Dear Colleagues,

We are usually not big fans of the word ‘harnessing’, but for “harnessing the power of negative thinking” we happily make an exception. As André Spicer put it in a Guardian op-ed, “…Maybe pessimism could force us to realistically consider the worst-case scenario. Pessimism could help steel us against the inevitable anxieties that the future brings. A good dose of pessimism may actually motivate us in our attempts to address the problems we face. Pessimism could console and even free us. When mixed with some optimism, pessimism may help us to think more soberly and realistically about challenges that we face….” That sounds about right for our times, which again saw some planetary health tipping points crossed (or least approaching dangerously fast) this week, as well as a rather dire global assessment in the WEF Global Risks 2019 report. So, rather good timing for the Lancet Planetary Health’s first editorial of the year, which (rightly) advocates for a reframing of planetary health (or rather: going back to the roots of the concept), focusing more on civilizational health.

There’s always a silver lining, though. The bright side of all this, of course, is that - in perfect sync with the “universal” SDG agenda - increasingly the whole world can be considered “fragile” (as compared to just some ‘fragile and conflict affected settings’ in the South that could be lectured from the North, before). Even France is rather fickle these days – ask Macron – in the slipstream of the yellow vests movement (and let’s not get into the UK). On an entirely different note, some colleagues of mine thought it might be appropriate to wear ‘yellow (fluo) vests’ this evening, at the annual ITM New Year reception as the dress code of the night is neon. The theme? “Shine bright like a parasite”!

More good news then. The long awaited “Food in the Anthropocene: the EAT-Lancet Commission on Healthy Diets for Sustainable Food systems” report came out this week, linking nutritional targets with environmental sustainability. Nutrition will be a special focus of Lancet journals this year, so let’s hope the “Great Food Transformation”, fit for the Anthropocene, will materialize sooner rather than later. As part of an overall global transition towards a socioecological economic model, argued for this week in a Lancet Planetary Health Comment.

Meanwhile, back on earth, the global health community is gearing up for the 144th WHO Executive Board meeting and some of the more powerful people in global health even for their yearly Davos retreat. In this newsletter, you also get some info on the Global Fund Replenishment, which properly kicked off end of last week, Ivanka Trump’s prominent role in Jim Kim’s succession at the World Bank, an update on the Ebola outbreak in the DRC, as well as the first international
Academic publishers’ timelines are interesting. Exactly a year ago, Paul et al.’s paper received unprecedented attention in the global health stratosphere. Acclaimed by some, criticised by others, the paper certainly sparked much debate on the relevance of performance-based financing (PBF) in low- and middle-income countries (LMICs). This made an analysis of the PBF discourse at the global level all the more relevant – which was the exact purpose of my first empirical PhD thesis paper. The latter, co-authored by my supervisors Manuela De Allegri and Valéry Ridde, got published this Tuesday in Globalization & Health. I was asked to “put in simpler terms” the key findings of this research, so that even my grandma would understand.

Why? Well, applying Carol Bacchi’s Foucault-inspired poststructural approach to analyse how policy proposals contain within them implicit representations of problems (I know, I’ve lost some of you already!) isn’t exactly easy to explain in everyday language. I’ll try anyway!

After a lengthy – and sometimes challenging – data collection with 57 consultants, employees of international organisations, academics, and national policymakers, I was looking for an analytical framework that could help me link the representation systems (i.e., the overarching roadmaps, paradigms, and ideologies that shape policy actors’ understanding of the world) of PBF proponents and non-proponents (among them of course, some PBF opponents, but also many wait-and-see folks) and their shaping of the discourse of PBF at the global level. Bacchi’s “What’s the problem represented to be?” approach, which highlights how policies represent the problems they intend to address and how governing takes place through this “problematisation”, came in handy: we could highlight the specific representation systems of PBF proponents and non-proponents by demonstrating how their cultural and training background features were shaping their underlying problem representations. Using the first six questions of Bacchi’s approach, we could critically link these problem representations to their understanding and framing of PBF as the most (or the least) opportune policy solution to these deep-seated problem representations (yes, I know, my grandma is now rolling her eyes). We specifically looked at how the use of economic sciences/management sciences/clinical sciences/social sciences language categories reflected their background. The results pointed to quite different understandings of the world, and highlighted several limitations (including...
eluding issues left “unproblematic”) of both proponents’ and non-proponents’ problem representations – thus calling for much nuancing. For instance, for a long time, equity issues were largely ignored in PBF proponents’ discourse, while PBF opponents omitted to address the dire financial and working conditions faced by most health professionals in LMICs. Importantly, interview data also led me to realise that despite similar training (usually in economics), not all PBF proponents shared the exact same deep-seated presuppositions. This entailed numerous debates including among the most enthusiastic PBF proponents – those we called PBF “diffusion entrepreneurs”.

In several instances, we showed that the proponent/opponent debate which transpired in interviews led these diffusion entrepreneurs (DEs) to reframe PBF so as to increase its political momentum. Several ”non-DE” respondents expressed concerns that PBF represented a policy innovation that failed to address structural issues of health systems in LMICs (“icing on the cake with no cake”), and/or a “piecemeal reform”. This criticism prompted DEs to gradually shift their discourse in 2011-2012. They emphasised the fact that PBF could close the can do-will do gap, not only by providing financial incentives, but also by increasing resource generation to enable better performance – notably through work environment improvements and closer performance feedback cycles. A lot of the proponents gradually also acknowledged that PBF indeed needed to be supplemented by other health system reforms. Some DEs strategically framed PBF as a systemic reform with the potential to leverage all health systems reforms, be it as an “entry point” for strategic purchasing, improving health workers’ motivation, or yielding the so-called health systems “data revolution”.

Shifting the attention to strong PBF proponents, Bacchi’s third question, i.e. How has this representation of the problem come about?, enabled to examine DEs’ motivations to deal with the problem, their resources (i.e., knowledge, material, social, political and temporal resources), and their expert/scientific/financial/moral authority at the global level. Using interview data, we showed that DEs were driven by a complex set of motivations: a genuine interest to improve health systems in LMICs, political interests (e.g., gaining visibility on the global arena), and financial interests (e.g., matching PBF with donors’ output-based aid “trend”). We also shed light on how DEs pooled their resources and sources of authority to make an impact and spread the policy proposal that matched their problem representations, i.e. PBF.

Empowered by such resources and authorities, DEs still had to seek relevant modes of operation to boost their discourse globally. Here we used Bacchi’s sixth question, i.e., How and where has this representation of the ‘problem’ been produced, disseminated and defended?, to illustrate the strategies used by DEs to propel the solution to their problem representations. These strategies entailed controlling the learning agenda, shaping the rules of PBF policy experimentation, and spurring policy emulation by using powerful PBF success stories to inspire LMIC policymakers. One of the key activities catalysing these three endeavours was the organisation of multiple study tours across sub-Saharan African countries. DEs’ strategies also had a snowball effect – creating “second wave DEs” spreading PBF on the African continent. Stay tuned for my next PhD paper to get more information on this!

So yes, one year after Paul et al.’s notorious paper in BMJ Global Health, we’re still talking about PBF because in my personal opinion, there’s still much to say about this policy while trying to avoid the strongly politicised debates that developed last year. With less passion, more nuance, and more listening to LMICs’ own problem representations (provided that these too are not shaped by global DEs) and their contextualised adaptation of PBF maybe?
I’m guessing my grandma lies on the floor by now, out of this world. Fortunately, when she wakes up, she can read the full story in Globalization and Health!

**Highlights of the week**

**Planetary Health**

Lancet Planetary health (Editorial) - The bigger picture of planetary health


As already mentioned in the intro, this Editorial is a must-read, on the needed (re-)focus of ‘Planetary Health’, in the journal (and hopefully also elsewhere...).

Excerpts:

“... Over the course of 2018, The Lancet Planetary Health published research on topics as diverse as designing houses to keep mosquitos out, thunderstorm-induced asthma, and the links between ambient air pollution and diabetes. However, what links much of what we have published so far has been a focus on the interactions between natural systems and human health. While a key part of planetary health, this does not quite tell the whole story. The effects of humans on these natural systems, and vice versa, do not exist in a vacuum. They are intimately associated with the other key pillar of planetary health identified in the Commission, the so-called health of human civilisation. Entering into the new year, we at The Lancet Planetary Health are calling for original research into the various aspects of civilisational health, as a complement to our already strong body of work focusing on the Earth's natural systems and their interactions with human health.

“... it is useful to think of civilisational health in terms of a more familiar and somewhat less grandiose term: sustainability. Analogous to human health, but on a much greater scale, sustainability is the ability of a society to make choices that are beneficial to its long-term survival. With sustainability central to the scope of the journal, we are interested in work that investigates and attempts to provide solutions for the political, economic, social, and environmental determinants of healthy human civilisations and the natural systems on which they depend. The remit is broad, and is intended to align with the UN's Sustainable Development Goals (SDGs)....”

Other recommended reads in the January issue of the Lancet Planetary health:

* Mitigating air pollution: planetary health awaits a cosmopolitan moment (by K S Reddy et al) (PS: @Ilona Kickbusch, inventor of the term ‘cosmopolitan moments’ - you are sorely missed on Twitter! Do come back )
Excerpt:

“...We aim to spark discussion on creative thinking and effective action to protect and promote our most important collective good: planetary health. We propose a framework for countering the effects of corporate power and commercial determinants of health (appendix). This framework is based on the current state of scientific knowledge, inspired by the frameworks of the Canadian Association of Public Health on ecological determinants of health and of the commercial determinants of health defined by Kickbusch and colleagues. Here we provide strategies for transitioning societies towards a socioecological economic model....”

Climate Change news - World leaders face test of climate commitment in 2019


“After a technically successful but politically lacklustre climate summit last year, it is time to see which countries will heed scientific warnings and crank up ambition.” “As 2019 dawns, it is crunch time for the Paris Agreement on climate change.”

As you know, “UN chief Antonio Guterres presented it as a choice between radical climate action or a “suicidal” path. He called on governments to ramp up their commitments – known in UN-speak as nationally determined contributions (NDCs) – to the Paris pact.

Interesting analysis, focusing on China, EU, India, ... among others.

Approaching planetary health tipping points?

When you see Andrew Harmer tweeting three worrying climate reads in the space of just a few hours, you know we’re collectively “in big shit”, and time is really running out.

See for example: (Guardian) Insect collapse: ‘We are destroying our life support systems’

“Scientist Brad Lister returned to Puerto Rican rainforest after 35 years to find 98% of ground insects had vanished.”

“...Earth’s bugs outweigh humans 17 times over and are such a fundamental foundation of the food chain that scientists say a crash in insect numbers risks “ecological Armageddon”. When Lister’s study was published in October, one expert called the findings “hyper-alarming”. The Puerto Rico work is one of just a handful of studies assessing this vital issue, but those that do exist are deeply worrying. ... ... “Lister calls these impacts a “bottom-up trophic cascade”, in which the knock-on effects of the insect collapse surge up through the food chain. “I don’t think most people have a systems view of the natural world,” he said. “But it’s all connected and when the invertebrates are declining the entire food web is going to suffer and degrade. It is a system-wide effect.””

* Planetary health: countering commercial and corporate power* (by E Sula-Raxhimi et al) (short must-read)
Ice loss from Antarctica has sextupled since the 70s, new research finds (and also covered in the Washington Post)

“An alarming study shows massive East Antarctic ice sheet already is a significant contributor to sea-level rise.”

Jason Hickel (blog) – Inequality and the ecological transition
https://www.jasonhickel.org/blog/2019/1/14/inequality-and-the-ecological-transition

In the (blog) battle between Hickel & Branko Milanovic, on the yellow vests & climate change/de-growth, among others, this blog was the equivalent of ‘Game, Set and Match’ (for Hickel, that is).

In the process, he also provides five concrete steps to “scale down aggregate resource use, energy demand and emissions, focusing on rich, high-consuming nations, and to do this while improving people’s well-being”. Degrowth@work, so to speak.

Bloomberg - Bloomberg Announces Founding Members of New Climate Finance Leadership Initiative

Yesterday, “Michael R. Bloomberg, the United Nations Secretary-General’s Special Envoy for Climate Action, announced the founding members of the Climate Finance Leadership Initiative (CFLI), convening six influential financial sector leaders to help facilitate the private financing objectives included in the landmark Paris Agreement. Mary Schapiro, Special Advisor to the Founder and Chairman and Vice Chair for Public Policy at Bloomberg LP, will act as Vice Chair of the CFLI. The CFLI was formed by Bloomberg at the request of the United Nations (UN) Secretary-General António Guterres, who will host a major Climate Summit during the 74th UN General Assembly in New York in September 2019. Bloomberg and Schapiro will work closely with founding members — AXA CEO Thomas Buberl, HSBC CEO John Flint, Government Pension Investment Fund (Japan) Executive Managing Director and CIO Hiro Mizuno, Goldman Sachs CEO David Solomon, Enel CEO Francesco Starace, and Macquarie CEO Shemara Wikramanayake — in their efforts to accelerate investments in clean energy and climate solutions around the world....”

NEJM (Review article) - The Imperative for Climate Action to Protect Health

Review article by Andy Haines et al.

One of the headlines (cfr CNN coverage) - 250,000 deaths a year from climate change is a 'conservative estimate,' research says.
“Climate change could "halt and reverse" progress made in human health over the last century. The grim analysis comes from one of the authors of a new report in the New England Journal of Medicine that suggests rising global temperatures could lead to many more deaths than the 250,000 a year the World Health Organization predicted just five years ago. In 2014 the WHO said that climate change will bring with it malaria, diarrhea, heat stress and malnutrition, killing that many more people annually around the world from 2030 to 2050. In reviewing the research on the topic, study co-author Sir Andrew Haines thinks our health is much more vulnerable to climate change -- and he believes 250,000 deaths is a "conservative estimate."…”

Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food system

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31788-4/fulltext

We bet you already heard about this new EAT-Lancet Commission by now 😊. As you can imagine, it was all over the world media. Meanwhile, the meat lobby is already mobilizing (against it).

Quick summary via the press release:

“The Lancet: Diet and food production must radically change to improve health and avoid potentially catastrophic damage to the planet

Feeding a growing population of 10 billion people by 2050 with a healthy and sustainable diet will be impossible without transforming eating habits, improving food production, and reducing food waste.

First scientific targets for a healthy diet that places healthy food consumption within the boundaries of our planet will require significant change, but are within reach. The daily dietary pattern of a planetary health diet consists of approximately 35% of calories as whole grains and tubers, protein sources mainly from plants – but including approximately 14g of red meat per day – and 500g per day of vegetables and fruits.

Moving to this new dietary pattern will require global consumption of foods such as red meat and sugar to decrease by about 50%, while consumption of nuts, fruits, vegetables, and legumes must double. Unhealthy diets are the leading cause of ill-health worldwide and following the diet could avoid approximately 11 million premature deaths per year.

A shift towards the planetary health diet would ensure the global food system can exist within planetary boundaries for food production such as those for climate change, biodiversity loss, land and freshwater use, as well as nutrient cycles.“

- A very nice summary, you can find in the Guardian – New plant-focused diet would ‘transform’ planet’s future, say scientists (must-read!!) (or see FT - Cut meat and sugar intake by half, scientists say )

Read also the related Lancet Editorial and Comment:
Lancet Editorial - 2019: the year for nutrition

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30080-7/fulltext

2019 will be the year of nutrition. At least in the Lancet 😊.

Lancet (Comment) - The 21st-century great food transformation

T Lucas & R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33179-9/fulltext

“Civilisation is in crisis. We can no longer feed our population a healthy diet while balancing planetary resources. For the first time in 200,000 years of human history, we are severely out of synchronisation with the planet and nature. This crisis is accelerating, stretching Earth to its limits, and threatening human and other species’ sustained existence. The publication now of Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems 1 could be neither more timely nor more urgent....”

But they stress it’s doable, such a Great Food Transformation.

Run-up to Davos 2019 (22-25 January)

https://www.weforum.org/events/world-economic-forum-annual-meeting

We can’t wait till the (now thoroughly delegitimized) Davos (World Economic Forum) retreat begins, and hope for meters of snow. Still, we feel it’s our moral duty to report on ‘The Thing’, as long as it exists.

WEF Global risks report 2019

https://www.weforum.org/reports/the-global-risks-report-2019

Published, as usual, ahead of the Davos summit. For a great summary of this World Economic Forum annual Global Risks report, see The Guardian - Global tensions holding back climate change fight, says WEF

“Growing tension between the world’s major powers is the most urgent global risk and makes it harder to mobilise collective action to tackle climate change,” according to a report prepared for next week’s World Economic Forum in Davos, Switzerland. The WEF’s annual global risks report found that a year of extreme weather-related events meant environmental issues topped the list of concerns in a survey of around 1,000 experts and decision-makers. But with Donald Trump announcing protectionist measures aimed at China and the European Union in 2018, the report said the international cooperation needed to limit further global warming was breaking down. “Global risks are intensifying but the collective will to tackle them appears to be lacking. Instead, divisions are hardening,” the report said, noting that nine out of 10 people polled said they expected relations...”
between the leading powers to worsen in 2019. “The world’s move into a new phase of strongly state-centred politics, noted in last year’s Global Risks Report, continued throughout 2018.”

Some other reads related to Davos:

WEF - Who’s coming to Davos 2019? Not Trump, according to the news from last week at least. Although you never know with that guy. Macron & May also backed out.

Excerpts:

“...The theme is Globalization 4.0: Shaping a Global Architecture in the Age of the Fourth Industrial Revolution. It picks up on two major trends. One: this is a fraught time for global cooperation, as legitimate frustration over the failure of globalization to consistently raise living standards spills over into populism and nationalism. And two: a whole new wave of change is crashing on us in the form of the high-tech digital revolution. With climate change posing an existential threat to our common future, we need to figure out better ways to make the global economy work, and fast. ... ... The programme also focuses on six critical dialogues: geopolitics in a multiconceptual world, the future of the economy, industry systems and technology policy, risk resilience to promote systems thinking, human capital and society, and global institutional reform....”

This one put a big grin on my face: “...As Professor Klaus Schwab, Founder and Chief Executive of the World Economic Forum, explains: “This fourth wave of globalization needs to be human-centred, inclusive and sustainable....”

Reuters - Invest in health for global security and growth, Gates urges donors

https://www.reuters.com/article/us-health-global-gates-idUSKCN1PB0XP

Bill & Melinda are – rightly, I’m afraid – worried about continued funding for key global health funds. “Donating billions of dollars to global funds that fight poverty and disease is one of the best investments governments can make to boost security and economic growth, philanthropists Bill and Melinda Gates said on Thursday.” They’ll make that case in Davos.

“The Foundation is seeking to encourage international donor governments such as the United States, Japan, Australia, Germany, Britain and many others to replenish four key global funds in the next 18 months so they can continue their work. The funds include the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Polio Eradication Initiative (GPEI) and the GAVI vaccines alliance and the Global Financing Facility for child and maternal health....”

See also Bill Gates, in the WSJ - Bill Gates: The Best Investment I’ve Ever Made

“Global health groups that buy and distribute medicines are a sure bet for saving lives, but their government funding is now in danger, and even the biggest philanthropies can’t fill the gap.”

And Quartz - The Gates Foundation has given nearly $10 billion to these four organizations
“Since 1999, the Bill & Melinda Gates Foundation has given close to $10 billion to four public health organizations. The four are: Gavi, focused on childhood vaccines, the Global Polio Eradication Initiative, the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the Global Financing Facility, focused on maternal and child health.... Roughly one in every five dollars in Gates Foundation funding goes to the four. ...”

PS: it also looks as if mental health will be a priority at Davos 2019. See for example:

WEF - This is the world’s biggest mental health problem - and you might not have heard of it Anxiety, that is. “An estimated 275 million people suffer from anxiety disorders. That’s around 4% of the global population ...” Given the state of the world, I’m always baffled the entire 7.4 billion people aren’t freaked out yet 😊.

Project Syndicate - Ending the Mental Health Stigma “Every dollar invested in scaling up treatment for depression and anxiety – the two most common mental health disorders – can generate a return of $4 in terms of improved wellbeing and increased ability to work. But the most important step toward improving mental health will be to make access to care routine and unremarkable.” By Bernard J Tyson (CEO of Kaiser Permanente)

As for my own mental health, seeing Davos (and everything it represents) disappear altogether from the globe would probably work wonders 😊.

Run-up to WHO’s 144th Executive Board meeting (Geneva, 24 Jan-1 Feb)

http://apps.who.int/gb/e/e_eb144.html

You find all preparatory reports, documents, preliminary agenda here.

AP Exclusive: UN health chief orders probe into misconduct

https://www.apnews.com/0309500d252b4d63aab359d4c4e1965f

This wasn’t exactly the best news to come out, ahead of next week’s EB meeting. #bombshell

“The head of the World Health Organization has ordered an internal investigation into allegations the U.N. health agency is rife with racism, sexism and corruption, after a series of anonymous emails with the explosive charges were sent to top managers last year. Three emails addressed to WHO directors — and obtained by the Associated Press — complained about “systematic racial discrimination” against African staffers and alleged other instances of wrongdoing, including claims that some of the money intended to fight Ebola in Congo was misspent....”
PHM Analysis & commentary


We thoroughly recommend this PHM Analysis & Commentary (77 p.) on various agenda items at the EB meeting. Sometimes (very) critical but always fair.

Do keep an eye on WHO Tracker in the days & weeks to come, and the Global Health Watch site, for more analysis, blogs, ...

WHO - Ten health issues WHO will tackle this year

https://www.who.int/emergencies/ten-threats-to-global-health-in-2019

Must-read. The ones listed here (no doubt not an exclusive list) are: air pollution & climate change, NCDs; global influenza pandemic; fragile and vulnerable settings; antimicrobial resistance; Ebola and other high-threat pathogens; weak primary health care; vaccine hesitancy; dengue; HIV;

G2H2 - Civil society engagement with the World Health Organization: Towards a new era of partnership or defending a shrinking space?

Thomas Schwarz; http://g2h2.org/posts/shrinking-space/

A must-read.

“Current trends related to the space of civil society at the World Health Organization are ambivalent: Will there be a momentum towards a stronger voice of civil society, or is the right of civil society to contribute to the political, normative and regulatory work of WHO at risk? We focus this blog on current policy making processes at global level and in particular on the governing bodies of the WHO (Executive Board and World Health Assembly).”

In the blog, Thomas also offers some concrete proposals for further reflection and action to defend the shrinking space of civil society.

Migration & global health

Devex - Opinion: As the world seeks migration solutions, the health sector can help

The Global Compact for Safe, Orderly and Regular Migration, signed by 164 UN member states, last month in Marrakech Conference, Morocco, is seen as the starting point to seek international support and cooperation for addressing migration issues. **Now it’s time for implementation.**

UN Secretary-General António Guterres in his opening remarks of the (Marrakesh) conference, specifically emphasized the much needed attention to the health sector in implementing the Global Compact, by linking the importance of migrants to the delivery of health and social services. Echoing the UCL-Lancet Commission Report on Migration and Health, he reiterated the role of migrants in improving the health service delivery for other migrants, instead of treating them as a drain to the economy and carriers of diseases.

This Op-Ed lists five reasons why attention to the health sector is especially important to the implementation of the global compact.

The last one being: “...Finally, the global health sector has nearly a decade of experience working under a multilateral framework that is similar in many ways to the global compact, and that is the WHO Global Code of Practice on the International Recruitment of Health Personnel....”

**Guardian - UN refugee chief: I would risk death to escape a squalid migrant camp**


“The head of the UN refugee agency has said he too would do “anything” to escape if he was stuck in a squalid refugee camp, as he called on the world’s wealthy nations to properly fund services in developing countries. ....... Filippo Grandi, the high commissioner for refugees said that countries are not getting enough recognition for hosting refugees and that he would campaign for Cairo to receive more bilateral development aid to support its efforts.... ”

**Lancet Series – Security and public health: the interface**


“Security and health sectors are often interconnected in their attempt to resolve public or global health issues; however, military involvement can have contrasting effects. Security or military involvement reinforce public health efforts (such as assisting in the response to the 2014 Ebola virus disease and the 2015 Zika virus outbreak) but can also have negative effects on health, such as targeting humanitarian and health-care workers in conflict settings. With countries becoming increasingly willing to involve the military in health matters, collaborative efforts between these two sectors need to be defined to support health priorities. This two paper Series on Security and public health explores the relationship between the security sector and public health. The first paper summarises the varied roles, responsibilities, and approaches of militaries in global health, and provides policies that can help catalyse the contributions of all participants to enhance global health. The second Series paper explores the intersect between law enforcement and public health at the global and local levels.”
Read also the related Comment – “Harnessing synergies at the interface of public health and the security sector”.

Or see a Stat Op-Ed - Health workers and security forces must collaborate, not collide (by N Thomson et al)

Controversial stance, indeed. “Health care workers, police officers, and members of the military share the goal of keeping people safe. All too often, though, they are working at cross purposes, set on a collision course with fatal consequences for the populations caught in the middle. As we and 17 others write in the Lancet Special Series on Security and Health, it is time to explore how all countries can prosper from partnerships that bridge health and security silos based on this shared vision: engagement of security forces, including police and the military, in public health is synergistic and beneficial....”

Lancet Comment – A dark day for universal health coverage

Julio Frenk et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30118-7/fulltext

“Dec 14, 2018, was a dark day for universal health coverage (UHC). To begin with, a federal judge in Texas, USA, ruled that the Affordable Care Act (ACA) is unconstitutional. That same day, the new President of Mexico, Andrés Manuel López Obrador, announced his intention to abolish the country’s largest public insurance programme, known as Seguro Popular (People’s Health Insurance). The ACA and Seguro Popular have extended health coverage to millions of previously uninsured families, most of them among the poorest in their respective countries....”

Nature Spotlight - Washington state’s tech billionaires pour cash into global health

Nature Spotlight:

One of the reads of the week, focusing on the global health ecosystem in the state of Washington. “Gifts from pioneering philanthropists have equipped the US state for a frontline battle against some of the world’s deadliest diseases.” On the Gates Foundation, IHME, PATH, ... and how all these relate to each other and collaborate.

“... Gates and other high-profile Microsoft alumni, along with other wealthy donors, are elevating the state as a major player in another sector: global health. One survey, from the Washington Global Health Alliance (WGHA), an industry body that encourages collaboration between global-health organizations in the state, revealed that 207 local bodies see some of their activities as pertaining to global health. Those groups provide a diverse array of job opportunities in all aspects of the sector. “In Washington state, we have organizations that do everything from lab-based research, vaccines, diagnostics, data collection, service delivery, disaster response, down to last-mile logistics,” says Dena Morris, president and chief executive of WGHA. “Everything from beginning to end, there’s someone in the state working on it.”...”
Jim Kim’s succession at the helm of the World Bank

Rest assured, WB staff, Ivanka Trump is on top of it 😊.

We recommend the following reads:

Devex – The World Bank presidential race heats up

“World Bank President Jim Kim’s surprise announcement that he is stepping down on Feb. 1 — more than three years before the end of his second term — has ignited a frenzied race to replace him. Names and scenarios, including one that could transform the campaign, are beginning to emerge. The White House is scrambling to vet and interview candidates in hopes of finding one that President Donald Trump will endorse, candidates are ramping up their behind-the-scenes campaign activities, and the global development community is holding its collective breath about the outcome of this particularly unusual election. The prospect of a United States president who has been hostile to multilateral institutions and multilateralism itself presiding over the selection of the bank’s leader is raising the stakes and may upend the traditional election process. Whether or not the result is the end of the U.S. hold on the World Bank presidency is very much on the line, sources told Devex.”

“…Within the Trump administration, Treasury Secretary Steven Mnuchin, acting White House Chief of Staff Mick Mulvaney, and senior adviser and first daughter Ivanka Trump are reportedly leading the process of vetting potential candidates. The names that have surfaced so far — in news reports and from credible sources who spoke to Devex on the condition of anonymity — include both Trump administration insiders and higher-profile business and political leaders....”

Another excerpt:

“Devex has learned from multiple sources — who requested anonymity — that since the 2012 race Okonjo-Iweala has also secured a credential that could shift the dynamic this time around: American citizenship. As a U.S. citizen with a ready-made coalition of shareholder support, Okonjo-Iweala could make a compelling case if the White House elects to avoid a potential power struggle in favor of a relatively easy win. If, on the other hand, Trump picks someone who provokes too much controversy or raises too many questions to secure broad shareholder support, Okonjo-Iweala could emerge once again as the world’s alternative candidate and challenge the White House nominee. This time around though, that may well be a contest between two Americans.”

FT Big read - Why Jim Yong Kim’s move has shaken up the World Bank
https://www.ft.com/content/44dd27d8-158d-11e9-a581-4ff78404524e

From last weekend.

“... A World Bank president chosen by the Trump administration could, in particular, try to limit its financing of projects intended to tackle climate change, as well as any work that is seen as supporting the building of Chinese infrastructure through the Belt and Road Initiative — and may
insist on other big course corrections as well. ... “It is a very complicated game,” he [i.e. CGD’s Scott Morris] says. “My instinct is that there is a very strong likelihood that the US nominee will be approved. The world has an interest in the US staying engaged with the World Bank.” ... Possible names are already floating around Washington, including David Malpass, a current top Treasury official on international affairs, Nikki Haley, former ambassador to the UN, Mark Green, head of the US Agency for International Development... ... Still, people familiar with the process say a contest could yet materialise. Among possible emerging market alternatives are Ngozi Okonjo-Iweala, a Nigerian economist who challenged Mr Kim for the job in 2012, Donald Kaberuka, a Rwandan economist and former president of the African Development Bank, and Sri Mulyani Indrawati, Indonesian finance minister....”

PS: You might also want to read Eurodad’s view - The World Bank President we want: a time for new thinking on development finance (by M Romero et al)

Populist leaders face mounting resistance, say global rights experts

Guardian:

Encouraging: “From Europe to Yemen and Myanmar to the US, authoritarian and populist leaders face an increasingly powerful human rights pushback, according to an influential annual survey of global rights. Despite mounting pessimism around rights abuses and attacks on democracy by populists on both the far left and far right, the “big news” of the past year was the growing trend to confront abuses by “headline-grabbing autocrats”, said Human Rights Watch....”

Global Fund Replenishment kicks off

GF - Global Fund Announces US$14 Billion Target to Step Up the Fight Against AIDS, TB and Malaria Ahead of Lyon Conference in October 2019


Announcement from last week on Friday.

“The Global Fund [today] announced its fundraising target for the next three-year cycle, outlining how a minimum of US$14 billion will help save 16 million lives, cut the mortality rate from HIV, TB and malaria in half, and build stronger health systems by 2023. The summary of the Sixth Replenishment Investment Case describes what can be achieved by a fully funded Global Fund, the new threats facing global health progress today, and the risks if we don’t step up the fight now....”

“...French President Emmanuel Macron expressed his strong support for the Global Fund’s replenishment target .... Joined in Paris by Global Fund Executive Director Peter Sands, World Health Organization Director-General Dr. Tedros Adhanom Ghebreyesus, and French Minister of Solidarity
and Health Agnes Buzyn, President Macron stressed the need for global collaboration to end the epidemics. France is a founding member of the Global Fund and will host the Global Fund’s Sixth Replenishment Conference in Lyon on 10 October 2019. The replenishment target comes at a crucial moment. ... “

“We now face a decisive moment. Do we step up the fight, or do we allow ourselves to slip back?” said Sands. ... The full Global Fund Sixth Replenishment Investment Case will be presented and discussed by global health leaders at the Preparatory Meeting of the Global Fund Sixth Replenishment, hosted by the government of India in New Delhi on 8 February 2019.”

You can find the summary of the Investment case here.

Coverage among others in Devex - Global Fund wants to raise $14B for next 3 years  Do read as it also contains an interview with Sands. He sounds fairly confident, both on the replenishment & the investment case.

“...Still, Sands thinks the fund’s traditional donors — many part of the leading industrial nations — will continue to provide the biggest share for its next budget cycle, while mentioning how the fund aims to expand its donor base for the replenishment.... “But as we’re approaching this replenishment ... I’m confident that we have a very good investment case, that we have a demonstrable record of delivering results with money that we are given, and that we have very strong support from our donors,” he added....”

Whether the confidence is warranted or, quoting a Twitterandus, “built on sands”, time will tell...

Meanwhile, as for the investment case, not everybody in civil society thinks it’s ambitious enough (see GFO).  

Global Fund Observer – new issue

http://www.aidspan.org/node/4822

Make sure you read the first article, at least, the first part of an interview with Peter Sands:

Global Fund Executive Director discusses priorities laid out in his first Report to the Board

“A full-funded Global Fund plays “a vital and irreplaceable role” in accelerating the delivery of SDG3.”

“Peter Sands became the Executive Director of the Global Fund in March 2018. He gave his first interview to the Global Fund Observer after the 40th Board Meeting in Geneva, in November 2018. This is the first article of a two-part interview....”
Paper Jonathan Glennie - International Public Investment and the Future of the Global Fund


Paper from February ‘17, but we hope Sands et al read it carefully.

“The Global Fund is a great invention but it needs reinventing for a new context. Its model has worked well up to now, but at the heart of an influential future for the Global Fund will be its ability to mobilise new financial resources. If it is to continue to lead the response to HIV/TB/Malaria, as well as lead thinking as an innovation beacon further afield in international development, it needs to emerge from a series of conceptual constraints that are holding back its evolution. Shifting away from thinking about aid or ODA towards a vision for international public investment is the key conceptual shift required to make the case for a continued powerful Global Fund.”

“... That only goes to underline the importance of advocating new attitudes to aid at a broader level, with health and other advocates leaving their own thematic silos and winning a broader argument on the future of aid. This paper argues that that will involve re-conceiving aid as international public investment...” ...The Global Fund is already the product of progressive thinking, and it prides itself on leading the intellectual debate. That makes it the perfect corner of the industry to lead on this progressive new approach to 21st century international cooperation, bringing policymakers and publics out of the aid era, and into the era of international public investment....”

While spot-on, wishful thinking under the current circumstances (and leadership), I’m afraid.

UNAIDS, UNICEF and WHO urge countries in western and central Africa to step up the pace in the response to HIV for children and adolescent


“At a high-level meeting in Dakar, Senegal, UNAIDS, the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) urged countries in western and central Africa to do more to stop new HIV infections among children and adolescents and increase HIV testing and treatment coverage....”

Launching in 2019, the Lancet Digital Health is now inviting submissions


New Lancet niche journal.
Global health security

First international conference on Lassa fever  (16-17 January, Abuja, Nigeria)

https://lic.ncdc.gov.ng/

Ongoing.

Check out for example this piece in Stat News - As the world prepares to fight Lassa fever, the interests of pregnant women must be part of the planning.

“As health officials work to contain the continuing outbreak of Ebola in the Democratic Republic of Congo, lessons from that crisis can be applied to more equitably battle Lassa fever, another deadly infectious disease....”

“...The global health community must learn from this experience [i.e. the only available Ebola vaccine isn’t very useful during pregnancy] as we confront Lassa fever, another re-emerging infection that, like Ebola, causes severe disease and death during pregnancy. This year marks the 50th anniversary of the discovery of the Lassa fever virus. On January 16, the first international conference on Lassa fever will be held in Nigeria, where the virus was discovered. The disease is endemic in West Africa, with hundreds of thousands of cases and several thousand deaths each year. ... ... During the conference, experts will discuss how best to protect populations against Lassa fever. Vaccine development will be on the table. This meeting represents a perfect moment for the equity interests of pregnant women and their babies to figure prominently, a perfect moment to set in motion the steps necessary to ensure that what is happening now with Ebola does not happen in the future with Lassa fever....”

Stat - Science with borders: A debate over genetic sequences and national rights threatens to inhibit research

Stat

“ There is something that is weighing heavily on the minds of some infectious diseases scientists these days. ... It’s an international treaty. More specifically, it’s an agreement within a treaty that could, depending on how negotiations play out, make it extraordinarily difficult to conduct disease surveillance or forge research collaborations around the world. The agreement — known as the Nagoya Protocol — could drown researchers in oceans of paperwork and hobble the world’s scientists when they must next race to combat a new disease disaster, some fear....”

“...since the protocol came into force in October 2014, debate has raged about whether the genetic sequences of pathogens — the string of code that characterizes a flu bug making the rounds or an Ebola virus isolated from a stricken health worker — are subject to the agreement....”

Economist- Vaccine researchers are preparing for Disease X

https://www.economist.com/science-and-technology/2019/01/19/vaccine-researchers-are-preparing-for-disease-x
“They hope to be able to create new vaccines in just four months.”

“... Dealing with Disease x, however, requires a novel approach, so CEPI is sponsoring attempts to find quicker ways of making vaccines in general. At the moment, says Melanie Saville, the organisation’s director of vaccine development, it takes two or three years from the isolation of a previously unknown virus to the clinical availability of a vaccine against it. The coalition is therefore dividing almost $20m between two groups who are working on ways to speed up the process.

The first hails from Imperial College, London. Its members are trying to develop a reliable way of making “self-amplifying” rna vaccines. ... ... The second new approach cepi is sponsoring is called a “molecular clamp”. This is being developed at the University of Queensland, in Australia. ... ... Success by either group promises to reduce the interval between identifying a virus and running the first clinical trial to a mere 16 weeks. Moreover, because both approaches synthesise the vaccines chemically rather than involving live viruses in the process, a vaccine that did emerge from one of them could then be manufactured rapidly.”

See also this GHS link: UQ emerges as front line in fight against pandemics

“Vaccines to combat outbreaks of deadly diseases could be rolled out in weeks instead of years, with Queensland researchers granted nearly $15 million to develop the process. A research team from the University of Queensland has developed a method that can easily create vaccines for a range of known diseases as well as respond rapidly to new ones, putting them at the front line of a potential response to a pandemic. The Coalition for Epidemic Preparedness Innovations, an international non-profit, has announced $14.7 million in funding for the method to be developed into a pipeline that could develop vaccines in as little as 16 weeks....”

Ebola DRC outbreak – At least 6 more months

For an update on the latest, see Cidrap News - WHO expert: Ebola outbreak to continue at least 6 more months

“In an interview, Peter Salama, MD, the World Health Organization’s (WHO’s) deputy director-general for emergency preparedness and response, said the current Ebola outbreak in the Democratic Republic of the Congo (DRC) is likely to continue for at least another 6 months ....”

“The WHO now has 450 personnel working in DRC on the outbreak, with 100 of the workers added just in the last month, Salama said.....”

A few key reads from this week:

Foreign Policy – Ebola Has Gotten So Bad, It’s Normal

Laurie Garrett; https://foreignpolicy.com/2019/01/15/ebola-has-gotten-so-bad-its-normal/
Recommended analysis of the current situation. “Africa isn’t just dealing with an outbreak anymore—and that’s bad news for everyone.”

Excerpts:

“...Nearly 600 people have contracted Ebola since last August in eastern Democratic Republic of the Congo, making the ongoing outbreak the second largest in the 43-year history of humanity’s battle with the deadly virus. And there is a genuine threat that this Congo health crisis—the 10th the African nation has faced—could become essentially permanent in the war-torn region bordering South Sudan, Uganda, Rwanda, and Burundi, making a terrible transition from being epidemic to endemic. ... ... ...An Ebola disease that became endemic in Congo would pose many novel dangers...

Laurie concludes: “... If Ebola hitchhikes its way in an unwitting human carrier across Lake Edward into Uganda, down the highway to Goma and Rwanda, or up the Semiliki River toward South Sudan, the world community will face tough choices. Option one: Keep on muddling through with the tools, personnel, and funding that have carried the response to date. Option two: Declare a global public health emergency, escalating financing and on-the-ground response to the multibillion-dollar scale seen in West Africa. Option three: Dedicate massive financial resources to pushing Merck and other vaccine-makers to rapidly manufacture millions of doses, and deploy literal armies, acting as security alongside an enormous public health deployment to immunize tens of millions of people in the region.”

Science - Fighting Ebola is hard. In Congo, fake news makes it harder

From 14 Jan. Science;

“The Ebola epidemic in the Democratic Republic of the Congo (DRC) is providing a natural experiment in fighting fake news. Occurring in a conflict zone, amid a controversial presidential election, the epidemic has proved to be fertile ground for conspiracy theories and political manipulation, which can hamper efforts to treat patients and fight the virus’s spread. Public health workers have mounted an unprecedented effort to counter misinformation, saying the success or failure of the Ebola response may pivot on who controls the narrative....”

See also Reuters - Public mistrust after Congo election raises Ebola epidemic anxiety

“...Global health teams battling the world’s second largest Ebola epidemic in Democratic Republic of Congo fear an election dispute may deepen public mistrust and allow the epidemic to run out of control. Fostering confidence in health authorities is essential when fighting a disease that can spread furiously through communities where local services are scant and patients are often scared to come forward to government or international response teams. “When you have political instability, public health always suffers,” said Jeremy Farrar, an infectious disease expert who recently visited east Congo with a World Health Organization leadership team....”

It remains to be seen what the future will bring on the contested election result – see for example the FT report from this week on the ‘real’ results, pointing to a clear victory for Fayulu. Unfortunately, African leaders seem to close ranks over Congo election results...
Irin special report - Inside efforts to prevent a regional Ebola crisis in central Africa On the intense cross-border collaboration.

Finally, a hopeful link from last week: Guardian - Safe birth of baby born to Ebola survivor hailed as a medical miracle

US & North Korea

Foreign Policy - U.S. to Ease Limits on Humanitarian Aid to North Korea


“Aid groups welcome the move, but it’s not likely to unlock stalled nuclear negotiations.”

“... the U.S. State Department has decided to ease some of its most stringent restrictions on humanitarian assistance to North Korea, lifting travel restrictions on American aid workers and loosening its block on humanitarian supplies destined for the country, according to several diplomats and relief workers. ... The decision—which was communicated to humanitarian aid organizations on Wednesday by Stephen Biegun, the U.S. senior envoy for North Korea—follows claims by United Nations and private relief agencies in recent months that the U.S. policy was undermining their efforts to run life-saving relief operations. Those include programs designed to combat infectious diseases, such as cholera and drug-resistant tuberculosis. ... The move marked the first significant step in months by the Trump administration to relax its “maximum pressure” campaign on Pyongyang. But it’s unclear whether the action was conceived as a goodwill gesture to Kim Jong Un’s regime to help facilitate further nuclear talks or was a response to mounting diplomatic pressure to soften a policy that threatened the lives of North Korean civilians....”

In other North-Korea related news, check out this NYT article - North Korea’s Less-Known Military Threat: Biological Weapons

“Military analysts are increasingly concerned about the nation’s “advanced, underestimated and highly lethal” bioweapons program.”

"... Pound for pound, the deadliest arms of all time are not nuclear but biological. ... Even so, the Trump administration has given scant attention to North Korea’s pursuit of living weapons -- a threat that analysts describe as more immediate than its nuclear arms, which Pyongyang and Washington have been discussing for more than six months. According to an analysis issued by the Middlebury Institute of International Studies at Monterey last month, North Korea is collaborating with foreign researchers to learn biotechnology skills and build machinery. As a result, the country’s capabilities are increasing rapidly..."

Kent Buse’s global health calendar 2019

#GlobalHealth19
Check it out. This year with a Part 1 and Part 2. The calendar is still being finetuned, no doubt a more final version will follow soon.

US shutdown

Devex - How is the US government shutdown impacting development?

Analysis. “...while impacts are not severe yet — in part due to the fact that the shutdown began just before the Christmas and New Year’s holiday season — they will be felt more as the shutdown continues. In addition to slowed processes, the shutdown and the uncertain budget environment may erode the trust of U.S. partners, make recruiting harder in some countries, and be undermining U.S. leadership, some development leaders told Devex...”

“Because the U.S. budgeting process can be hard to understand, some may perceive any issues arising from the shutdown as a lack of commitment from USAID or its staff, which isn’t the case,...”

See also Opinion: The toll of budget dysfunction on US development leadership (Devex)

Brexit & UK aid

Devex – Aid NGOs warn of disruption as Brexit deal collapses

“Aid experts and NGOs have warned of potential disruption to their work as U.K. lawmakers rejected Prime Minister Theresa May’s Brexit deal on Tuesday night and launched a vote of no confidence in the government.”

“...Among the most immediate issues for the aid community are access to funding; whether EU-U.K. aid spending channels will continue, with the potential for a shortfall if they are suddenly cut off; and the loss of U.K. civil society influence....”

You might also find this interesting, an announcement from the Wellcome Trust: Researchers can now transfer Wellcome grants outside the UK.
Sexual abuse

Guardian - Sexual abuse of boys often overlooked by state laws, global study warns


“Sexual abuse of boys is “barely addressed” by the laws in many countries, according to a global study that warns of a lack of support for young male survivors. The study, which examined child rape laws in 40 countries, found that just under half of jurisdictions lacked legal protections for boys. In many cases, laws were specific to girls and did not recognise boys as victims....”

“...India was cited as having the best legal framework to protect victims, due partly to the 2012 Protection of Children from Sexual Offences Act, which focuses on protecting boys as well as girls from sexual violence. According to a government survey, more than 50% of children in India have experienced one or more forms of sexual abuse.”

#MeToo & aid/global health

Guardian - One in three UN workers say they have been sexually harassed in past two years


“One third of UN staff and contractors experienced sexual harassment in the past two years, according to a report released by the United Nations.” “The online survey, carried out by Deloitte in November, was completed by 30,364 people from the UN and its agencies – just 17% of those eligible. In a letter to staff, secretary general Antonio Guterres described the response rate as “moderately low”.”

“...According to the report, 21.7% of respondents said they were subjected to sexual stories or offensive jokes, 14.2% received offensive remarks about their appearance, body or sexual activities and 13% were targeted by unwelcome attempts to draw them into a discussion on sexual matters. 10.9% said they were subjected to gestures or use of body language of a sexual nature, which embarrassed or offended them, and 10.1% were touched in ways that made them feel uncomfortable. More than half of those who experienced sexual harassment said it happened in an office environment, while 17.1% said it happened at a work-related social event. Two out of three
harassers were male, according to the survey. ... Only one in three people said they took action after experiencing sexual harassment."

UN SG “Guterres said the report contained “some sobering statistics and evidence of what needs to change to make a harassment-free workplace real for all of us”. “As an organization founded on equality, dignity and human rights, we must lead by example and set the standard,” he said.”

Guardian - Oxfam failed to address sexual misconduct and bullying, finds review

“A damning interim review has highlighted Oxfam’s failure to tackle an environment at the charity that allowed sexual misconduct and bullying to go unchecked. The report, produced by an independent commission, warned that no uniform system exists for dealing with complaints and said there are “drastic inconsistencies” in the way safeguarding issues are handled across the 90-plus countries in which Oxfam International operates. The review added that multiple staff across different Oxfam offices believe bullying is pervasive, and highlighted concerns about a lack of confidentiality in investigation processes....”

“...Winnie Byanyima, executive director of Oxfam International, said the report came at a crucial time for the charity, and pledged that the recommendations would be used to bolster ongoing improvements to safeguarding....”

“Oxfam added in a statement that it had made progress in implementing a 10-point plan to strengthen safeguarding. This included recruiting 15 extra staff safeguarding experts across its confederation in recent months. In addition, it has improved its recruitment and central referencing system, and is providing new tools to partner organisations to help improve safeguarding....”

HSG update

In case you’ve missed it, Health Systems Global posted a nice overview blog - 2018 - Year in Review.

For some more detail, see the evaluation report on the Liverpool symposium: Evaluation of the Fifth Global Symposium on Health Systems Research

Washington Post- Menstrual health programs need a new focus in developing world, critic says

WP;

Recommended piece. Based on a new book, by Chris Bobel of the University of Massachusetts Boston - The Managed Body: Developing Girls and Menstrual Health in the Global South
On the book: “The Managed Body productively complicates ‘menstrual hygiene management’ (MHM)—a growing social movement to support menstruating girls in the Global South. Bobel offers an invested critique of the complicated discourses of MHM including its conceptual and practical links with the Water, Sanitation and Hygiene (WASH) development sector, human rights and ‘the girling of development.’ Drawing on analysis of in-depth interviews, participant observations and the digital materials of NGOs and social businesses, Bobel shows how MHM frames problems and solutions to capture attention and direct resources to this highly-tabooed topic. She asserts that MHM organizations often inadvertently rely upon weak evidence and spectacularized representations to make the claim of a ‘hygienic crisis’ that authorizes rescue. And, she argues, the largely product-based solutions that follow fail to challenge the social construction of the menstrual body as dirty and in need of concealment. While cast as fundamental to preserving girls’ dignity, MHM prioritizes ‘technological fixes’ that teach girls to discipline their developing bodies vis a vis consumer culture, a move that actually accommodates more than it resists the core problem of menstrual stigma.”

Some key papers of the week

BMJ Global Health (Analysis) Global health security and universal health coverage: from a marriage of convenience to a strategic, effective partnership
Clare Wenham et al; https://gh.bmj.com/content/4/1/e001145

Very interesting paper.

“Global health security and universal health coverage have been frequently considered as “two sides of the same coin”. Yet, greater analysis is required as to whether and where these two ideals converge, and what important differences exist. A consequence of ignoring their individual characteristics is to distort global and local health priorities in an effort to streamline policymaking and funding activities. This paper examines the areas of convergence and divergence between global health security and universal health coverage, both conceptually and empirically. We consider analytical concepts of risk and human rights as fundamental to both goals, but also identify differences in priorities between the two ideals. We support the argument that the process of health system strengthening provides the most promising mechanism of benefiting both goals.”

This search for a win-win between the two is a “work in progress”, I’d say, conceptually & in practice. Just like getting from a ‘marriage of convenience’ to a ‘strategic, effective partnership’ 😊?

BMJ Global Health (Supplement) - The impact of user charges on health outcomes in low-income and middle-income countries: a systematic review
V M Qin, R Atun et al; https://gh.bmj.com/content/3/Suppl_3/e001087

“User charges are widely used health financing mechanisms in many health systems in low-income and middle-income countries (LMICs) due to insufficient public health spending on health. This study
systematically reviews the evidence on the relationship between user charges and health outcomes in LMICs, and explores underlying mechanisms of this relationship."

Conclusions: “Reduced user charges were associated with improved health outcomes, particularly for lower-income groups and children in LMICs. Accelerating progress towards universal health coverage through prepayment mechanisms such as taxation and insurance can lead to improved health outcomes and reduced health inequalities in LMICs.”

Globalization & Health - How is the discourse of performance-based financing shaped at the global level? A post-structural analysis


See also this week’s Featured article. “Performance-based financing (PBF) in low- and middle-income settings has diffused at an unusually rapid pace. While many studies have looked at PBF implementation processes and effects, there is an empirical research gap investigating the ways PBF has diffused. Discursive processes are paramount elements of policy diffusion because they explain the origins of essential elements of the political debate on PBF. Using Bacchi’s poststructural approach that emphasises problem representations embedded in the discourse, the present study analyses the construction of the global discourse on PBF....”


A E Micah, J Dieleman et al; https://gh.bmj.com/content/4/1/e001159

“Government health spending is a primary source of funding in the health sector across the world. However, in sub-Saharan Africa, only about a third of all health spending is sourced from the government. The objectives of this study are to describe the growth in government health spending, examine its determinants and explain the variation in government health spending across sub-Saharan African countries.”

Findings & Conclusion: “While the growth rate in government health spending in sub-Saharan Africa has been positive overall, there are variations across subgroups. Between 1995 and 2015, government health spending in West Africa grew by 6.7% each year, whereas in Southern Africa it grew by only 4.5% each year. Furthermore, per-person government health spending ranged from $651 (Namibia) in 2017 purchasing power parity dollars to $4 (Central African Republic) in 2015. Good governance, national income and the share of it that is government spending were positively associated with government health spending. The results from the decomposition, however, showed that individual country characteristics made up the highest percentage of the explained variation in government health spending across sub-Saharan African countries. Conclusion: These findings highlight that a country’s policy choices are important for how much the health sector receives. As the attention of the global health community focuses on ways to stimulate domestic government health spending, an understanding that individual country sociopolitical context is an important driver for success will be key.”
Plos Med – Rapid antiretroviral therapy initiation in low- and middle-income countries: A resource-based approach

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002723

“In an Essay, Mark Tenforde and colleagues advocate continued provision of baseline CD4 cell count testing in HIV care in low- and middle-income countries.”

Some key blogs & mainstream media articles of the week

Makerere prepares for end of 20 years of Swedish support


“Makerere University is devising a new sustainability strategy in anticipation of the end of 20 years of Swedish support for research and human resource development at higher education institutions in Uganda. The Swedish International Development Cooperation Agency (SIDA) has been a primary source of funding for researcher training and research in Uganda under a bilateral research collaboration programme initiated in 2000. …”

Eurodad - Why 2019 is a Make-or-Break Year for International Aid

Polly Meeks; https://eurodad.org/private-sector-instruments

And especially for the credibility of DAC statistics.

“…Nothing says ‘happy holidays’ like a scathing criticism of how the OECD is handling the ‘modernisation’ of overseas aid reporting, right? But an open letter published just before the festive break did offer two crucial holiday ingredients, at least for anyone with an interest in the quality of official development assistance (ODA): a rare chance to hear from long-standing acquaintances, and some fundamental reflections on vital issues for the year ahead....”

LSE – Trump’s reinstatement and expansion of the global gag rule has harmful effects for women, men and children


Insightful blog, based on some of the latest research.

“Two years ago this month, President Trump reinstated and expanded the global gag rule – the perennial Republican policy which cuts US funding for any organisation worldwide which offers abortion services or counselling. Yana van der Meulen Rodgers, Ernestina Coast and Nicky Armstrong argue that not only will the measure – which covers a pot of nearly $10 billion in funding
for NGOs – be ineffective in reducing the number of abortions, it will also harm women’s’ reproductive health as well as making other crucial health services less available to women, men, and children around the world.”

Brookings ‘Future Development’ blog - Can higher mortality be a sign of progress?

W Fengler; Brookings;

Yes. “... This is also why the number of people dying each year is still rising, albeit slowly. In 2000, an estimated 53 million people died; in 2019, it will be almost 60 million. Paradoxically, this is a sign of progress: Higher mortality is just a reflection of the fact that we have a larger population. And we have a larger population because the actual probability of dying across all age groups has declined....”

In (their) research, “... We were able to identify a global tipping point in 2007: For the first time ever, the number of old people dying outnumbered that of young people....”

Kevin Anderson (blog) - Capricious foes, Big Sister & high-carbon plutocrats: irreverent musings from Katowice’s COP24


Anderson’s take on Katowice. Insightful & also, dare I say, somewhat “entertaining” (even if grim).

Project Syndicate - Battling Eight Giants with Basic Income


“The post-1945 income distribution system is irretrievably broken, threatening the market economy. And traditional redistributive tools such as direct taxes, collective bargaining, and labor regulations cannot put things right.”

“Today we must fight eight new giants. To do so, we urgently need a twenty-first-century income distribution system in which a basic income plays a central role. Such a system might not slay today’s eight giants, but it would significantly weaken them....”

Medium - Kagame’s Rwanda And South Sudan Are Worst Performers In World Bank’s Human Capital Index


Excerpts from this (cheeky) blog:
“In October 2017, the President of the World Bank, Jim Yong Kim, famously invited General Paul Kagame to give a keynote speech on human capital. In his speech, Kagame said wonderful things: “Human capital is without doubt the driver of high-income growth and the foundation of prosperity. This is not an abstraction. We are talking about people in real terms.” Kagame added that “the trajectory and velocity of progress are determined by how well we use the capabilities acquired in the earliest stages of our lives.”

“...That Kagame is a disaster in human capital cannot be seriously disputed. Ironcally, evidence comes from the same World Bank that invited Kagame to address the topic. The World Bank’s Human Capital Index (HCI) which examines the productivity of next generation of a country’s workforce illustrates the disaster in Rwanda....”

“...In Eastern Africa, Kenya is ranked at 94 in the world. Tanzania, 128; Ethiopia, 135; Uganda, 137; Burundi, 138; Sudan, 139; Rwanda, 142; and South Sudan, 156. In other words, only South Sudan is worse than Rwanda in the region...”

ODI - 2019’s biggest challenge: the humanitarian sell-out


“What is this year’s biggest humanitarian crisis? It’s not Yemen, Venezuela, Democratic Republic of the Congo, or any other single crisis. To me, the real humanitarian challenge for 2019 is what all these catastrophes have in common: the wholesale and unapologetic subordination of human lives to other gains. In other words, a ‘humanitarian sell-out’. In his book, renowned Africa expert Alex de Waal called this ‘counter-humanitarianism’, describing it as ‘a new political ideology and approach to conflicts that legitimises political and military action that is indifferent to human life.’...”

Duncan Green’s ‘From Power to Poverty’ blog - Africa in 2019: 7 trends to watch, by Apollos Nwafor


Nice one. Focus on: Reform at the African Union; Economy; Politics and Democratic governance; Peace and Security; Civic space; BRICS; Africa’s rising debt.

World Tourism Organisation (UNWTO) (report) – visa openness report


Contains some interesting info, also with a view on organizing future global health conferences & symposia.

In encouraging news, though, see this tweet: “AFRICAN PASSPORT BECOMES REALITY! On the coming 32nd African Union Summit, The @_AfricanUnion commission will unveil the design and issuance of an African Passport. The move is a windfall for citizens of African states, who hold some of the least powerful passports in the world.”
Guardian - Strongest opponents of GM foods know the least but think they know the most

https://www.theguardian.com/environment/2019/jan/14/gm-foods-scientific-ignorance-fuels-extremist-views-study

“Analysis of surveys from US, France and Germany could also have implications for science communication in other fields.”

Maybe also interesting for global health (eg: vaccine communication, or how you communicate your research findings?)

Global governance of health

Introducing the Global Health and Rights Project and Senior Fellow Alicia Yamin


“Despite leaps in biomedical innovation in the developed world, inequalities in global health outcomes persist, as well as systemic barriers to public health and health services. However, the struggle for health rights and global health justice continues. The Petrie-Flom Center for Health Law Policy is therefore thrilled to announce the launch of the Global Health and Rights Project (GHRP), which will promote theorization of a “right to health” under international law as well as applicable domestic law, challenges to using human rights frameworks to advance global health justice, the relationship between global economic and health governance, and more. Alicia Ely Yamin is the Project’s inaugural Senior Fellow in Global Health Justice…”

UN News - ‘Proving our worth through action’: 5 things Guterres wants the UN to focus on in 2019


“Despite countless “headwinds” and “ills”, the United Nations has “made a real difference” in 2018 and will need to achieve even more in 2019, as the planet faces “a world of trouble”. That was the New Year message from UN Secretary-General António Guterres on Wednesday, at UN headquarters in New York, as he presented his top priorities for the year ahead: diplomacy for peace; ambitious climate action; acceleration towards the Sustainable Development Goals (SDGs); better governance over new technologies; and stronger UN values worldwide…..”
Devex - How big grants can pave the way to more investment


“**Co-Impact**, a collaborative of funders focused on systems change, announced its first grants on **Tuesday**. The grants, which total $80 million, are aimed at improving health, rethinking education, and increasing opportunity for people in South Asia, Africa, and Latin America. **Co-Impact is part of a growing trend of collaborative philanthropy**, which can combine smaller gifts into larger bets, and help social enterprises access the resources they need to drive global health and international development outcomes at scale. “The basic premise behind Co-Impact is that in order to drive large-scale change, we need a variety of different actors at the table,” said Olivia Leland, CEO at Co-Impact. “The key piece of everything we’re doing is this recognition that philanthropy is one piece of the overall picture....”

& more blablabla....

Devex - CDC seeks sustainable investment in private health care


“**The United Kingdom’s development finance institution, CDC Group, has launched a series of efforts to ensure its investments in private health care companies are having a positive impact on both patients and public health systems and is calling on other investors to do the same. On the back of a major capital increase and a commitment to deliver impact beyond jobs and economic growth, CDC is looking to scale up its support for private health care providers in low- and middle-income countries. As part of this, the institution is taking steps to ensure its investments are responsibly managed, contributing to the Sustainable Development Agenda’s goal of universal health care....**”

IISD (brief) - Looking towards HLPF: SDG Forecast for the First Half of 2019


“**The world has less than 12 years remaining to achieve the ambitions of the 2030 Agenda for Sustainable Development. According to the latest report from the IPCC, we also have less than 12 years left to limit the global average temperature rise to 1.5°C, and that window of opportunity is closing fast. How will the multilateral community use the next few months to get as far as possible towards its agreed destinations, or as it is now argued, our survival?**”
Well worth a read, if you want to have an idea of the flurry of meetings leading up mostly to the High-Level Political Forum (in July).

In addition, “…The year 2019 will also be marked by UN high-level engagement in galvanizing climate action. The Secretary-General indicated in his New Year’s message that it is “time to stop uncontrolled and spiraling climate change.” Culminating in the 2019 UN Climate Summit, which is to be convened by the Secretary-General on 23 September, immediately prior to the HLPF at the level of Heads and State and Government, a series of high-level meetings on climate change will bring renewed focus to SDG 13....”

Global Data – Vaccines for Emerging Infectious Diseases: Funding, R&D, and Global Partnership Strategies


“Emerging infectious diseases (EIDs) are characterized by unpredictable incidence and clinical patterns that pose unique challenges for vaccine development. As outbreaks of Ebola virus, Zika virus, and other EIDs have occurred in the past decade, drug developers and global health organizations are turning to novel funding and clinical trial paradigms to improve epidemic preparedness. This report covers current and future challenges for the development and deployment of vaccines for EIDs, focusing on vaccine platform technology and research, funding mechanisms, and collaborative global partnerships.”

UNAIDS welcomes appointment of Rico Gustav as Executive Director of GNP+


“UNAIDS warmly welcomes the appointment of Rico Gustav as the Executive Director of the Global Network of People Living with HIV (GNP+)....”

Harvard - Women in Global Health LEAD Fellowship

https://globalhealth.harvard.edu/women-gh-lead-fellowship/womenleadgh

Applications are now open: https://fs6.formsite.com/harvardhigh/1nbbklku0z/index.html

LEAD stands for “Learn, Engage, Advance, Disrupt”.

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Devex - New report raises questions about World Bank lending to China


News on a CGD report from late last week: “Most World Bank lending to China aligns with the bank’s existing policy on how it lends to wealthier countries — but some lending doesn’t, according to a new report from the Center for Global Development. The report, released Thursday, examines how lending to China fits into the bank’s framework for engaging with graduation eligible countries, which was adopted as part of the capital increase process last year....”

“As we assessed the whole portfolio, big buckets made sense, but there were gaps — projects not supporting western China or to low-income provinces.” — Scott Morris, one of the report’s authors and senior fellow and director, US Development Policy Initiative

Tweet conversation from last week between Joshua Hutton & Adam Kamradt-Scott (on the (ir)relevance of declaring a PHEIC on the Ebola outbreak DRC now)

Joshua Hutton:

My two cents on the Ebola DRC - PHEIC conversation that has been happening w/ @alexandraphelan @MarkRTurner @adamkams @Laurie_Garrett @LawrenceGostin and others. 1/7

The first point is that while it is clear to those of us on the outside that this should constitute a PHEIC, there is considerable constructive ambiguity in the text of the PHEIC criteria. What constitutes an event as "unusual"? What constitutes "significant risk" of spread? 2/7

Annex III of the IHR give very specific example questions which, if taken as exhaustive and not the examples that they are, would likely lead to a "technical" result of this outbreak not being a PHEIC. 3/7

The second point is that calling a PHEIC doesn’t actually “do” anything. No requirements for assistance under treaty obligations (a la BWC), no requirements for WHO to do more than it has been (particularly in this case where it has been doing a fair amount already). 4/7

A PHEIC at this point feels like pushing the fire alarm after everyone, including the fire department, has been staring at the blaze for an hour already. 5/7

Third, and this is a point made by @Laurie_Garrett already, PHEIC wont stop or reduce the violence that is impeding response. Calling a PHEIC is more likely to exacerbate the issue than reduce it by creating virtual economic sanctions that then becomes political ammo in DRC. 6/7
TLDR constructive ambiguity in the definition of a PHEIC, the toothlessness of a declaration, and the possibility that it would make the situation worse not better leads me to severely question what the utility of a PHEIC declaration would be both now and in future outbreaks. 7/7

A K-Scott: Completely agree it’s now pretty pointless - a PHEIC should have been declared with the first IHR EC meeting on this outbreak. Annex 2 does have ambiguity (as does rest of IHR) but the intent is clear. Arguably another instance where the law is imperfect but the spirit is clear

J H - Agreed, I don’t think the ambiguity is necessarily a negative, it is the coupling of ambiguity with no defined actions. What do you make of @LawrenceGostin’s question of if IHR needs renegotiating? Do you think there is appetite at WHO for it?

A K-Scott: Chances of IHR being renegotiated is zip/zero. Don’t think there’s appetite in WHO or amongst govts - they’re all rightly focused on building IHR core capacities. Revisiting the treaty at this point won’t help. Don’t need new treaty, just need existing one to be applied correctly

Washington Post – Will Trump go after foreign aid to pay for his border wall?

J Rogin; Washington Post
Let’s hope not.

Excerpts from this WP column from late last week:

“... It’s bad enough that the State Department and the U.S. Agency for International Development (USAID) are victims of the government shutdown, given that America’s diplomats are currently in great demand. Now, President Trump and other top officials are singling out foreign aid funding and arguing that money would be better spent on the southern border. If Trump tries to redirect foreign aid funding to build his wall, he would be undermining security both at home and abroad. ... [T]he fact that Trump is suggesting foreign aid money would be better spent on the wall has the foreign aid community worried ...

And a tweet on a meeting between dr Tedros & Michael Marmot this week:

“Pleased to welcome Sir @MichaelMarmot today to @WHO. We agreed that WHO leadership in addressing the social determinants of health is essential for reducing inequalities worldwide & communicating health priorities beyond the health sector. Together, we can deliver #HealthForAll.”
Supporting UHC And Better Explaining IP – The 2019 Pharma Industry Agenda


Really heart-warming piece by Thomas Cueni, Director General, International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), on all the goodies that Big Pharma has in store for UHC around the globe 😊.

“In 2019, IFPMA work will continue to focus on constructive engagement in supporting UHC and working with others to strengthen health care systems. The association will continue to engage with a range of stakeholders, particularly multilateral organizations, to better explain the benefits of IP and exchange ideas to address issues of coverage, capacity, affordability and sustainability of healthcare.”

IHP - Universal Health Coverage – Unprecedented commitment in Eastern and Southern African Countries. Is it time to rejoice?


Juliet Nabyonga-Orem feels uplifted by the increased momentum around UHC in East & Central Africa. Read why.

Resource on South-African NHI - The national health insurance library

https://www.nhilibrary.com/

“The NHI is an important step on South Africa’s journey towards building a universal health system. The NHI Library brings together a range of NHI relevant resources making them readily accessible for those interested in learning more about the NHI reforms in South Africa....” Set up by SA health policy & systems researchers (including Leanne Brady (EV 2018).
Devex (Op-Ed) - We must keep maternal health front and center of the UHC conversation


“By H.E. Dr. Joyce Banda, former president of Malawi; H.E. Dr. Bineta Diop, African Union special envoy on women, peace, and security; Dr. Mary-Ann Etiebet, lead and executive director at MSD for Mothers; Pape Amadou Gaye, president and CEO at IntraHealth; Dr. Edna Adan Ismail, director and founder of the Edna Adan Maternity Hospital and former foreign minister of Somaliland; Dr. Mariam Claeson, director of the Global Financing Facility.” So you better read this.

“...We must seize all available opportunities to accelerate progress for women’s health as we push forward on the broader global goal of universal health coverage. As leading advocates, we surfaced a few ideas on how to do this — a set of guiding principles and priorities based on our different experiences and lessons learned on the ground through our maternal health initiatives:...”

Lancet World Report – Health-care inequity a challenge for Brazil's new Government

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30106-0/fulltext

“Jair Bolsonaro takes office as many health challenges face the country. Barbara Fraser, in Lima, and Lise Alves, in São Paulo, report.”

Planetary health

Nature (Comment) - How to win public support for a global carbon tax

Nature Comment: “Survey shows charges on emissions could be popular if revenues are given back to citizens, find Stefano Carattini, Steffen Kallbekken and Anton Orlo.”

In more and more countries, you see this is actually what is being proposed in ‘New Green Deals’ political programs/proposals. It’s soon becoming a ‘best practice’.
Guardian - Brazil environment chief accused of 'war on NGOs' as partnerships paused


“Brazil’s new environment minister, Ricardo Salles, has suspended all partnerships and agreements with non-governmental organizations for 90 days, in a move that was described as “a war against NGOs”. Announcing the move, Salles said the three-month suspension was to allow a re-evaluation of such partnerships, but civil society organizations described the move as a blatant and illegal attack on the environment and those working to protect it....”

Guardian - Industry alliance sets out $1bn to tackle oceans' plastic waste


“The scourge of plastic waste in the world’s oceans is the target of a new global alliance of businesses which says it will try to reduce the amount of plastic waste produced and improve recycling. The Alliance to End Plastic Waste, launched on Wednesday, includes companies producing consumer goods and plastic, as well as waste management and recycling firms. Among more than 25 companies joining the effort are household names such as Procter & Gamble, Shell, BASF and ExxonMobil....”

“... However, some campaigners were not impressed. Graham Forbes, global plastics project leader at Greenpeace, said: “This is a desperate attempt from corporate polluters to maintain the status quo on plastics. In 2018 people all over the world spoke up and rejected the single-use plastics that companies like Procter & Gamble churn out on a daily basis, urging the industry to invest in refill and reuse systems and innovation. Instead of answering that call, P&G preferred to double down on a failed approach with fossil fuel giants Exxon, Dow and Total [which] fuel destructive climate change.”

He added: “Make no mistake, plastics are a lifeline for the dying fossil fuel industry, and this announcement goes to show how far companies will go to preserve it.”...”

Guardian - Immediate fossil fuel phaseout could arrest climate change – study


“Climate change could be kept in check if a phaseout of all fossil fuel infrastructure were to begin immediately, according to research. It shows that meeting the internationally agreed aspiration of keeping global warming to less than 1.5C above pre-industrial levels is still possible. The scientists
say it is therefore the choices being made by global society, not physics, which is the obstacle to meeting the goal. The study found that if all fossil fuel infrastructure – power plants, factories, vehicles, ships and planes – from now on are replaced by zero-carbon alternatives at the end of their useful lives, there is a 64% chance of staying under 1.5°C."

**Guardian - Air pollution 'as bad as smoking in increasing risk of miscarriage'**


“Air pollution is as bad for pregnant women as smoking in raising the risk of miscarriage, according to a scientific study. They said the finding was upsetting and that toxic air must be cut to protect the health of the next generation. Air pollution is already known to harm foetuses by increasing the risk of premature birth and low birth weight. Recent research has also found pollution particles in placentas. The effect of long-term exposure to dirty air on the risk of miscarriage has been analysed previously. Studies from Brazil to Italy to Mongolia found a link, but others failed to do so. However, the latest study is the first to assess the impact of short-term exposure to air pollution. ...

**Vox – Doctors are frightened by climate change. Their industry is a big part of the problem.**


“Health care creates a tenth of US greenhouse gas emissions.”


[https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002727](https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002727)

“Andrea Low & colleagues present findings from their study in which a link was observed between drought and increased HIV prevalence in females aged 15-19 years in Lesotho.”

And some quick links:

**Guardian - Trump replacement for Obama climate plan worse than doing nothing – study**
“Administration’s alternative to clean power plan would let emissions ‘rebound’ via coal-fired power plants, researchers find.”

Reuters - India launches national anti-pollution program, but experts sceptical.

**Infectious diseases & NTDs**

Two positive phase III studies of tafenoquine for the radical cure of *Plasmodium vivax* malaria published in *The New England Journal of Medicine*


“GSK and Medicines for Malaria Venture (MMV) [today] announced the publication of positive results from two phase III studies of single-dose tafenoquine for the radical cure (prevention of relapse) of Plasmodium vivax (P. vivax) malaria in The New England Journal of Medicine....”

See NEJM & NEJM.

Check out also the accompanying NEJM Editorial - Tafenoquine — A Radical Improvement?

“... In this issue of the Journal, two studies report on the radical curative efficacy of tafenoquine, a newly registered, slowly eliminated, single-dose 8-aminoquinoline. It’s been a long time coming....“

The Editorial concludes: “...The requirement for accurate quantitative G6PD assessments and the current prescribing restrictions (pregnancy, lactation, or age younger than 16 years) will limit the potential deployment of tafenoquine, at least in the immediate future. The developers of tafenoquine deserve credit for persevering with this potentially valuable antimalarial drug, despite the difficulties, but it is too early to say whether tafenoquine can be used safely on a large scale in routine practice and thus fulfill its promise as a radical improvement in the treatment of malaria.”

Coverage in HPW - Single Dose Drug Effective For Recurrent Malaria, Trial Results Show

“A powerful new single-dose anti-malarial drug can significantly lower the risk of recurrent malaria from the Plasmodium vivax (P. vivax) species of the parasite, according to clinical trial results published today in the New England Journal of Medicine (NEJM)....”
Science Daily - Gene-editing tool CRISPR/Cas9 shown to limit impact of certain parasitic diseases

“Researchers have successfully used CRISPR/Cas9 to limit the impact of schistosomiasis and liver fluke infection, which affects more than a quarter of a billion people in Southeast Asia, sub-Saharan Africa, and Latin America.”

“For the first time, researchers at the George Washington University (GW), together with colleagues at institutes in Thailand, Australia, the U.K. and the Netherlands, and more, have successfully used the gene-editing tool CRISPR/Cas9 to limit the impact of parasitic worms responsible for schistosomiasis and for liver fluke infection, which can cause a diverse spectrum of human disease including bile duct cancer. Their findings are found in two papers published today in the journal eLife.”

NPR Goats & Soda – Bacteria In Worms Make A Mosquito Repellent That Might Beat DEET

“The next great insect repellent might come from a strain of bacteria that lives inside a common parasitic worm. A study published Wednesday in Science Advances has found that a compound derived from these bacteria is three times more potent than DEET in repelling mosquitoes. More research must be done to demonstrate its safety, but this bacterial chemical could play an important role in the fight against mosquito-borne illness....”

University of Copenhagen - Danish Malaria Vaccine Passes Test in Humans

“A vaccine against fatal pregnancy malaria shows promising results in the first tests in humans. The new study conducted at the University of Copenhagen has untraditionally taken a vaccine all the way from discovery of a mechanism through development and production to clinical trials in humans.”

Only a phase one clinical trial so far, though.

A quick link on malaria:

Eurekalert - Mosquito known to transmit malaria has been detected in Ethiopia for the first time

“A type of mosquito that transmits malaria has been detected in Ethiopia for the first time, and the discovery has implications for putting more people at risk for malaria in new regions, according to a study led by a Baylor University researcher. The mosquito, Anopheles stephensi, normally is found in


“Pre-exposure prophylaxis (PrEP) is being adopted and rolled out in diverse regions, communities, and groups. Although it has been shown to be effective, in some settings PrEP roll-out has lagged, in part due to flawed messaging. Lessons can be learned and principles applied from marketing to highlight the potential pitfalls of current roll-out strategies focused on selective and siloed service provision. After exploration of the way PrEP is promoted in awareness messaging (the sell), marketed to select and often stigmatised groups (the brand), and offered as a special or non-integrated service (product placement), we propose that current strategies can ultimately slow roll-out and contribute to stigma surrounding PrEP use. We propose alternatives for programmes and ministries to consider as they develop long-term plans for HIV prevention. We propose that the sell should focus on protection or wellness framing, the branding should convey PrEP as appropriate for anyone in need, and the provision of PrEP should be placed in the context of other relevant and valued health services. As has been shown in some PrEP programmes, it is possible for programmes to adopt modern marketing strategies that are attractive to healthy clients and might promote an inclusive and holistic vision of biomedical prevention....”

And a quick link on AMR, if you intend to become an astronaut: Evaluation of Acquired Antibiotic Resistance in Escherichia coli Exposed to Long-Term Low-Shear Modeled Microgravity and Background Antibiotic Exposure

NCDs

FT Health - Health programmes target Asia’s falling productivity

https://www.ft.com/content/c8ab58b6-f16e-11e8-938a-543765795f99

“Asia may be sitting on a public health time bomb, as the effects of long working hours, poor nutrition and sedentary lifestyles threaten to create poorer health outcomes for workers than their western counterparts. Alongside the burdens on employees of stress and lack of social support, employers face the prospect of coping with ageing workforces and the spectre of rapidly rising rates of obesity — with the attendant risks of diabetes and cardiovascular disease. The AIA Healthiest Workplace survey, the second annual such exercise by research consultancy Rand Europe, funded by
wellness programme AIA Vitality and backed by the FT, reveals high levels of mental and physical ill health....”

And, a “Rising number of days lost prompts greater focus by employers on wellness.”

The National Academies of Science, Engineering and Medicine (report) - Current Status and Response to the Global Obesity Pandemic: Proceedings of a Workshop–in Brief


“On October 9, 2018 the National Academies of Sciences, Engineering, and Medicine held a public workshop titled “Current Status and Response to the Global Obesity Pandemic” in Washington, DC. The workshop examined the status of the global obesity pandemic and explored approaches used to manage the problem in different settings around the world. This Proceedings of a Workshop–in Brief highlights presentations which discussed the importance of understanding the obesity epidemic in global context and shared perspectives on the implications of obesity as a global problem for prevention and treatment efforts in the United States, with an emphasis on reducing disparities.”

AFP - AI beats expert doctors at finding cervical pre-cancers


Soon doctors will be joining the ‘Precariat’ too 😊. #DoctorsToo

“Artificial intelligence may be poised to wipe out cervical cancer, after a study showed on Thursday computer algorithms can detect pre-cancerous lesions far better than trained experts or conventional screening tests. According to the World Health Organization, cervical cancer is the fourth most frequent cancer in women with an estimated 570,000 new cases globally in 2018....”

Reuters - Games industry asks WHO to hold fire on 'gaming disorder'

Reuters

“Video games are compelling, but does playing them too much constitute a medical condition? The gaming industry is trying to avoid “gaming disorder” becoming a formally recognized ailment. The World Health Organization (WHO), which has spent years looking into the addictive nature of video games, put “gaming disorder” on its list of health problems last year, a decision set to be endorsed by
governments in May, with potential impacts on, for example, healthcare policy and insurance. The U.S. gaming industry group discussed the issue with WHO officials in Geneva last month, both sides said. …”

Whether Lana Del Rey was singing mesmerizingly on the radio in the Geneva meeting room, I don’t know.

Health Systems & Reform - Building Road Safety Institutions in Low- and Middle-Income Countries: The Case of Argentina


“Traffic injuries remain a leading health concern in most low- and middle-income countries (LMICs). However, most LMICs have not established institutions that have the legislative mandate and financial resources necessary to coordinate large-scale interventions. Argentina provides a counterexample. Argentina is a federal country where the decentralization of authority to provincial governments was a key barrier to effective national interventions. In 2008, Argentina passed a law establishing a national road safety agency, and subsequently received a World Bank loan to build the agency’s capacity to coordinate actions. Although traffic injuries in Argentina have not yet begun to decline, these developments raise important questions: Why did Argentina come to view road safety as a problem? Why was institutional reform the chosen solution? What was the political process for achieving reform? What are the broader implications for institutional reform in LMICs? We explore these questions using a descriptive case study (single-case, holistic design) of Argentina…."

Sexual & Reproductive / maternal, neonatal & child health

The Conversation - Huge disparities in C-sections highlights inequalities in healthcare


“A Lancet series shows that C-sections are performed for non-medical reasons in private health while poor women who need the surgery don’t have access.”
Global Public Health - A scoping review of interventions to address intimate partner violence in sub-Saharan African healthcare


“Intimate partner violence (IPV) is a widespread global health problem, with negative effects on women’s health and HIV transmission and treatment. There is little evidence on how to address IPV effectively in lower-resourced healthcare settings, particularly those that are impacted by significant HIV epidemics. We conducted a scoping review to provide an overview of the literature on IPV screening and intervention programmes in sub-Saharan African healthcare. The included studies used mainly qualitative methods. We identified five main themes: the acceptability to female clients, the importance of confidentiality, provider concerns, barriers due to gender norms, and need for referrals and comprehensive services. Research in this field is limited, and a robust research agenda is needed to provide effective IPV interventions for women seeking healthcare in sub-Saharan Africa.”

ScienceDaily – Long-acting contraceptive designed to be self-administered via microneedle patch

ScienceDaily:

“A new long-acting contraceptive designed to be self-administered by women may provide a new family planning option, particularly in developing nations where access to healthcare can be limited, a recent study suggests. The contraceptive would be delivered using microneedle skin patch technology originally developed for the painless administration of vaccines.”

“The research was reported January 14 in the journal Nature Biomedical Engineering and was supported by Family Health International (FHI 360), funded under a contract with the U.S. Agency for International Development (USAID)....”

For an insightful blog on long-acting reversible contraceptives (LARCs), see the World Bank’s Development Impact blog - When it comes to modern contraceptives, history should not make us silent: it should make us smarter (by B Ozler)

Plan International – 150 million girls are at risk of child marriage by 2030: the time to act is now

“Even though initiatives to end child marriage are showing results in South and Southeast Asia, these efforts must be urgently scaled up to protect 150 million girls at risk of child marriage by 2030. That’s the key message in the new regional study launched by Plan International with the support of UNFPA, the UN’s sexual and reproductive health agency. “Time to Act: Accelerating Efforts to Eliminate Child, Early and Forced Marriage in Asia” details effective interventions and initiatives that will help achieve the global ambition to end child, early and forced marriage under the wider umbrella of the 2030 Agenda for Sustainable Development.”

And a quick link: Destroy ‘period huts’ or forget state support: Nepal moves to end practice

“After the custom of consigning menstruating women to outdoor sheds claimed three more lives, a new system of penalties offers hope of change.”

Access to medicines

Stat News - As the 2020 campaign kicks off, Democrats scramble to prove their leadership on lowering drug costs


“As they jostle to position themselves for 2020, many Democratic presidential hopefuls have suddenly zeroed in on a narrow policy target: prescription drug prices.”

Human resources for health

Human Resources for Health - The role and scope of practice of midwives in humanitarian settings: a systematic review and content analysis


“Midwives have an essential role to play in preparing for and providing sexual and reproductive health (SRH) services in humanitarian settings due to their unique knowledge and skills, position as frontline providers and geographic and social proximity to the communities they serve. There are considerable gaps in the international guidance that defines the scope of practice of midwives in crises, particularly for the mitigation and preparedness, and recovery phases. We undertook a systematic review to provide further clarification of this scope of practice and insights to optimise
Save the Children (report) – Motivation and retention of CHWs in West and Central Africa


New report. Multi-country research.

Miscellaneous

Lancet Editorial – Sudan's threatened health and humanitarian crisis

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30074-1/fulltext

“Sudan is on a trajectory towards a health and humanitarian crisis because of a near total collapse in national governance....” “For many of the country's residents, who have long faced crippling economic hardship that has been intensifying since the division of the country from South Sudan in 2011, the situation means that they are now unable to afford food and essential medicines....”

WB (blog) - Half of the world’s poor live in just 5 countries


“Of the world's 736 million extreme poor in 2015, 368 million—half of the total—lived in just 5 countries. The 5 countries with the highest number of extreme poor are (in descending order): India, Nigeria, Democratic Republic of Congo, Ethiopia, and Bangladesh. They also happen to be the most populous countries of South Asia and Sub-Saharan Africa, the two regions that together account for 85 percent (629 million) of the world's poor. Therefore, to make significant continued progress towards the global target of reducing extreme poverty (those living on less than $1.90 a day) to less than 3 percent by 2030, large reductions in poverty in these five countries will be crucial....”
National Geographic Magazine- the future of medicine

https://www.nationalgeographic.com/magazine/

Special issue.

Check out, among others:

How personalized medicine is transforming your health care

How ancient remedies are changing modern medicine

12 innovations that will revolutionize the future of medicine

Nature (News) - Open-access row prompts editorial board of Elsevier journal to resign

https://www.nature.com/articles/d41586-019-00135-8

“The board of the Journal of Informetrics has launched a new open-access publication.”

Nature (News) - Crowdfunding research flips science’s traditional reward model

https://www.nature.com/articles/d41586-019-00104-1?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews&sf205807180=1

“Students and junior investigators are more likely than senior scientists to secure crowdfunding for their research.”

And a quick link, maybe also useful for the global health community (esp on vaccines etc):

The Conversation - WhatsApp wants researchers to tackle its fake news problem – here’s our idea

“… WhatsApp has also commissioned us and several other research groups to investigate the problem of misinformation on the app and look for alternative ways to address it. Our prior research shows that a game-based inoculation approach can help people develop resistance to online deception....”
Emerging Voices

‘Feminization’ of physician workforce in Bangladesh, underlying factors and implications for health system: Insights from a mixed-methods study


“Bangladesh is currently faced with an emerging scenario of increased number of female physicians in the health workforce which has health system implications. For a health system to attract and retain female physicians, information is needed regarding their motivation to choose medical profession, real-life challenges encountered in home and workplaces, propensity to choose a few particular specialties, and factors leading to drop-out from the system. This exploratory mixed-methods study attempted to fill-in this knowledge gap and help the policy makers in designing a gender-sensitive health system...”

Research

Health Research Policy & Systems - Contemporary issues in north–south health research partnerships: perspectives of health research stakeholders in Zambia


“The late 1990s and early 2000s have seen a growth in north–south health research partnerships resulting from scientific developments such as those in genetic studies and development of statistical techniques and technological requirements for the analysis of large datasets. Despite these efforts, there is inadequate information representing the voice of African researchers as stakeholders experiencing partnership arrangements, particularly in Zambia. Furthermore, very little attention has been paid to capturing the practice of guidelines within partnerships. In this paper, we present achievements and highlight challenges faced by southern partners in north–south health research partnerships....”

The conclusion: “Mistrust has implications on joint working such that partners find it difficult to work together and produce results greater than their individual efforts. Property rights and resource sharing must be resolved early in the partnership and each partner’s contributions recognised. These findings highlight areas that partnerships need to focus on to make the most of guidelines on research partnership with developing countries.”
Global Public Health - Special Issue: Re-situating Abortion: Bio-politics, Global Health and Rights in Neo-liberal Times. Guest Editors: Maya Unnithan and Silvia de Zordo

https://www.tandfonline.com/toc/rgph20/13/6?nav=tocList

From early last year. Just in case you had missed it so far.