sciences Institute**—a name that combined ideas of health, academia, and international links while also forming a memorable acronym, *ILSI*. Yet *ILSI* was established by a Coca-Cola executive with substantial funding from the company....*

**“... We now know that corporations make extensive use of third parties such as *ILSI* to create a dominant narrative that frames how issues are viewed and sets the boundaries within which responses are seen as “reasonable,” while excluding the most effective measures—especially those that harm the interests of the corporations—from the agenda. ...”**

High intake of dietary fiber and whole grains associated with reduced risk of non-communicable diseases

## Lancet - Carbohydrate quality and human health: a series of systematic reviews and meta-analyses

A Reynolds et al. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31809-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31809-9/fulltext)

Coverage in [Science News](#) - "Observational studies and clinical trials conducted over nearly 40 years reveal the health benefits of eating at least 25g to 29g or more of dietary fiber a day, according to a series of systematic reviews and meta-analyses."

And some info from the Lancet **Press Release**:

**« People who eat higher levels of dietary fibre and whole grains have lower rates of non-communicable diseases compared with people who eat lesser amounts, while links for low glycaemic load and low glycaemic index diets are less clear.**

**... The study was commissioned by the World Health Organization to inform the development of new recommendations for optimal daily fibre intake and to determine which types of carbohydrate provide the best protection against non-communicable diseases (NCDs) and weight gain...."**

## Some key papers of the week

### American Journal of Tropical Medicine and Hygiene - Strengthening Mentoring in Low- and Middle-Income Countries to Advance Global Health Research: An Overview

A Lescano et al; <http://www.ajtmh.org/content/journals/10.4269/ajtmh.18-0556?TRACK=RSS>

*"Mentoring is a proven path to scientific progress, but it is not a common practice in low- and middle-income countries (LMICs). Existing mentoring approaches and guidelines are geared toward high-income country settings, without considering in detail the differences in resources, culture, and structure of research systems of LMICs. **To address this gap, we conducted five Mentoring-the-Mentor workshops in Africa, South America, and Asia, which aimed at strengthening the capacity for evidence-based, LMIC-specific institutional mentoring programs globally.** The outcomes of the workshops and two follow-up working meetings are presented in this **special edition of the American Journal of Tropical Medicine and Hygiene.** Seven articles offer recommendations on how to tailor mentoring to the context and culture of LMICs, and provide guidance on how to implement mentoring programs. **This introductory article provides both a prelude and executive summary to***

*the seven articles, describing the motivation, cultural context and relevant background, and presenting key findings, conclusions, and recommendations.”*

## **Climate change, migration and health systems resilience: Need for interdisciplinary research [version 1; referees: awaiting peer review]**

V Ridde et al; <https://f1000research.com/articles/8-22/v1>

*“Climate change is one of today's major challenges, among the causes of population movements and international migration. Climate migrants impact health systems and how they respond and adapt to their needs and patterns. But **to date, the resilience of health systems in the context of climate change has been little explored. The purpose of this article is to show the importance of studying, from an interdisciplinary perspective, the relationships between climate change, migration, and the resilience of health systems...**” “...While universal health coverage is a major international goal, little research has to date focused on the existing links between climate, migration, health systems and resilience. **We propose an interdisciplinary approach** relying on the concept of health system resilience to study adaptive and transformative strategies to articulate climate change, migration and health systems.”*

## **Antibiotics; Something Borrowed, Something New: A Governance and Social Construction Framework to Investigate Power Relations and Responses of Diverse Stakeholders to Policies Addressing Antimicrobial Resistance**

H Legido-Quigley, J Hanefeld et al; <https://www.mdpi.com/2079-6382/8/1/3>

We quite enjoyed this short article.

*“While antimicrobial resistance (AMR) has rapidly ascended the political agenda in numerous high-income countries, developing effective and sustainable policy responses in low- and middle-income countries (LMIC) is far from straightforward, as **AMR could be described as a classic ‘wicked problem’**. **Effective policy responses to combat AMR in LMIC will require a deeper knowledge of the policy process and its actors at all levels—global, regional and national—and their motivations for supporting or opposing policies to combat AMR.** The influence of personal interests and connections between for-profit organisations—such as pharmaceutical companies and food producers—and policy actors in these settings is complex and very rarely addressed. **In this paper, the authors describe the role of policy analysis focusing on social constructions, governance and power relations in soliciting a better understanding of support and opposition by key stakeholders for alternative AMR mitigation policies.** Owing to the lack of conceptual frameworks on the policy process addressing AMR, we propose an approach to researching policy processes relating to AMR currently **tested through our empirical programme of research in Cambodia, Pakistan, Indonesia and Tanzania.** This new conceptualisation is based on theories of governance and a social construction framework and describes how the framework is being operationalised in several settings.”*

## Human Resources for Health - How are gender inequalities facing India's one million ASHAs being addressed? Policy origins and adaptations for the world's largest all-female community health worker programme

R Ved, K Scott, A George et al; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-018-0338-0>

*“India’s accredited social health activist (ASHA) programme consists of almost one million female community health workers (CHWs). Launched in 2005, there is now an ASHA in almost every village and across many urban centres who support health system linkages and provide basic health education and care. **This paper examines how the programme is seeking to address gender inequalities facing ASHAs, from the programme’s policy origins to recent adaptations....”***

## Helion - Mapping stakeholders and policies in response to deliberate biological events

R Katz et al; <https://www.sciencedirect.com/science/article/pii/S240584401832351X>

*“Recent infectious disease outbreaks have brought increased attention to the need to strengthen global capacity to prevent, detect, and respond to natural biological threats. However, deliberate biological events also represent a significant global threat, but have received relatively little attention. While the Biological Weapons Convention provides a foundation for the response to deliberate biological events, the political mechanisms to respond to and recover from such an event are poorly defined. **We performed an analysis of the epidemiological timeline, the international policies triggered as a notional deliberate biological event unfolds, and the corresponding stakeholders and mandates assigned by each policy.** The results of this analysis identify a significant gap in both policy and stakeholder mandates: **there is no single policy nor stakeholder mandate for leading and coordinating response activities associated with a deliberate biological event....”***

## HP&P - Review of international efforts to strengthen the global outbreak response system since the 2014–16 West Africa Ebola Epidemic

S J Ravi et al; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czy102/5280810?redirectedFrom=fulltext>

Must-read review article.

*“The 2014–16 West Africa Ebola epidemic was a watershed moment for global health. The outbreak galvanized global action around strengthening infectious disease prevention, detection and response capabilities. **We examined the nascent landscape of international programmes, initiatives and institutions established in the aftermath of the 2014–16 Ebola outbreak with the aim of assessing their progress to date to illustrate the current state of the world’s global health security architecture.** We also compare these efforts with shortcomings in epidemic management documented during the epidemic, and underscore remaining gaps in regional and global epidemic response capabilities that might benefit from additional programmatic and financial support. **Notably, most of the post-Ebola initiatives considered in this analysis have yet to meet their financial goals.** Operational progress has also been limited, revealing a need for continued investments to improve outbreak surveillance and detection capabilities specifically. **Furthermore,***

*our review highlighted the dominance of the USA and Europe in leading and financing efforts to coordinate long-term recovery efforts in West Africa, strengthen health systems across the continent, and enhance global preparedness for future epidemics, raising important questions about ownership of global health security efforts in non-Western regions of the world. Finally, the lack of transparency and available data on these initiatives' activities and budgets also complicate efforts to project their impacts on the global health security landscape."*

## WHO Bulletin - The palm oil industry and noncommunicable diseases

S Kadandale et al; [https://www.who.int/bulletin/online\\_first/18-220434.pdf?ua=1](https://www.who.int/bulletin/online_first/18-220434.pdf?ua=1)

*"Large-scale industries do not operate in isolation, but have tangible impacts on human and planetary health. **An often overlooked actor in the fight against noncommunicable diseases is the palm oil industry.** The dominance of palm oil in the food processing industry makes it the world's most widely produced vegetable oil. **We applied the commercial determinants of health framework to analyse the palm oil industry.** We highlight the industry's mutually profitable relationship with the processed food industry and its impact on human and planetary health, including detrimental cultivation practices that are linked to respiratory illnesses, deforestation, loss of biodiversity and pollution. **This analysis illustrates many parallels to the contested nature of practices adopted by the alcohol and tobacco industries.** The article concludes with suggested actions for researchers, policy-makers and the global health community to address and mitigate the negative impacts of the palm oil industry on human and planetary health."*

For coverage, see Reuters - [WHO study likens palm oil lobbying to tobacco and alcohol industries](#)

The study was co-authored by researchers at the U.N. children's fund UNICEF, the London School of Hygiene and Tropical Medicine and Britain's University of Exeter.

## Policy Brief - Bottom-up Accountability of Health Care Providers in Uganda

<https://www.poverty-action.org/sites/default/files/publications/Bottom-Up-Accountability-Health-Care.pdf>

From October 2018. *"In Uganda, researchers conducted a large-scale randomized evaluation of a program called **Accountability Can Transform (ACT) Health.** The program provided community members and health care workers **information about the quality of their local health services and brought them together to create action plans for how to improve local health service accountability, delivery, and quality.** The study built on previous research of a similar program called **Power to the People, which was found to greatly improve child health."***

As for the findings, cfr a **tweet by M Kruk**: *"1/2 RIP Björkman and Svensson's Power to the People? Large, carefully done experiment on community accountability to improve clinic/provider performance in Uganda finds no effects on child mortality."*

## HP&P - Policy change and micro-politics in global health aid: HIV in South Africa

M Kavanagh et al; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czy103/5281233?redirectedFrom=fulltext>

*“Efforts to improve the effectiveness of global health aid rarely take full account of the micro-politics of policy change and implementation. South Africa’s HIV/AIDS epidemic is a case in point, where the US President’s Emergency Plan for AIDS Relief (PEPFAR) has provided essential support to the national AIDS response. With changing political context, PEPFAR has shifted focus several times—most recently reversing the policy of ‘transition’ out of direct aid to a policy of re-investing in front-line services in priority districts to improve aid effectiveness. However, this policy shift has not led to the expected impact on health services. **This paper reports the findings of a study on the implementation of the recent policy through interviews at randomly selected sites in high HIV-burden districts of South Africa that capture the experiences of public-sector health leaders...**”*

## Some key blogs of the week

### Jason Hickel - Degrowth: A Call for Radical Abundance

<https://www.filmsforaction.org/articles/degrowth-a-call-for-radical-abundance/#.XDxl2gYtYyQ.twitter>

Puzzling title, you might say. Excerpts:

*“... **the birth of capitalism required the creation of scarcity.** The constant creation of scarcity is the engine of the juggernaut. ... **Scarcity is the engine of capitalist expansion.** And, crucially, the **scarcity was artificially created.** Created by elite accumulation, backed up by state violence. ...”*

*“... Today, we feel the force of scarcity in the constant threat of unemployment. We must be ever-more productive at work or else lose our jobs to someone who will be more productive than we are. But there is a paradox: as productivity rises, less labor is needed. ... **Scarcity creates recruits to the ideology of growth.** ...”*

*... It’s strange, isn’t it? The ideology of capitalism is that it is a system that generates immense abundance (so much stuff!) But in reality it is a system that relies on the constant production of scarcity. This conundrum was first noticed back in 1804, and became known as **the Lauderdale Paradox.** Lauderdale pointed out that **the only way to increase “private riches” (basically, GDP) was to reduce what he called “public wealth”, or the commons.** ...”*

*“... **It doesn’t have to be this way.** We can call a halt to the madness – throw a wrench in the juggernaut. **By de-enclosing social goods and restoring the commons, we can ensure that people are able to access the things that they need to live a good life without having to generate piles of income in order to do so, and without feeding the never-ending growth machine.** “Private riches” may shrink, as Lauderdale pointed out, but public wealth will increase. ... In this sense, degrowth is the very opposite of austerity. While austerity calls for scarcity in order to generate growth, degrowth calls for abundance in order to render growth unnecessary. ... **Degrowth, at its core, is a demand for radical abundance.**”*

## From Poverty to Power blog - Why we finally need to face up to information fatigue in 2019 (and 3 ways to do it)

<https://oxfamblogs.org/fp2p/why-we-finally-need-to-face-up-to-information-fatigue-in-2019-and-3-ways-to-do-it/>

“Guest post by **Caroline Cassidy**, a freelance communications specialist and associate for ODI and On Think Tanks.” Recommended. Her analysis of the **information fatigue** we all feel is spot on. As for how to face up to it, in her opinion, I’m less convinced.

## From Poverty to Power (blog) Who Are the World’s Poor? New overview from CGD

<https://oxfamblogs.org/fp2p/who-are-the-worlds-poor-new-overview-from-cgd/>

“Guest post from **Gisela Robles and Andy Sumner**.”

“...In a new **CGD working paper**, Gisela Robles and I take a closer look at the data on global poverty to answer this question in finer detail. We find that when poverty is measured over multiple dimensions—including education, health, and standards of living—identifying the global poor reveals some important findings...”. They list **three key findings**: The world’s poor are young, often children but not necessarily farmers; Rural poverty is more about infrastructure. Urban poverty is more about child mortality and food; Just how multidimensional poverty is depends on where you live.

And this: “...**What is surprising is that deprivations in health indicators overlap least frequently with other dimensions of poverty**. This points towards the importance of giving health poverty direct attention in policy...”

## WEF (blog) Globalization 4.0 must provide for the poorest, or it risks causing chaos for everyone

G Pantuliano (ODI); <https://www.weforum.org/agenda/2019/01/globalization-4-0-must-provide-poorest-risk-chaos-everyone>

Smarter than Klaus Schwab’s “Davos manifesto”. Much smarter.

## Global health events

Some **global health events & theme issues** coming up relatively soon:

### WHO 144<sup>th</sup> EB meeting (Geneva, (24 January-1 Feb))

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

preliminary agenda, documents, ...

Ahead of the EB meeting, on 23 January, there's also a **civil society meeting**, organized by G2H2. Info, see: [G2H2](#).

### **Davos 2019 – themed ‘Globalization 4.0’ (22-25 January)**

<https://www.weforum.org/focus/davos-2019>

For the time being, “Globalization 4.0” seems to bring a lot of snow. #snowdump (well, at least in Austria).

But the fans of **Klaus Schwab** might already want to read his [Davos Manifesto](#) (*what's in a name* 😊) on the necessity of a new social contract and global architecture for Globalization 4.0

### **17 January - The EAT-Lancet Commission on Food, Planet, Health**

<https://eatforum.org/initiatives/the-eat-lancet-commission/>

*“Can we feed a future population of 10 billion people a healthy diet within planetary boundaries? To answer this question, EAT gathered 37 of the planet’s foremost experts who, for the first time ever, propose scientific targets for what constitutes a healthy diet from a sustainable food system....”*

### **PMAC Bangkok – the political economy of NCDs: a whole of society approach (29 Jan-3 Feb)**

<http://www.pmaconference.mahidol.ac.th/>

You already find an overview of the accepted [abstract](#) (titles).

A draft of the **PMAC 2019 Statement** is also already [online](#).

### **Decolonizing Global Health Conference 2019 – by the ‘Harvard Chan Student Committee for the Decolonization of Public Health’ (February 9)**

<https://www.hsph.harvard.edu/decolonization-of-public-health-so/>

A student conference that looks really interesting.

### **Lancet Women theme issue – to be released on February 8**

For the collection so far, see [Lancet](#). On ‘Advancing women in science, medicine, and global health’.

### **Africa Health Agenda international conference (Kigali, Rwanda) (5-7 March)**

<https://ahaic.org/>

Theme: “2030 Now: Multi-sectoral Action to Achieve Universal Health Coverage in Africa.”

Finally, a **webinar** coming up next week:

**Webinar 15 Jan - Using competition law to address high medicines prices**

[https://zoom.us/webinar/register/7215470453578/WN\\_JwGq9dBsTSG-MQlp4WJuuA](https://zoom.us/webinar/register/7215470453578/WN_JwGq9dBsTSG-MQlp4WJuuA)

*“This event is part of the inaugural webinar series of the **Knowledge Network for Innovation and Access to Medicines**, a project of the **Global Health Centre at the Graduate Institute of Geneva**.”*

## Global governance of health

### WHO - Public consultation - Pathogen genetic sequence data (GSD)

<https://www.who.int/blueprint/what/norms-standards/gsdsharing/en/>

Public consultation: WHO is proposing a code of conduct for public release of pathogen genomic sequences at the time of disease outbreaks. Rapid data sharing + collaboration will help to better understand & control outbreaks. **Comment deadline 28 January.**

### Some tweets from global health observers related to Jim Kim’s resignation (Monday)

Many twitterandi thanked Jim Kim for his work for the WB. But others (many of them listed below), were more critical. Keep in mind that these were mostly tweets from Monday (before it became known which firm Kim would join).

**Simon Wright** – “@JimYongKim resigning has massive implications for the @WorldBank - will it continue as a (relatively) progressive voice on poverty that we have been able to work it under a new President? especially a new president appointed by the current US President?”

**Tim France:** (2/2) “My guess is that Jim is being pulled in to run the new International Development Finance Corporation, and to help the US compete with China in the 'infrastructure arms race'. Trump cares a lot more about winning that than he does about USA's 16% of Bank shares...”

**Roberto Bissio** “ Kim will sell securities after promoting, as prez of @WorldBank the slogan "from billions 2 trillions" to fund #SDGs by 'securitising' infrastructure in dev'ping countries: the same formula of bundling bad mortgages together into 3A 'instruments' at the root of the 2008 collapse. “

**Branko Milanovic** – “He is unlikely to be missed much. I had left around the time when he became president, but this is an opinion that I heard from almost everyone. And now he leaves an ostensibly devt institution in order to sell securities!”

**Laurie Garrett** “Cogent @BrankoMilan summary. And yes, @JimYongKim is leaving @WorldBank to reportedly work in a firm that will bundle development debts into securitized investments -- you know, like all the banks & hedge funds did in 2007 w/real estate, causing the 2008 global crash/recession.”

“Kim is reportedly joining a firm that will securitize development. "Securitization" = pooling contractual debts such as mortgages, auto loans or credit card debt obligations & selling their related cash flows to 3rd party investors as securities. Worked out beautifully in 2008.”

**Anthony Costello:**

“Unbelievable + corrupt. "(President) Jim Yong Kim plans to resign from the World Bank on Feb 1 to join a firm focused on infrastructure investments, 3 years before his term was set to expire." So he used his WB position to make a fortune in private equity + gives 3 weeks notice?”

“So the chair (John Simon) and CEO (Peter Sands) of the Global Fund are bankers who actively promote private equity solutions in low income countries when 99.3% of their funds come from global taxpayers. And Jim Kim uses the World Bank to enrich himself. This charade must stop.”

What's this all about? I hope he isn't jumping ship into private equity. See my old blog <http://www.anthonycostello.net/2018/05/30/seven-ways-tseven-ways-the-world-bank-and-global-fund-can-help-universal-health-coverage-without-the-cobra-of-private-equity-finance/> .

## **SS&M - Network influences on policy implementation: Evidence from a global health treaty**

T Valente et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953619300085>

“**This paper examines whether country implementation of a public health treaty is influenced by the implementation behaviors of other countries to which they have network ties.** We examine implementation of the **Framework Convention on Tobacco Control (FCTC)** adopted by the World Health Organization in 2003 and ratified by approximately 94% of countries as of 2016. We constructed five networks: (1) geographic distance, (2) general trade, (3) tobacco trade, (4) GLOBALink referrals, and (5) GLOBALink co-subscriptions...”

Highlights: “Analysis of factors that influenced FCTC implementation. International network influences on FCTC implementation are demonstrated. There was Influence for pricing and taxation;

*second-hand smoke; and packaging and labeling. Country attributes, except time since ratification, were not associated with implementation.”*

## New ILO interactive website (ILO centenary)

<https://www.ilo.org/100/en/>

Do check it out. For the occasion of ILO’s 100<sup>th</sup> anniversary. We hope the ILO centenary, together with the focus of Green New Deals on decent jobs, and the yellow vests movement will put a ‘fair transition’ at the centre of the political agenda sooner rather than later.

Do read also (UN News) - [100 years on, UN labour agency mission focussed on growing inequality, says Director-General](#)

*“As it celebrates its centenary year, the International Labour Organization (ILO) must help to tackle inequality in the world of work through the efforts of its 180-plus members, said Director-General Guy Ryder on Wednesday.”*

## IISD - WHO 2018 Regional Meetings Put Policy into Action

[IISD](#);

*“World Health Organization Assembly (WHA) resolutions result from the deliberations of the health ministers of all WHO member states and are used to set global health policy, but they must be translated into regional and national policies and action plans. **This article looks at the resolutions that the six WHO regions considered during their 2018 meetings.**”*

## NYT - U.S. Officials Warn Health Researchers: China May Be Trying to Steal Your Data

[NYT](#);

*“The Trump administration has warned scientists doing biomedical research at American universities that they may be targets of Chinese spies trying to steal and exploit information from their laboratories. ... Scientists and universities receiving funds from the National Institutes of Health for cutting-edge research need to tighten their security procedures and take other precautions, said a panel of experts commissioned by the agency to investigate “foreign influences on research integrity.” ... “Unfortunately, some foreign governments have initiated systematic programs to unduly influence and capitalize on U.S.-conducted research, including that funded by N.I.H.,” the panel said in a report last month to the director of the N.I.H., Dr. Francis S. Collins.”*

## Devex - What to watch in US Congress in 2019

<https://www.devex.com/news/what-to-watch-in-us-congress-in-2019-94053>

*“On Capitol Hill, the new year brings with it new leadership of key committees, a divided Congress, a few development-related bills likely to be considered, and a fair amount of uncertainty about what’s in store after a period of bipartisan cooperation on development issues. While bipartisanship is likely to continue on some issues, the political environment will change as Democrats take control of the House of Representatives. **More oversight and investigation of the Trump administration in the House will potentially lead to a more contentious environment, where it will be harder to carve out space for issues where there is agreement, several development advocates told Devex.**”*

Excerpts:

*“Another issue likely to see some discussion and potential legislation is **global health security**. A Global Health Security Act was introduced last year by Rep. Gerald Connolly, and it is expected to be reintroduced in 2019, said Loyce Pace, the president and executive director of the Global Health Council. **Another global health issue Pace would like to see some legislation around is health-systems strengthening**. There has been some work on a bill, but it has been hard to build a constituency around such an abstract idea, she said....”*

*“...And the **ONE Campaign will be focused on the Global Fund to Fight AIDS, Tuberculosis and Malaria replenishment, and what signals the administration and Congress send through the appropriations process**. The U.S. has historically been the largest single donor to the Global Fund and its contribution often sets the standard for other countries....”*

## Wired - Machine learning can fix how we manage health on a global scale

Peter Piot; [https://www.wired.co.uk/article/machine-learning-healthcare-ebola?utm\\_content=bufferdc658&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](https://www.wired.co.uk/article/machine-learning-healthcare-ebola?utm_content=bufferdc658&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

I’m sure this sort of message will please the Davos crowd. So, very timely 😊.

*“Democratising patient power will improve people's ability to manage their own health, regardless of income.”*

And a quick link:

Devex - [Stephanie Draper announced as new Bond chief executive](#)

*“Bond, the network of British aid organizations, has appointed Stephanie Draper as its new chief executive officer. Draper, who has a background in sustainable development, is due to start at Bond in mid-March....”*

## Devex - Nigeria faces a health financing cliff edge

<https://www.devex.com/news/nigeria-faces-a-health-financing-cliff-edge-93968>

*“Over the next two decades, Nigeria is expected to become ineligible for a range of external health financing sources, from Global Fund grants to World Bank financing, due to the country's improving economic performance and the timelines of funds that are due to expire. Already, funding from the Global Polio Eradication Initiative is set to drop by 40 percent in 2019. Earlier this year, Gavi, the Vaccine Alliance agreed to an extension on vaccination funding, but only until 2028. Despite this, many of Nigeria's key health interventions — including on polio eradication, vaccination programs, malaria, tuberculosis, HIV/AIDS, and maternal and child health — **remain almost entirely dependent on foreign donors, with the government committing just \$5 per citizen to health under its current budget. As donor money starts to shift away, and the clock runs out to establish a locally backed replacement, patients are already feeling the impact. ...**”*

Interesting read, with quotes from **Biodun Awosusi** (health economist) and **Paulin Basinga** (Gates Foundation country director), among others.

## Washington Post - House Democrats vote to defend ACA in court — and jam Republicans

[WP](#);

It's payback time on ACA.

“House Democrats used their new majority on Thursday to squeeze Republicans on health care, taking the first step to intervene in a court case in which a Texas judge has ruled the Affordable Care Act unconstitutional. That move will be followed by a vote next week designed to force GOP lawmakers into a political corner: agree to defend a law many members have spent years reviling or appear to oppose popular ACA protections for millions of Americans with preexisting medical conditions that many have pledged to uphold....”

Meanwhile, **progressive politicians both at state level and local level are moving forward to boost health services & coverage**, after the midterms elections proved that health care was a very salient issue for many voters.

By way of example: FT - [New York City to offer healthcare for all residents](#)

“Mayor de Blasio joins progressive politicians seeking to expand coverage for uninsured.”

## CMN - Bolivia to Create Universal Healthcare for Its People

<https://www.collegemedianetwork.com/bolivia-to-create-universal-healthcare-for-its-people/>

Noticed by Rob Yates' UHC eagle eye. "

*"The government of Bolivia under the presidential administration of Evo Morales announced on January 2, 2019, will implement universal healthcare coverage for more than 5 million uninsured people nationwide in March."*

## Planetary health

### New Internationalist - Five climate struggles to watch in 2019

<https://newint.org/features/2018/12/17/temperature-check>

"Danny Chivers reports on the key environmental struggles to keep track of in the coming year." Recommended: among others: "**The jury is out:** According to the Sabin Center for Climate Change Law, over 1,000 climate-change cases have now been filed against governments, corporations and individuals in 24 countries. Many of these have important hearing dates in 2019...."; **the new direct-action network Extinction Rebellion (XR) goes global; rainforest protection in Brazil, ...**"

On the latter issue, you might want to read in **Foreign Policy** - [Brazil Was a Global Leader on Climate Change. Now It's a Threat.](#)

### Vox - The Green New Deal, explained

D Roberts; <https://www.vox.com/energy-and-environment/2018/12/21/18144138/green-new-deal-alexandria-ocasio-cortez>

*"An insurgent movement is pushing Democrats to back an ambitious climate change solution."* In-depth analysis of what a GND involves. Hopefully, ten years after the term "Green New Deal" was coined, the time is finally ripe. In any case, **AOC's GND is 'trending'** 😊.

As for the **three core key principles** of a GND, they are: **decarbonization, jobs, and justice**. But there are plenty of challenges ahead as well.

## ODI (research report)- Influencing adaptation policy: the role of policy entrepreneurs in securing ownership and climate action in South Asia

<https://www.odi.org/publications/11264-influencing-adaptation-policy-role-policy-entrepreneurs-securing-ownership-and-climate-action-south>

*“... To date, many of the transferable lessons on adaptation mainstreaming have been in the form of technical approaches such as risk assessments and toolkits. **In contrast, this paper provides an empirically informed review of some of the more tacit and informal approaches used to influence adaptation policy.** This review, produced by **Action on Climate Today (ACT)**, highlights **the particular role of policy entrepreneurs** who work in policy-making arenas to promote policy change. They navigate the political complexity of both formal and informal systems of governance to promote successful adaptation mainstreaming processes, through brokering, advocacy and networking to influence policy. Building on previous policy influencing perspectives from the political science literature, **the paper uses empirical examples from the ACT programme in South Asia** to create a typology of influencing strategies. It suggests there are a number of ways to maximise the potential of a programme for policy influencing and entrepreneurship in order to mainstream climate change into development....”*

Quick links:

Guardian - [Global warming of oceans equivalent to an atomic bomb per second](#)

Guardian - [Warming oceans likely to raise sea levels 30cm by end of century – study](#)

*“The world’s oceans are warming at a faster rate than previously estimated, new research has found, raising fresh concerns over the rapid progress of climate change....”*

## Infectious diseases & NTDs

### Reuters - Scientists say 'mosquito birth control' drug could be ready in five years

[Reuters:](#)

*“Scientists in the United States said on Tuesday they had taken a **major step toward developing a “mosquito birth control” drug** to curb the spread of malaria and other killer diseases blamed for hundreds of thousands of deaths a year. Researchers at the University of Arizona said they had discovered a protein unique to female mosquitoes which is critical for their young to hatch. When the scientists blocked the protein, the females laid eggs with defective shells causing the embryos inside to die. The team said developing drugs which targetted the protein could provide a way to reduce mosquito populations without harming beneficial insects such as bees....”*

For the study, see [Plos Biology](#).

## Lancet HIV (viewpoint) - HIV prevention cascades: a unifying framework to replicate the successes of treatment cascades

R Schaefer et al; [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30327-8/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30327-8/fulltext)

*“Many countries are off track to meet targets for reduction of new HIV infections. HIV prevention cascades have been proposed to assist in the implementation and monitoring of HIV prevention programmes by identifying gaps in the steps required for effective use of prevention methods, similar to HIV treatment cascades. However, absence of a unifying framework impedes widespread use of prevention cascades. **Building on a series of consultations, we propose an HIV prevention cascade that consists of three key domains of motivation, access, and effective use in a priority population. This three step cascade can be used for routine monitoring and advocacy, particularly by attaching 90-90-90-style targets. Further characterisation of reasons for gaps across motivation, access, or effective use allows for a comprehensive framework that guides identification of relevant responses and platforms for interventions. Linkage of the prevention cascade, reasons for gaps, and interventions reconciles the different requirements of prevention cascades, providing a unifying framework.**”*

## Lancet (Comment) – Health-emergency disaster risk management and research ethics

E YY Chan et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)33126-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33126-X/fulltext)

*“**Health-emergency disaster risk management (health-EDRM)** aims to reduce the health risks and vulnerability associated with emergencies and disasters, such as natural disasters, infectious disease epidemics, complex emergencies, technology failure, or global population movement. Medical care and health responses in emergency contexts often rely on best-fit interventions rather than best practices to protect communities in suboptimally functioning systems and complex contexts. Unlike health emergency actions that are focused on the response, **the health-EDRM approach emphasises emergency preparedness and disaster risk reduction and can take account of the limitations of the response-focused research landscape.** A greater emphasis on prevention can provide opportunities for research infrastructure building in normal times to support any emergency-related research attempts...”*

## Lancet Global Health - Age-targeted tuberculosis vaccination in China and implications for vaccine development: a modelling study

[Lancet Global Health](#);

New LSHTM study.

*“Tuberculosis is the leading single-pathogen cause of death worldwide, and China has the third largest number of cases worldwide. **New tools, such as new vaccines, are needed to meet WHO tuberculosis goals.** Tuberculosis vaccine development strategies mostly target infants or adolescents, but **given China's ageing epidemic, vaccinating older people might be important.** We modelled the potential impact of new tuberculosis vaccines in China targeting adolescents (15–19 years) or older adults (60–64 years) with varying vaccine characteristics to inform strategic vaccine development....”*

The authors interpret their findings as follows: *“**Adolescent-targeted tuberculosis vaccines, the focus of many development plans, would have only a small impact in ageing, reactivation-driven epidemics such as those in China. Instead, an efficacious post-infection vaccine delivered to older adults will be crucial to maximise population-level impact in this setting and would provide an important contribution towards achieving WHO goals. Older adults should be included in tuberculosis vaccine clinical development and implementation planning.**”*

For the related **Comment in the Lancet Global Health**, see [Importance of tuberculosis vaccination targeting older people in China](#) (by Yue Wang et al).

## Washington Post – On a bat’s wing and a prayer

[WP](#);

*“Scientists’ plan to track deadly **Marburg virus** is literally held together with glue.”*

Longread on the Marburg Virus in fruit bats in West Africa – the virus kills up to 9 in 10 of those infected.

## Stat (Op-Ed)-‘Neglected diseases’ are anything but neglected by the billion-plus people living with them

J H Kim (DG of the International Vaccine Institute); [Stat](#);

Exactly.

*“... An alternative designation, **poverty-associated infectious diseases (PAID)**, better captures the essence of this hodgepodge. But it doesn’t do much to help define, prioritize, fund, and create incentives for action to reduce the burden of PAID around the world. What should be done to remedy this systematic failure, including the failure to promptly develop vaccines, the most cost-effective approach to infectious diseases and an essential part of the comprehensive solution to these diseases?... .. Neglected diseases should not be victims. They must find a voice to attract leadership, advocacy, and funding so we can put PAID to solving these pressing global health needs. **One useful strategy would be to prioritize and incentivize the development of vaccines for diseases that are a bigger problem in developing countries but that could also be useful in high-income countries.**”*

## NPR - If A Worm Makes You Sick, Can This Cup Of Tea Cure You?

[NPR Goats & Soda;](#)

*“... The standard treatment [for Schistosomiasis] is a drug called **praziquantel** — three doses spread out over the course of one day can cure most people of the worms that cause schistosomiasis. But what if tea from a local plant worked just as well?...*

*“...In a new study published this month, Pam Weather & colleagues report that **sweet wormwood tea can cure schistosomiasis faster and with fewer side effects than the most common drug treatment...**”*

## UK Gov - Innovative genomics tool guides response to Lassa fever outbreak

<https://www.gov.uk/government/news/innovative-genomics-tool-guides-response-to-lassa-fever-outbreak>

*“A paper published in the journal 'Science' demonstrates the impact of portable sequencing on the public health response early in Nigerian Lassa fever outbreak.”*

## NYT - A Virus Even More Dangerous Than Zika to Pregnant Woman

[NYT;](#)

*“The Zika virus must take the “side roads” into the placenta to infect a fetus, one researcher said — but **the Rift Valley fever virus** takes the “expressway.””*

*PS: “...Last week, the Coalition for Epidemic Preparedness Innovations launched a call for proposals to develop human vaccines against Rift Valley fever. About \$48 million will finance up to eight projects on Rift Valley fever and Chikungunya viruses, according to an announcement...”*

## TMIH - The Decline of Dengue in the Americas in 2017: Discussion of Multiple Hypotheses

S Ault et al; <https://onlinelibrary.wiley.com/doi/abs/10.1111/tmi.13200?af=R&>

*“... We aimed to provide plausible explanations for the decline in 2017. **An expert panel of representatives from scientific and academic institutions, Ministry of Health officials from Latin***

*America and PAHO/WHO staff met in October 2017 to propose hypotheses. The meeting employed six moderated plenary discussions in participants reviewed epidemiological evidence, suggested explanatory hypotheses, offered their expert opinions on each, and developed a consensus....” Check out their findings.*

The conclusion: “...**Multifactorial events may have accounted for the decline in dengue seen in 2017.** Differing elements might explain the reduction in dengue including elements of immunity, increased vector control, and even vector and/or viruses changes or adaptations.”

## WHO Afro weekly bulletin on outbreaks and other emergencies

<http://apps.who.int/iris/bitstream/handle/10665/278952/OEW01-29122018-04012019.pdf>

Weekly resource. If you want to subscribe, see [WHO Afro](#).

## Telegraph - First malaria saliva test could help eliminate the disease through early diagnosis

<https://www.telegraph.co.uk/news/2019/01/04/first-malaria-saliva-test-could-help-eliminate-disease-early/?platform=hootsuite>

*“The world’s first rapid diagnostic saliva test to screen for malaria could help eradicate the disease, scientists say....”*

## AMR

## Washington University school of Medicine in St Louis - New strategy may curtail spread of antibiotic resistance

[Washington University School of Medicine;](#)

*“Study identifies key step in spread of drug resistance, opportunity for intervention.”*

*“Spotless surfaces in hospitals can hide bacteria that rarely cause problems for healthy people but pose a serious threat to people with weakened immune systems. *Acinetobacter baumannii* causes life-threatening lung and bloodstream infections in hospitalized people. Such infections are among the most difficult to treat because these bacteria have evolved to withstand most antibiotics. **Now, researchers at Washington University School of Medicine in St. Louis have figured out a key step in the transmission of antibiotic resistance from one *Acinetobacter* bacterium to another, insight that***

*sheds light on how antibiotic resistance spreads through a hospital or community. The findings, published online Jan. 9 in **Proceedings of the National Academy of Sciences**, open up a new strategy to safeguard our ability to treat bacterial infections with antibiotics. The research indicates that the effectiveness of current antibiotics may be somewhat preserved by curtailing the spread of antibiotic-resistance genes....”*

*“...These findings provide a novel opening to interrupt the spread of drug resistance, the researchers said. The genes involved have been identified. **Now researchers have to find compounds that prevent plasmids from disrupting bacterial-defense systems....”***

And a quick link:

Cidrap News - [Study sheds more light on delamanid role in treating MDR-TB](#)

*“A phase 3 trial of delamanid, a newer oral drug for treating multidrug-resistant tuberculosis (MDR-TB), found no statistically significant reduction in time to sputum culture conversion when compared to placebo, but that it was safe and well tolerated....”*

## NCDs

### JECH - Effect of increasing the price of sugar-sweetened beverages on alcoholic beverage purchases: an economic analysis of sales data

D Quirmach, R Smith et al; <https://jech.bmj.com/content/72/4/324>

*“Taxing soft-drinks may reduce their purchase, but assessing the impact on health demands wider consideration on alternative beverage choices. Effects on alcoholic drinks are of particular concern, as many contain similar or greater amounts of sugar than soft-drinks and have additional health harms. Changes in consumption of alcoholic drinks may reinforce or negate the intended effect of price changes for soft-drinks.”*

Results & conclusion: *“An increase in the price of high-sugar drinks leads to an increase in the purchase of lager, an increase in the price of medium-sugar drinks reduces purchases of alcoholic drinks, while an increase in the price of diet/low-sugar drinks increases purchases of beer, cider and wines. Overall, the effects of price rises are greatest in the low-income group. ... ..Increasing the price of soft-drinks may change purchase patterns for alcohol. **Increasing the price of medium-sugar drinks has the potential to have a multiplier-effect beneficial to health through reducing alcohol purchases, with the converse for increases in the price of diet-drinks.** Although the reasons for such associations cannot be explained from this analysis, requiring further study, the design of fiscal interventions should now consider these wider potential outcomes.”*

## Lancet Editorial – Cervical cancer: unequal progress

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30003-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30003-0/fulltext)

*“Cervical cancer—a disease affecting more than half a million women every year—is now largely preventable. **And yet despite an effective vaccine being available for more than 13 years, it still caused 270 000 deaths globally in 2015, 90% of which were in low-income and middle-income countries (LMICs).** By setting out epidemiological patterns, outlining the most effective strategies for prevention, diagnosis, and treatment, and discussing ongoing research questions, **a Seminar in today’s Lancet by Lynette Denny and colleagues explains why women are still contracting and dying from the disease....”***

## Global Public Health - Ethics of mobile phone surveys to monitor non-communicable disease risk factors in low- and middle-income countries: A global stakeholder survey

J Ali et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2019.1566482>

*“Active public health surveillance has traditionally been carried out through face-to-face household surveys or contact with providers, which can be time and resource intensive. The increasing ubiquity of mobile phones and availability of phone survey platforms provide an opportunity to explore the use of mobile phone surveys (MPS) for active disease and risk factor surveillance, including for non-communicable diseases (NCDs). Scholars are increasingly examining the ethics implications of mobile health (mHealth), but few have focused on the ethics of mHealth in low- and middle-income countries (LMICs), and even fewer on mHealth for active surveillance. Given that little is known about ethics-related attitudes and practices of stakeholders invested in the conduct and oversight of mHealth in LMICs, we undertook a cross-sectional global stakeholder survey of ethics-related issues implicated by active observational MPS, with a contextual frame of monitoring NCD risk factors in LMICs...”*

## Guardian - Toxic fumes threaten our children. We have to take on the pollution lobby

G Monbiot; [https://www.theguardian.com/commentisfree/2019/jan/09/toxic-fumes-children-health-air-pollution-emissions?CMP=share\\_btn\\_tw](https://www.theguardian.com/commentisfree/2019/jan/09/toxic-fumes-children-health-air-pollution-emissions?CMP=share_btn_tw)

Cfr a **tweet by Kent Buse**: “Monbiot outlines why air pollution not on agenda as it ought to be - vested interests & complexity at the core of this political challenge - calls for mobilisation.”

Excerpt: “...Pollution is off the agenda. Why? **I think there may be three reasons.** The first is that there is **no heroic narrative built around tackling air pollution**, while there are plenty (Louis Pasteur, Alexander Fleming, John Snow) surrounding the fight against infection. The second is that the **necessary interventions are not discrete but systemic.** Rather than distributing mosquito nets or reducing the salt in processed food, you must change entire transport and industrial systems. The

*third is that, while no one has a commercial interest in spreading tuberculosis or polio, there is a massive global lobby, comprised of fossil fuel, motor and infrastructure companies, blocking effective action against pollution and the technologies that cause it. If you take on pollution, you take on the combined might of some of the world's most powerful industries. **Pollution is the tangible manifestation of corruption....**"*

## **Plos Med - Health system costs for individual and comorbid noncommunicable diseases: An analysis of publicly funded health events from New Zealand**

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002716>

*"Tony Blakely & colleagues use national health data for **New Zealand** to estimate the costs of individual diseases as well as determine whether multiple morbidities add an additional cost above the expected sum."*

## **NEJM (Editorial) - Hydroxyurea — An Essential Medicine for Sickle Cell Disease in Africa**

L Luzzatto et al; [https://www.nejm.org/doi/full/10.1056/NEJMe1814706?query=featured\\_secondary](https://www.nejm.org/doi/full/10.1056/NEJMe1814706?query=featured_secondary)

*"More than 20 years ago, a major clinical trial of hydroxyurea in the management of sickle cell disease proved successful...."*

*"... Hydroxyurea has been used in many parts of the world, and there is "no theoretical or empirical reason why hydroxyurea should be less beneficial or less safe for African patients compared to patients elsewhere." However, it is one thing to assume that hydroxyurea is going to be safe and efficacious in Africa; it is another to have evidence. **In this issue of the Journal, Tshilolo et al. provide this evidence, and they also dispel the myth that clinical trials cannot be performed in Africa.** Their article gives a detailed account of the benefits of hydroxyurea in children with sickle cell disease attending clinics in four African countries — Angola, Democratic Republic of Congo, Kenya, and Uganda — and it highlights the potential of professional partnerships on a global scale...."*

And a few quick links:

- **Sky News - [World's biggest tobacco company vows to phase out cigarettes](#)**

*"Philip Morris International - which makes Marlboro and other leading brands - is moving into smoke-free products. ... Sky News was given unprecedented access to a Swiss research centre of PM...."*

The article ends, appropriately: *“The biggest test is what Philip Morris does in low and middle income countries, where most smokers live and where it continues to make huge profits from its cigarettes.”*

- Nikkei Asian Review - [Southeast Asian smokers face a cloud of new antismoking measures](#)

*“Once a smoker's paradise, Southeast Asia has been turning up the heat on its tobacco-addicted citizens with regulations and taxes to encourage them to kick their habit...”*

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

### New Yorker - The Ghost Statistic That Haunts Women's Empowerment

K Moeller; <https://www.newyorker.com/science/elements/the-ghost-statistic-that-haunts-womens-empowerment>

Recommended. In the words of the author on Twitter: *“My @NewYorker essay on one of the most powerful #statistics on girls and women in world, and how it creates racialized stories and distorted #development interventions.”*

The statistic she refers to? *“...The data is pretty clear that women spend ninety per cent of their income on their children. And men, I think it's more like forty per cent.” She turned to the former Chilean President Michelle Bachelet, then the executive director of U.N. Women, who corrected her estimation. Sandberg clarified: men spend “thirty to forty per cent....”*

Excerpt: *“... For Cookson and Lorena Fuentes, of the feminist research consultancy Ladysmith, “the gender data gap is also qualitative.” Closing it requires engaging with women's accounts of their own lives and drawing on decades of feminist knowledge about the root causes of poverty and inequality. **If we continue creating global-development policies based on the story that women are more likely than men to invest in their families, we will not transform the inequitable gender relations that make these statistics true. We will capitalize on these inequalities—and potentially exacerbate them—for the sake of a development return....”***

### Global Health Science and Practice (Viewpoint): Regaining Momentum in Family Planning

J G Rimon et al; <http://www.ghspjournal.org/content/6/4/626>

*“Since the launch of the Family Planning 2020 initiative 5 years ago, 46 million more clients in the 69 poorest countries are using modern contraception—a tremendous accomplishment, albeit behind*

*schedule to reach the 2020 global goal of 120 million. Family planning continues to be innovative, and as reflected in the recent 2018 International Conference on Family Planning in Rwanda, there is a newfound momentum behind the movement and a new generation of young leaders with powerful ideas, creativity, and passion who are **stepping up to help propel family planning onward.***

## PAHO – Special issue on Men’s Health

[https://www.paho.org/journal/index.php?option=com\\_content&view=article&id=260:special-issue-on-men-s-health&Itemid=861](https://www.paho.org/journal/index.php?option=com_content&view=article&id=260:special-issue-on-men-s-health&Itemid=861)

*“The articles in this special issue of the Pan American Journal of Public Health provide valuable evidence to inform health policies in the Region that will support this transformative agenda for gender equality and universal health going forward.”*

Start with the **Editorial by Carissa Etienne - [Addressing masculinity and men’s health to advance universal health and gender equality](#)**

## Globalization and Health (Debate) - Improving early detection of breast cancer in sub-Saharan Africa: why mammography may not be the way forward

E Black et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0446-6>

*“The prevention and control of breast cancer in sub-Saharan Africa (SSA) is an increasingly critical public health issue. Breast cancer is the most frequent female cancer in SSA and mortality rates from this disease are the highest globally. Breast cancer has traditionally been considered a disease of high-income countries, and programs for early detection have been developed and implemented in these settings. However, screening programs for breast cancer in SSA have been less effective than in high-income countries. **This article reviews the literature on breast cancer in SSA, focusing on early detection practices. It then examines the case for and against mammography and other early detection approaches for breast cancer in SSA....**”*

## Buzzfeed News – House Democrats Just Passed A Bill That Undercuts Trump’s Abortion Policy

[Buzzfeed](#);

But before you get too carried away, *“The language, which already received bipartisan support in a Senate committee, is caught up in the government shutdown fight and **won’t become law.**”*

*“...House Democrats passed a bill to try to end the government shutdown on Thursday night that would also undercut a major anti-abortion policy Donald Trump implemented as one of his first acts as president nearly two years ago. The bill will not become law, with both the Senate and Trump already saying they won’t consider it as both sides continue to fight about funding for the border wall, but Democrats note that the language repealing Trump’s abortion policy already received unanimous bipartisan support in a Senate committee last year...”*

## **BMC Women’s Health - Abortion laws reform may reduce maternal mortality: an ecological study in 162 countries**

S Mon Latt et al; [BMC Women's Health](#);

*“Unsafe abortion is one of the commonest causes of maternal mortality. Abortion-related maternal deaths are higher in countries with the most restrictive abortion laws. **We assess whether maternal mortality varies within and between countries over time according to the flexibility of abortion laws** (the number of reasons a woman can have an abortion)...”*

## **The Conversation - Women’s reproductive lives are being interfered with on a large scale – new study**

S Rowlands; <https://theconversation.com/womens-reproductive-lives-are-being-interfered-with-on-a-large-scale-new-study-109375>

*“Reproductive coercive control is where a woman’s decisions about contraception and pregnancy are interfered with. The concept was first described in 2010. **We wanted to update the evidence to 2017 and widen the range of control activities to include family pressure and criminal behaviour, such as sex trafficking.** We found that up to one in four women at sexual health clinics report coercion over their reproductive lives. For our narrative review, we searched relevant databases of medical and social sciences research, looking at women’s experiences of interference with their reproductive autonomy. **We included only heterosexual relationships where women were controlled and excluded government control of women by laws and regulations.** We wanted to concentrate on interpersonal aspects of the subject. **Most of the relevant studies were from the US, with a few from Asia and Africa. There was a notable lack of studies from Europe....***

And a quick link:

Guardian - [Schoolgirls in Kenya to face compulsory tests for pregnancy and FGM](#)

## Access to medicines

### Moneycontrol - The Bedaquiline conundrum: Why this TB drug is creating an intense debate

V Pilla; <https://www.moneycontrol.com/news/business/companies/the-bedaquiline-conundrum-why-this-tb-drug-is-creating-an-intense-debate-3358221.html>

Interesting read (though not quite clear to me to what extent this is a corporate-friendly website...). Focus on India in this piece, and ethical concerns (on informed consent).

### Stat - Gilead tussles with the Malaysian government over licensing for its hepatitis C treatment

<https://www.statnews.com/pharmalot/2019/01/02/gilead-malaysia-hepatitis-prices/>

(gated) *“An ongoing battle between Gilead Sciences (GILD) and the Malaysian government over hepatitis C treatment intensified in recent weeks as U.S. officials placed pressure on Malaysian officials to back down from a plan to sidestep patents, according to sources familiar with the matter...”*

### FT Health - Big pharma raises bet on biotech as frontier for growth

<https://www.ft.com/content/80a21ca2-136b-11e9-a581-4ff78404524e>

(gated). *“Once biotechs were scrappy insurgents, nipping vainly at the heels of established big pharma. Now the industry's behemoths are turning to the sector in growing numbers as they seek to replenish their drug pipelines and take a short-cut to high returns.”*

And a quick link from Devex - [Bringing the medicine access fight to the US.](#)

## Human resources for health

### Human Resources for Health - Analysis of strategies to attract and retain rural health workers in Cambodia, China, and Vietnam and context influencing their outcomes

A Zhu et al; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-018-0340-6>

*“Many Asia-Pacific countries are experiencing rapid changes in socio-economic and health system development. This study aims to describe the strategies supporting rural health worker attraction and retention in Cambodia, China, and Vietnam and explore the context influencing their outcomes...”*

### Globalization & Health - Doctors on the move: a qualitative study on the driving factors in a group of Egyptian physicians migrating to Germany

M Schumann et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0434-x>

*“Migration of physicians has become a global phenomenon with significant implications for the healthcare delivery systems worldwide. The motivations and factors driving physician’s migration are complex and continuously evolving. **Purpose of this study is to explore the driving forces in a group of Egyptian physicians and final-years medical students preparing to migrate to Germany...**”*

Results: *“...The thematic analysis indicated that the migration within the study’s participants results from a specific weighting of push and pull factors. **Push factors are considered to be more important than pull factors.** Factors related to professional development play a leading role. The route of migration towards Germany is mainly determined by the low hurdle registration and licensing requirements in this destination country compared to other countries. In some cases, Germany is regarded as a “transit country”, a step on the road to other European countries. The intent, planning and preparation of migration is assisted considerably by the local formation of a community and culture of migration with multiple ways for information exchange, identity building and social support through face-to-face and online channels...”*

## Miscellaneous

### Social Europe – Beyond GDP

J Stiglitz; <https://www.socialeurope.eu/beyond-gdp>

Stiglitz gives a short update on the ‘Beyond GDP’ movement, 10 years after it took off.

Excerpts:

*“...The OECD has constructed a Better Life Index, containing a range of metrics that better reflect what constitutes and leads to wellbeing. It also supported a successor to the Commission, the High Level Expert Group on the Measurement of Economic Performance and Social Progress. **Last week, at the OECD’s sixth World Forum on Statistics, Knowledge, and Policy in Incheon, South Korea, the Group issued its report, Beyond GDP: Measuring What Counts for Economic and Social Performance....”***

*“... **Spurred on by Scotland, a small group of countries has now formed the Wellbeing Economy Alliance.** The hope is that governments putting wellbeing at the center of their agenda will redirect their budgets accordingly. For example, a New Zealand government focused on wellbeing would direct more of its attention and resources to childhood poverty....”*

### Brexit worries

**Nature News - UK universities warn ‘no deal’ Brexit will hit crucial funding streams**

<https://www.nature.com/articles/d41586-019-00023-1>

*“Institution leaders urge government to guarantee lost research grants from valuable European Union programmes.”*

**Health Poverty Action – Report launch ‘Trading up for Health’**

<https://www.healthpovertyaction.org/news-events/report-launch-trading-up-for-health/>

*“Today we launch a **new report** calling on the UK government to **put health and human rights first as they work to develop their own trade policies for a post-Brexit Britain.** Entitled “**Trading up for health: How to prevent trade deals from undermining health**”, the new report details the irreparable damage post-Brexit trade deals could have on the health of UK citizens and of others around the world....”*

## Politico - How the UN migration pact got trolled

<https://www.politico.eu/article/united-nations-migration-pact-how-got-trolled/>

“A far-right online (mis)information campaign changed European governments’ positions on an international migration deal.”

## FT - Alphabet’s life sciences arm Verily raises \$1bn from investors

<https://www.ft.com/content/1402ee00-100f-11e9-acdc-4d9976f1533b>

“Funding from group led by Silver Lake underlines interest in big data’s impact on healthcare.”  
(gated)

## WB – Poverty and Shared Prosperity 2018

<http://www.worldbank.org/en/publication/poverty-and-shared-prosperity>

*“The Poverty and Shared Prosperity series provides a global audience with the latest and most accurate estimates on trends in global poverty and shared prosperity. **The 2018 edition — Piecing Together the Poverty Puzzle —broadens the ways we define and measure poverty.** It presents a new measure of societal poverty, integrating the absolute concept of extreme poverty and a notion of relative poverty reflecting differences in needs across countries. It introduces a multi-dimensional poverty measure that is anchored on household consumption and the international poverty line of \$1.90 per person per day but broadens the measure by including information on access to education and basic infrastructure. Finally, it investigates differences in poverty within households, including by age and gender.”*

For a 31 p. **overview**, see [here](#).

## Development Policy (blog) - What’s more effective in raising support for aid, kindness or the national interest?

T Wood et al; <http://www.devpolicy.org/whats-more-effective-in-raising-support-for-aid-20190110/>

Focus on **Australia** here, and based on a new (Development Policy Center) [Discussion paper](#).

## Research

### The University of Melbourne – Ending anemia in the developing world

<https://pursuit.unimelb.edu.au/articles/ending-anaemia-in-the-developing-world>

*“Iron supplements may be the answer to tackling anaemia in poorer countries. Now major trials, including new intravenous treatments, will test the evidence.”*