IHP news 507: Discourse on commercial determinants of health going mainstream

(1 Feb 2019)

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

Dear Colleagues,

This week’s IHP issue will feature, among others, more coverage of WHO’s 144th Executive Board Meeting, some final ‘take home’ messages on Davos, a new & provocative Lancet Commission Report, “The Global Syndemic of Obesity, Undernutrition, and Climate Change”; PMAC Bangkok 2019 on the political economy of NCDs; World Leprosy Day, some pieces related to the upcoming Global Fund Preparatory meeting in Delhi (8 Feb), an update on the Ebola DRC outbreak,... .

Like most of you, we also already look forward to the Student (and live-streamed) Conference on Decolonizing Global Health, which will take place in Harvard (also on Feb 8). Our “spy-on-the-ground” in Boston (Werner Soors – doesn’t look like the average Harvard student, so he should be fairly easy to identify 😊) already got himself an invitation.

On the new (inspiring) Lancet Commission report, NPR Goats & Soda asked a pertinent question earlier this week - Does The World Need A New Buzzword — 'Syndemic' — To Describe 3 Big Crises? and Kent Buse came up with a apt tweet, “Great to see discourse on addressing commercial determinants of health (& linked issue of climate change) becoming more mainstream in global health - now to action.” We were also encouraged by the calls for a new Framework Convention & ‘business models for the 21st century’ in this report, but were slightly less impressed with the suggestion to let civil society organisations (that want to take on the food industry) be financed via a 1 billion fund paid for by philanthropy (putting the cart before the already rather heavy Bloomberg horse) and other sources.

Meanwhile, at the WHO EB meeting, participants seemed to have an awful lot of fun during the “physical exercise breaks” (the ones who didn’t, went strategically for “toilet breaks”, we’ve been told). Having said that, while we understand the need for a poppy Chinese dance video in the New Global Health Architecture, and personally can’t wait till the ‘Year of the Pig’ kicks off once more, WHO might want to hire another DJ for the ‘walk the talk’ breaks 😃. In other ‘walk the talk’ NCD news, at the 2019 PMAC conference in Bangkok, the hosts apparently added nutritious snacks to the breaks, and signs discouraging sugar consumption at the coffee bar. Outside, ominously, toxic smog made the NCD picture complete. Together with the “free flow alcohol” advertised by the endorsed PMAC hotel...

Enjoy your reading.

Kristof Decoster
Featured Article

WHO's Transformative Agenda: A few reflections from the 144th WHO Executive Board Meeting

Deepika Saluja (IHP resident)

I was more than happy to go back to Geneva again as an IHP Correspondent, this time to attend the first few days of the 144th WHO Executive Board (EB) Meeting. I went to Geneva, as Lonely Planet would describe it, ‘on a shoestring’. However, the beautiful white landscape due to abundant snowfall made me quickly forget about the budget constraints (and sometimes even food). Experiencing the first snowfall of my life, in Geneva of all places, for a nascent public health researcher like me was no less than the cherry on the cake.

Moving on to the EB meeting then, my preparations for it started with the preparatory civil society meeting on the 23rd of January, organized and hosted by the Geneva Global Health Hub (G2H2). Before hopping on the plane, I had already “done my homework”, going through the PHM Commentary on the EB’s agenda items, and WHO background material & reports in the areas of my interest. The preparatory workshop began with the paying of tribute to Dr. Amit Sengupta, one of the founders of the People’s Health Movement, who sadly passed away late last year. The workshop included open discussions on selected items on the EB Agenda [Item 5.5, 5.6 and 5.7, or Universal Health Coverage; Health, Environment and Climate Change; and Access to medicines, vaccines and other health products, respectively] and a closed civil society brainstorming session on changing WHO Governance (although you have to wonder, when is WHO governance actually not changing?). A few days earlier, Dr. Thomas Schwartz (MMI) had explored in a (well-noted) blog post whether the proposed recommendations on civil society engagement with WHO amounted to progress “Towards a new era of partnership” or whether civil society instead needed to “defend a shrinking space”.

As Jenny Lei Ravelo noted in a Devex analysis before the EB meeting, WHO’s proposals on its engagement with non-state actors was one of the key contentious issues raised ahead of the EB meeting, others being the WHO’s draft roadmap on access to medicines, vaccines and other health products and - mentioned elsewhere - reports of alleged misconduct within the organization. The PHM watchers also participated in the preparatory workshop and prepared their policy briefs and statements for specific agenda items.

As the 144th EB meeting commenced on the 24th, with an opening speech by WHO DG, Dr. Tedros, I was in the room. He shared experiences and observations from his various country visits from UHC reforms in Kenya and India, to the Ebola outbreak in the DRC and polio eradication in Pakistan, all the time narrating inspiring stories of frontline workers working in the most difficult situations. As has been noted by other observers, Dr. Tedros has a knack for ‘humanizing global health’, and he certainly touched many hearts in the room (including mine), as he applauded the dedication of these frontline workers, who inspire him to work even harder. In his speech, Dr. Tedros also emphasized zero tolerance for any misconduct within the organization (in response to the AP report), and confirmed that thorough investigations would soon be concluded. In order to create an open culture within the organization and prevent such issues from materializing (again?), he proudly shared his open door policy for the staff, every Thursday for an hour, when he is in Geneva. Given his rather huge carbon footprint (see above), I’m not sure that will happen often, but it is, nonetheless, a nice initiative.
Over the next few days, I got a chance to observe some of the interesting (and occasionally, entertaining) discussions and responses of several Board member and non-member states, and civil society organizations on the DG’s report on a few key agenda items including the Proposed Programme Budget 2020-21, the Implementation of the 2030 Agenda for Sustainable Development, and UHC. The states representatives generally welcomed Dr. Tedros’ commitment to transforming (the functioning of) WHO and achieving his - by now well known - “Triple Billion Goal” through WHO’s 13th General Programme of Work. They shared their country experiences on each of the specific items and expressed their support for WHO’s initiative of moving from a disease specific siloed approach to a more health systems-oriented approach, and the strengthening of country offices. However, many also raised concerns about the relatively slow speed of progress, some great achievements notwithstanding, and emphasized that not only do we need to redouble our efforts towards achieving the SDG agenda, we must also work towards preventing the health gains of the past decade from sliding back (a danger Gates also warned for last week in Davos). Tedros himself acknowledged this, admitting that “Progress is slow, we’re not on schedule”, but he has good hopes that a WHO-led Global Action Plan for healthy lives and well-being for all can help get things back on track. Participating countries demanded information and clarity on the timelines, the operational framework, equitable allocation of resources, measuring outputs, accountability to the member states etc. before the next World Health Assembly in May, 2019. The WHO secretariat took note of the suggestions and feedback provided by the participating countries and shared a potential way forward on those elements.

On a lighter note, the WHO physical exercise breaks were really fun to watch and participate in. They happened almost every other hour, putting into practice what WHO preaches on NCDs (i.e. #walkthetalk) and led to a wave of physical activity and laughter in EB room. Dr. Tedros – all smiles during these breaks – seems to be quite a fan too.

As you can imagine, many informal meetings ran in parallel to these main EB meeting sessions, where resolutions for different agenda items were discussed and negotiated. I managed to sneak into one such informal meeting to discuss the draft resolution under item 5.5 - preparation for the UN High Level Meeting on UHC, and so got the chance to closely observe how each and every word of the resolution was negotiated and (if all goes well) finally agreed by the member states. I could observe first-hand, during these negotiations, how different country contexts can shape the understanding of ostensibly similar concepts so differently (for instance on UHC, see here), thereby making it a challenge to reach a consensus. I was not only inspired by the commitment and patience of the member states delegates in such a time-intensive process but also became more appreciative towards such documents when they are at last released (and look, for outsiders, more often than not, more like “the lowest common denominator”).

All in all, my second visit to the “world’s health capital” was yet another milestone on my own “transformative” journey as a public health researcher. Dr. Tedros will no doubt hope for the same, when it comes to the future of the organization he leads. Like in the rest of the world, transformation is certainly in the air of Geneva. But the mission of WHO remains the same: to promote health, keep the world safe, and serve the vulnerable.
Highlights of the week

The Global Syndemic of Obesity, Undernutrition, and Climate Change: *The Lancet* Commission report

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32822-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32822-8/fulltext)

“Malnutrition in all its forms, including obesity, undernutrition, and other dietary risks, is the leading cause of poor health globally. In the near future, the health effects of climate change will considerably compound these health challenges. Climate change can be considered a pandemic because of its sweeping effects on the health of humans and the natural systems we depend on (ie, planetary health). These three pandemics—obesity, undernutrition, and climate change—represent *The Global Syndemic* that affects most people in every country and region worldwide. They constitute a *syndemic*, or *synergy of epidemics*, because they co-occur in time and place, interact with each other to produce complex sequelae, and share common underlying societal drivers. *This Commission recommends comprehensive actions to address obesity within the context of The Global Syndemic, which represents the paramount health challenge for humans, the environment, and our planet in the 21st century.*”

Cfr the press release:

“The Lancet: *Powerful vested interests, misplaced economic incentives are major drivers of the joint pandemics of obesity, undernutrition and climate change*

*The global interplay of obesity, undernutrition and climate change represents *The Global Syndemic* and is the greatest threat to human and planetary health, affecting most people in every country and region.*

*Powerful opposition by commercial vested interests, lack of political leadership, and insufficient societal demand for change are preventing action on The Global Syndemic, with rising rates of obesity and greenhouse gas emissions, and stagnating rates of undernutrition.*

*New social movement for change and radical rethink of the relationship between policymakers, business, governance and civil society is urgently needed.*

*The Commission calls for a global treaty to limit the political influence of Big Food (a proposed Framework Convention on Food Systems – modelled on global conventions on tobacco and climate change); redirection of US$5 trillion in government subsidies away from harmful products and towards sustainable alternatives; and advocacy from civil society to break decades of policy inertia.*”

Read also some of the related Comments in the Lancet:

[Rethinking systems to reverse the global syndemic](https://www.thelancet.com/collection/lancet-comment-reversing-the-global-syndemic) (by Rachel Nugent)
Obesity needs to be put into a much wider context (by S Kleinert & S Horton)

And great coverage in the Guardian - Take on food industry to beat malnutrition and obesity, says report “The influence of “big food” must be curbed around the world if obesity, malnutrition and climate change are to be effectively tackled, according to a report....”

Or Vox - Want to fix obesity and climate change at the same time? Make Big Food companies pay.

Devex zooms in on the role of development actors - What role for development actors in global food system overhaul?

Global Fund update & preparations for GF replenishment

Lancet Viewpoint - On results reporting and evidentiary standards: spotlight on the Global Fund

R Friedel, R Silverman, A Glassman, K Chalkidou;
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33055-1/fulltext

This was a bit of a (CGD) bombshell, late last week, ahead of the GF replenishment.

Cfr a tweet: “a new analysis calls for @GlobalFund to publish more robust data and be more transparent in its official impact reports.”

Excerpt:

“Examining publicly available documents for 2018, it is our judgment that the Global Fund’s results reporting is insufficiently rigorous to inform the allocation of scarce resources (results reports from previous years are no longer available through the Global Fund website, making it difficult to compare this document to previous iterations). Most obvious is the question of attribution. In its results reporting and communication materials, the Global Fund conflates two ideas about its own nature. First, the Global Fund is presented as a partnership, encompassing every funder, government, non-governmental organisation, implementer, and private actor involved in treating or preventing the three diseases in eligible countries. And second, the Global Fund operates as a standalone funding instrument with an annual budget of roughly $4 billion. The results reporting explicitly takes credit for the accomplishments of the partnership, including bilateral mechanisms like the President’s Emergency Plan for AIDS Relief and the President’s Malaria Initiative, plus domestic government investments. However, the replenishment will advocate for investment in the Global Fund as a funding instrument, attracting resources that could otherwise be channelled elsewhere in the partnership through alternative bilateral or multilateral mechanisms. How can results reporting without direct attribution to the Global Fund as a standalone institution support continued institutional investment? With domestic resources growing faster than development assistance for some priority conditions, such as HIV/AIDS, attribution across all payers—national, international, public, and private—becomes even more difficult to justify.”
Coverage for example in the Telegraph - Global Fund must copper-bottom claims it has saved 27 million lives, say experts.

The Global Fund’s reply was swift: Measuring and Reporting Results (25 Jan)

Lancet Infectious Diseases (Editorial) - Fuelling the Global Fund

https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(19)30006-4/fulltext

This Editorial sets the scene nicely for the preparatory meeting in Delhi, next week. “On Jan 11, 2019, the Global Fund to Fight AIDS, Tuberculosis and Malaria announced the fundraising target for its next 3 year replenishment cycle—“The single most important public health measure of 2019”, according to a blog by Jeffrey Sachs and colleagues published at the time of the announcement. The investment case was launched in Paris by French President Emmanuel Macron and calls for US$14 billion of donations—largely from national governments in wealthy countries—to cover the Global Fund’s sixth investment period of 2020–22. The $14 billion is just part of an estimated $83 billion that needs to be spent to fight the diseases over the 3 year period, most of which will come from domestic government budgets in affected countries. The full investment case will be presented at a meeting in New Delhi, India, on Feb 8, 2019, and France will host the Global Fund’s Sixth Replenishment Conference in Lyon on Oct 10, 2019...”

The Editorial goes on then to point out the (scientific) risks of backsliding, and the political challenges currently in the US, UK and even France.

“Perhaps it’s time for the governments of rapidly growing economies to take up some of the slack from traditional donors. Sachs and colleagues suggest that China, a former recipient of Global Fund support but now the world’s second largest economy, should become a donor. These authors also suggest that to achieve its targets the Global Fund should be asking for at least twice the $14 billion it has requested, and that this gap in funding should be filled by donations from the pockets of the world’s billionaires....” The latter is not very likely, according to this Editorial.

Peter Sands - The private sector is working to fight climate change. Why isn’t it doing the same to improve global health?


Among others, Peter Sands aims to raise 1 billion among the private sector. Of which, most is expected to come from the Gates Foundation, duh 😊.

Kristof Decoster - The Global Fund: no longer a frontrunner in the SDG era (and what to do about it)

https://kdecoste.blogspot.com/2019/01/the-global-fund-frontrunner-no-more-in.html

My own view on how the Global Fund could become ‘innovative’ again in the SDG era. Along the same lines, I have a suggestion for the Replenishment of the Big Four Health Funds (in the coming 18 months). And WHO, while we’re at it.
Global Fund Observer – new issue

http://www.aidspan.org/gfo_article/step-or-slip-back-case-investing-14-billion-global-fund%E2%80%99s-sixth-replenishment

Make sure you read at least Step up or slip back? The case for investing $14 billion for the Global Fund’s Sixth Replenishment (by David Garmaise)

““Step Up the Fight” is the title of the Investment Case document published by the Global Fund for the Sixth Replenishment. That phrase accurately reflects the central message of the Investment Case which is that the Fund and its many partners need to “build on the gains we have made, or we [will] see those achievements eroded, infections and deaths resurge, and the prospect of ending the epidemics disappear.” … This article covers three topics: (1) the Investment Case; (2) the $14 billion target; and (3) comments from civil society on the target. Please see the separate article in this issue on the preparatory meeting....”

Read also Are African countries ready for the Global Fund’s Sixth Replenishment’s push toward greater domestic financing to end HIV, TB and malaria?

WHO 144th EB meeting (Geneva, 24 Jan-1 Feb)

https://www.who.int/news-room/events/executive-board-144th-session

Last week we already covered the first two days of the EB meeting, and see also this week’s editorial by Deepika.

Below you find reads on the issues & debates since then. We won’t try to reinvent the wheel here, but will just refer to the excellent coverage by IP-Watch/Health Policy Watch & Devex. More or less chronologically.

• But first, on the civil society meeting (23 Jan):

http://g2h2.org/posts/january2019/ Documentation is available now (with presentations on UHC/PHC, climate change, access to medicines, WHO governance, and more).

Make sure you also check out the following letter by Thomas Schwarz to EB members: Good Governance starts at home

• As a reminder: Who are (currently) the members of the EB?
  http://apps.who.int/gb/gov/executive-board-members.html
Overview of sessions, debates, issues, … via coverage of Devex & HPW

Devex - Tedros addresses alleged misconduct at WHO

“The World Health Organization’s director-general has addressed allegations of misconduct within the organization, which were sent to WHO directors in anonymous emails. Tedros Adhanom Ghebreyesus said Thursday that the organization’s Office of Internal Oversight Services’ preliminary review of the allegations made against several members of staff is due by end of the week and that any substantiated allegations will be reported to member states....”

HPW - Board Debates WHO Plans For Efficiencies At Headquarters & Funding Shifts To Countries

“A massive restructuring of WHO’s 2020-2021 budget should see a shift away from siloed disease control programmes to a more integrated approach, focused on building health systems and strengthening country operations. These were the key strategic features of the proposed budget of US$ 4.785 billion, reviewed by WHO’s Executive Board in a lengthy session today....”

HPW - Next On Stage: WHO Academy & Foundation

“A WHO Academy where millions around the world can be trained in the health policy guidelines, methods and practical tools that WHO develops and promotes, is one of the big new dreams of WHO Director General Dr. Tedros Adhanom Gheyebresus – wrapped into WHO’s strategic planning for coming years. A WHO Academy, along with proposals to create a WHO Foundation; and a position for a WHO chief scientist, may have raised eyebrows amongst some member states, but Dr. Tedros says that these are all logical outcomes of the WHO Transformation plan, which aims to make the country more nimble, more efficient and more relevant and responsive to countries most in need....”

HPW - WHO Director Tedros: World Must Redouble Efforts On Health-Related SDGs

“Health-related Sustainable Development Goals won’t be met unless global, regional and country efforts are intensified, WHO Director General Dr Tedros Adhanom Gheyebresus declared yesterday. “Progress is slow, we are not on schedule – we are behind schedule,” said Dr Tedros, speaking before the WHO Executive Board (EB) in a 27 January session on progress in health-related SDGs. But he expressed hopes that a WHO-led Global Action Plan for Healthy Lives and Well Being For All, could help get progress back on track. The action plan, involving 11 other UN and donor agencies, is being drafted in response to a request by Norway, Germany and Ghana, to be presented at the United Nations SDG Summit in September....”

IP Watch - WHO Draft Resolution On Universal Health Coverage Shows Efforts At Consensus

“With half the world’s population still lacking access to essential health services, World Health Organization Executive Board members this week are working to agree on a resolution indicating ways through which this situation can be alleviated. Discussions are going on outside plenary room as delegates seek agreement on a draft resolution.”
For this draft resolution (proposed by Japan & Thailand – 26 Jan) on the HL Meeting, see here.

HPW - WHO Board Looks Into Means To Reach Polio-Free World

“Poliomyelitis, a highly infectious and sometimes debilitating viral disease, is about to be eradicated from the world. However, the last mile is the hardest, World Health Organization Director General Tedros Adhanom Ghebreyesus said last week at a member state discussion on polio eradication. Beyond the direct eradication of wild polioviruses in the three last endemic countries, and the steady supply of affordable inactivated poliovirus vaccines, the WHO is called on to help countries keep the virus at bay, and implement a strategy to use polio-related structures to strengthen their national health systems, as polio funding is dwindling....”

IP Watch - Measuring Outputs Seen As Key To WHO Transformation (gated)

“Measurable outputs are a key element of the World Health Organization transformation and its “triple billion” target. Last week, WHO Executive Board discussed the Impact Framework, a key measurement system. Board members asked clarifications on indicators and underlined the challenge of data collection in many countries. A consultation with country experts is expected to be held before the May World Health Assembly.”

HPW - DNDi, MMV Make 400 Compounds Available To Boost Pandemic Disease Research

“The Drugs for Neglected Diseases initiative (DNDi) and Medicines for Malaria Venture (MMV) today announced the launch of the “Pandemic Response Box”, which offers researchers open access to 400 compounds that could lead to development of new treatments for pandemic diseases. In return, researchers “will be expected to share data resulting from research on the molecules from the box in the public domain within 2 years of its generation.” ... ... The Pandemic Response Box is a collection of antibacterial, antiviral and antifungal compounds for screening against infective and neglected diseases, the Geneva-based organisations said in a press release....”

IP-Watch - WHO Holds Discussions On Roadmap For Improving Access To Medicines

“Unaffordable prices, unavailable medicines, a rising need for accessible noncommunicable diseases treatments – these set the stage as the World Health Organization Executive Board started discussion today on one of the more contentious issues of the week. For the Board’s approval is in particular a roadmap and action plan including a dual strategy based on safety and efficacy of health products, and their affordability.”

IP-Watch - WHO’S Access Roadmap And The Art Of Accommodation Of Pharma Interest

Analysis by K M Gopakumar, ahead of this discussion: “The Roadmap to access to medicines, vaccines and other health products (Roadmap) to be discussed at this week’s 144th session of WHO’s Executive Board accommodates vital interest of pharmaceutical TNCs on critical issues such as the approach to access, technical assistance on the use of TRIPS flexibilities and access to biosimilars....”

IP-Watch - WHO Member States Call For Transparency, Access To Innovation On Cancer Drug Pricing
A substantive discussion took place at the World Health Organization Executive Board meeting yesterday in response to a recently released WHO report on cancer drug pricing. Among the variety of perspectives expressed, many formed consensus in calling for increased transparency of research and development (R&D) costs and equitable access to innovative cancer drugs.”

Devex - WHO’s controversial next steps to improve access to medicines

“A majority of countries cheered the World Health Organization’s draft roadmap on access to medicines presented this week, applauding its relevance in the struggle to achieve universal health coverage. But several stakeholders think the draft requires continued consultations on key — and controversial — issues. …”

IP Watch - Board Debates Medicines Access; WHO Asserts Mandate On IP, Trade Issues

(“Shortages, faulty supply chains, unbearable prices, weak health systems – the issue of access to medicines is multifaceted and gave way to a long list of interventions yesterday at the World Health Organization. Challenged on its mandate to address intellectual property and trade issues, WHO Director General Tedros Adhanom Ghebreyesus (Dr Tedros) confirmed that WHO’s mandate includes work with partners on those issues. Discussions also included fair pricing and transparency, for which Italy called for a resolution at the next World Health Assembly.”

HPW - Italy & United States: Remove Reference To Sugary Drink Tax From WHO NCDs Report

“Representatives of Italy and the United States today asked the World Health Organization to remove a summary of evidence on how taxes on sugar-sweetened drinks may help reduce unhealthy sugar consumption from its latest progress report on tackling non-communicable disease (NCDs). The WHO Prevention and Control of Noncommunicable Diseases, update and companion Workplan, following on from the United Nations General Assembly’s High Level Meeting on NCDs in September 2018 were under review by WHO’s 34-member Executive Board, in advance of the World Health Assembly meeting of all WHO member states, scheduled for May…..”

HPW - Draft Global Strategy On Health: Environment, Climate Change Hailed At WHO


“Preventable environmental risks lead to at least a yearly toll of 13 million people, 7 million of which are caused by air pollution, according to a World Health Organization report presented yesterday to its members attending the organisation’s Executive Board. Time is of the essence and the WHO draft global strategy on health, environment, and climate change received broad support, as well as a draft action plan for small island developing states, particularly vulnerable to climate change….”

HPW - WHO Aims To Broaden Dialogue With Civil Society

“The World Health Organization is exploring ways to expand relationships with non-governmental organizations, including broader collaborations on key global health priorities and a possible informal consultation with civil society every year, Director General Dr Tedros Adhanom Ghebreyesus told WHO’s Executive Board today....”

Well worth a read this one, as you can imagine.

Some other relevant news from the EB meeting

- **WHO - Resolution on Community Health Workers** to be considered at the upcoming World Health Assembly

> “Achieving progress on universal health coverage and the Sustainable Development Goal health targets requires a strong primary health care sector as the cornerstone of health systems. The World Health Organization Executive Board, convening in Geneva from 24 January to 1 February, has taken an important step in supporting and recognizing the importance of community health workers (CHWs), as part of a diverse and sustainable health workforce skills mix. The Executive Board adopted a resolution introduced by the Governments of Ethiopia and Ecuador, entitled “Community health workers delivering primary health care: opportunities and challenges”. The document, which builds on both countries’ experience and the Declaration of Astana, underscores the value of community health workers as a vital health system component in providing primary health care services. The resolution, which will be considered at the World Health Assembly in May 2019, takes note of the newly-launched WHO Guideline on health policy and system support to optimize community health worker programmes (CHW Guideline), which consolidates evidence on the effectiveness and cost-effectiveness of CHWs....”

- **Letter by public health experts & organizations**: Broad public health opposition to WHO accepting PMI FSFW partnership offer

> “Philip Morris International’s Foundation for a Smokefree World (FSFW), a thinly disguised part of the company’s efforts to market its IQOS heated tobacco product and rehabilitate PMI’s image, is seeking to partner with WHO. Today a letter signed by 89 health organizations and 170 public health leaders (including me) was sent to the WHO Director General urging WHO to reject FSWS’s offer. The letter is accompanied by two short briefing papers, one analyzing FSFW’s strategy of framing its efforts under the Sustainable Development Goals, and another summarizing some of the actions by a wide range of organizations to block FSFW’s efforts on behalf of the PMI and the tobacco industry generally. WHO should promptly reject FSFW’s latest efforts as a violation of FCTC Article 5.3.”

- **The Wire - WHO’s Plan to Jointly Work With Privately-Funded Groups Threatens Its Credibility** (by K M Gopakumar et al)

> “A number of non-state actors seeking renewal of their official relation status with the WHO receive funding from pharmaceutical, food and alcohol industries.”
2019 PMAC Bangkok (29 Jan-3 Feb)

https://pmac2019.com/site

The theme of the Prince Mahidol Award Conference in Bangkok this year is ‘The Political Economy of NCDs – a Whole of Society approach’. Very interesting and more than timely too.

Which is why, the tweet from ‘Health in Myanmar’ was rather apt:

“Aagh. Seems #PMAC2019 is a closed conference. Only summary statement & some slides may be later put online. Leaves many people behind. If a partly publicly-funded conference in Bangkok is to meet international standards then live webcasts must be made available.”

You find an overview of the objectives of the conference, the three sub-themes and the various sessions here.

For a flavour of the discussions so far, check out the hashtag #pmac2019

Presentations will be made available to all soon, according to the organizers.

WHO Bulletin – Theme issue on the prevention and control of NCDs

https://www.who.int/bulletin/volumes/97/2/en/

For the (PMAC) occasion.

- Start with the first Editorial - Overcoming internal challenges and external threats to noncommunicable disease control (by Viroj Tangcharoensathien et al).

“Despite global commitments, progress on noncommunicable disease prevention and control has been slow and uneven, particularly in low- and middle-income countries. This theme issue on noncommunicable diseases presents a selection of papers that analyse how the burden of noncommunicable diseases could be addressed more efficiently…”

The Editorial gives a quick overview of the papers in the series. Many of these were already published online before.

- Make sure you also read the second editorial - Actions needed to prevent noncommunicable diseases and improve. (by N Banatvala et al)

“...The 2018 Political Declaration of the Third High-level Meeting on Noncommunicable Diseases notes that progress and investment on noncommunicable diseases have been insufficient to meet the health-related targets of the sustainable development goals. Countries face many challenges in
responding to the rapid rise in noncommunicable diseases and improving mental health as part of the 2030 agenda for sustainable development … … The United Nations (UN) InterAgency Task Force on the Prevention and Control of Non-communicable Diseases has undertaken joint missions to over 25 countries to support government responses to these challenges…. … While the responsibility for addressing these priorities lies with countries, the UN system has a key role in catalysing these responses…. … The WHO Independent High-level Commission also recommended that the international community consider a multidonor fund to catalyse financing for the development of national noncommunicable disease and mental health responses and stronger policy coherence at country level….”

The future of UNAIDS

Devex – The Future of UNAIDS

“The United Nations AIDS agency ended 2018 in crisis. It is unclear how it will recover…."

Warmly recommended (balanced) piece. With among quotes from A Nordström, J S Morrison & Gorik Ooms.

See also a Lancet Infectious Diseases Newsdesk report.

“…Many, including the Swedish Government, have expressed concern for the organisation’s ability to regain its credibility without an immediate change of leadership. Furthermore, amid funding declines and fresh challenges in tackling HIV and AIDS, Christine Stegling, executive director of the International HIV/AIDS Alliance, fears that HIV could slip further down the global health agenda unless structural abuses of power within the agency are addressed promptly…."

World Bank update

Lancet World Report - Jim Yong Kim steps down from World Bank
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30155-2/fulltext

“Jim Yong Kim’s decision to leave World Bank post early ushers in uncertainty about its future direction. John Zarocostas reports.”

This World report from last week was well worth reading, providing a rather in-depth and balanced overview of the pros & cons of Jim Kim’s track record at the helm of WB. I was a bit surprised not to see the Human Capital agenda being mentioned, though.

Speaking of the Human Capital Project, by now 46 countries have signed up for it as early adopters, see WB.
Meanwhile, the search for a successor isn’t going too well. Check out these links:

**WSJ** - [U.S. Contemplates Appointing First Female President of World Bank](https://www.wsj.com/articles/u-s-ponds-first-female-president-for-world-bank-11574730281)

“Strong woman candidate could clear away competitors.”


With some info on the possible (US favoured) candidates for the moment.

See also [Devex](https): “…World Bank President Jim Kim will make his official exit Friday, as current CEO Kristalina Georgieva takes the reigns until Kim’s successor is chosen. The Trump administration is expected to announce its nominee soon, and while a few other names continue to circulate around Washington, D.C., Under Secretary of the Treasury David Malpass has emerged as the clearest frontrunner....”

In the backdrop, Ngozi Okonjo-Iweala is also considering a run, it’s said, if conditions were to be favourable.

The more radical readers of this newsletter might want to read (in the Guardian) [The World Bank and IMF are in crisis. It's time to push a radical new vision](https://www.theguardian.com/commentisfree/2019/jan/19/the-world-bank-imf-crisis-time-push-radical-new-vision) (by D Adler & Y Varoufakis). They want a revamped WB-IMF to function towards an international Green New Deal, and thus work in the service of the many, not the few.

**Final analysis & “take home messages” Davos**

Last week we already covered in detail Davos, from a global health (and broader inequality) perspective.

With hindsight, it’s clear that two messages got worldwide attention, and went viral.

Would be good if the global health community (and especially the big (philanthropy-loving) shots present in Davos) paid a lot more attention to these.

[Guardian - Historian berates billionaires at Davos over tax avoidance](https://www.theguardian.com/business/2019/jan/30/historian-berates-billionaires-at-davos-over-tax-avoidance)

On global inequality: “A discussion panel at the Davos World Economic Forum has become a sensation after a Dutch historian took billionaires to task for not paying taxes. In a video shared tens of thousands of times, Rutger Bregman, author of the book Utopia for Realists, bemoans the failure of attendees at the recent gathering in Switzerland to address the key issue in the battle for greater equality: the failure of rich people to pay their fair share of taxes....”
Industry had to “stop talking about philanthropy and start talking about taxes…. That’s it,” he says. “Taxes, taxes, taxes. All the rest is bullshit in my opinion.”

Guardian - 'Our house is on fire': Greta Thunberg, 16, urges leaders to act on climate

On the climate change threat: Cfr a tweet: “Swedish teen #GretaThunberg slams #Davos elite over #climatechange hypocrisy.”

If you compare with these two key messages the more typical sounds & noises coming from Davos, the contrast is striking. But do judge for yourself:

- Public Finance International – “The Swiss-based not-for-profit World Economic Forum issued a press release after a session on health, at the international conference in Davos, which it organises and to which it gives its name.

“The statement said the international financing organisation the Global Fund needs at least $14bn to $16bn to fund its next three years of work, including $1bn from the private sector. “

Bill Gates certainly doesn’t get the new times yet, he’s still stuck in the MDG mode (not making the link with global inequality):

“Bill Gates, of the Bill & Melinda Gates Foundation, a charitable organisation, explained at the session on health at Davos that public funding could shrink if taxpayers were not made aware of the “successes” in fighting infectious diseases to date....”

- Devex - Humanitarian investing gathers speed at Davos

“Private investment for humanitarian issues was a hot topic at this year's World Economic Forum Annual Meeting — but some cautioned of its limits. “

- WEF - 5 key trends for the future of healthcare

On new therapies, new questions & a digital future.

- Devex - For global development leaders, Davos is about making deals

“The World Economic Forum annual meetings drew more than 3,000 stakeholders from across sectors, and while development was not always top of an agenda that focused on “making globalization 4.0 work for all,” some significant commitments were made, including on aid issues such as mental health, disability, and refugees. ... ... As leaders from around the world underlined
the importance of multilateralism and called for cooperation on global challenges, the Wellcome Trust committed $260 million to mental health, the Rockefeller Foundation and the Mastercard Center for Inclusive Growth announced a new $50 million collaborative philanthropy effort, and the IKEA Foundation backed a development impact bond for refugees.

“...Here are some of the major deals that are likely to emerge from this year’s forum..." On Wednesday, Bill Gates and Gates Foundation CEO Sue Desmond-Hellmann laid out the investment case and discussed their concerns that domestic politics will hurt these organizations’ ability to raise the funds they need. ... While key government funders, including the U.S., the U.K. and France, are facing pressures at home, the replenishment efforts need existing donors to commit, Desmond-Hellmann said. The Gates Foundation is working to strengthen ties with African philanthropists and donors in Asia and the Middle East as it works with the Global Fund and Gavi to raise funds, she said. While Bill Gates is in Davos, Melinda Gates is holding meetings elsewhere in Europe, to talk about the return on investment in global health...

• Devex (by Raj Kumar) - Taking stock of global development: What’s working and what’s stuck

(must-read analysis !!!!!) Broad helicopter view by Raj Kumar, in line with the currently ‘hegemonic thinking’ in these circles:

“...The kind of profound change that is needed requires a new development model, one that Sustainable Development Goal 17 describes as including country ownership, domestic resource mobilization, private sector partnerships, and innovative financing mechanisms. In conversations with business and global development leaders attending WEF’s annual meetings, it is clear there are areas of significant progress when it comes to the new era envisioned by the SDGs, and others where stories similar to Ibrahim’s are not yet breaking through....” Check out Kumar’s overview of what’s working, what’s showing promise, what’s not moving fast enough what’s stuck.

The section ‘what’s working’ zooms in specifically on the replenishment of the 4 Big Global Health Funds in the coming months.

NYT – The hidden Automation agenda of the Davos elite


As a farewell to this year’s Davos, read this very worrying piece. PS: next year it’ll be the 50th Davos anniversary.

“They’ll never admit it in public, but many of your bosses want machines to replace you as soon as possible. I know this because, for the past week, I’ve been mingling with corporate executives at the World Economic Forum’s annual meeting in Davos. And I’ve noticed that their answers to questions about automation depend very much on who is listening. In public, many executives wring their hands over the negative consequences that artificial intelligence and automation could have for workers. They take part in panel discussions about building “human-centered A.I.” for the “Fourth Industrial Revolution” — Davos-speak for the corporate adoption of machine learning and other advanced technology — and talk about the need to provide a safety net for people who lose their...
jobs as a result of automation. But in private settings, including meetings with the leaders of the many consulting and technology firms whose pop-up storefronts line the Davos Promenade, these executives tell a different story: They are racing to automate their own work forces to stay ahead of the competition, with little regard for the impact on workers....”

Migration & health

HPW - WHO Walking The Line Of Caution On Refugees And Migrants’ Health In Europe


“...for WHO Europe, the report on the health of refugees and migrant people in the 53 countries of the region is the first one of its kind, which may explain the hesitance of the beginner. But it is difficult to deny a bitter aftertaste, especially after the press conference....”

“...Obviously, the WHO walks the line of extreme caution. ZsuZsanna Jakab, WHO Euro Regional Director, acknowledges governments’ lack of preparation in tackling the inflow of people in the last few years, but does not formulate any criticism with regard to the national migration policies that are increasingly bound to harm refugees and migrants’ health. Nor does she recall the fact that inflows of migrants have sensitively diminished. She only makes reference to the “reluctance ” of some countries to understand the stakes, but she fails to address the health irrelevance of the persisting semantic disquisition on distinguishing between “economic migrants”, “refugees”, “clandestine migrants”, “illegal refugees”, or “vaccational refugees”, according to the geopolitical sub-culture of the Italian interior minister. Not a word is said for example about the Dublin Convention regulating the management of asylum seekers in Europe: today, one of the most ferocious policy tools used to paralyze people’s migration projects and a key political determinant of refugee and migrants’ ill health status across their lifetime in Europe. Indeed, also, a major political determinant of the xenophobic disease spreading among residents in the European continent. One epidemic trend that WHO Euro should definitely consider addressing for a next report....”

Plos Med (Editorial) - Human trafficking and labor exploitation: Toward identifying, implementing, and evaluating effective responses

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002740

“In an Editorial, Ligia Kiss & Cathy Zimmerman discuss the need for research on the prevention of human trafficking and mitigation of its effects.”

UN News - Human trafficking cases hit a 13-year record high, new UN report shows

“The latest Global Report On Trafficking In Persons, released on Tuesday ... shows a record-high number of cases detected during 2016, but also the largest recorded conviction rate of traffickers.”... “While in 2003 fewer than 20,000 cases had been recorded, the number of cases recorded in 2016 had jumped to over 25,000. ..Over the last decade, the capacity of national authorities to track and assess patterns and flows of human trafficking has improved in many parts of the world. In 2009, only 26 countries had an institution which systematically collected and disseminated data on trafficking cases, while by 2018, the number had risen to 65. “

“The study shows that in all the conflicts examined for the report, forcibly displaced populations (refugees and internally displaced families) have been specifically targeted: from settlements of Syrian and Iraqi refugees, to Afghans and Rohingya fleeing conflict and persecution.”

“While we are far from ending impunity, we have made headway in the 15 years since the Protocol against Trafficking in Persons entered into force,” said UNODC’s chief Mr. Fedotov, as he noted that “nearly every country now has legislation in place criminalizing human trafficking.” The international community needs to accelerate progress to build capacities and cooperation, to stop human trafficking in conflict situations and in all our societies where this terrible crime continues to operate in the shadows,” he stated in the report’s preface.”

O’Neill Institute - Health Equity Programs of Action (HEPA)


“... We offer a new approach to reducing [these] health inequities, an approach that would be comprehensive, aim to empower the people who experience these inequities, and that could help establish a sustained national focus on health equity. This approach is embodied in the concept of health equity programs of action (HEPA), which is what we propose here. These programs of action would be based on seven principles:...”

Cfr a tweet: “MDG era lesson: No health equity without deliberate plans. Missing: Systematic, systemic & inclusive plans to address vast health inequities. Found: Just such an approach: health equity programs of action, launched today”.

You also find here material on HEPA, with more in-depth descriptions and the complete implementation framework, as well as on the concept from which it emerged: national health equity strategies.

Lassa Fever vaccine ?

Guardian - First-ever safe, effective vaccine against Lassa fever

https://guardian.ng/features/health/first-ever-safe-effective-vaccine-against-lassa-fever/
“...scientists have developed the first-ever live ML29 vaccine that is safe and effective against Lassa fever in Nigeria and has advantages for containing outbreaks and large-scale epidemics of the virus. The breakthrough study was presented last week at the first-ever Lassa Fever International Conference to celebrate the 50th anniversary of the discovery of the first case of the virus in Lassa, Borno State, tagged: “Rising To The Challenge.” The Nigeria Centre for Disease Control (NCDC) Abuja organized the conference. ... ... The study is titled “Development of safe and effective Vaccine against Lassa Fever in Africa.””

“NCDC, Innovative Biotech, Medigen others plan human clinical trials in Nigeria, says licensed product will be available by 2022. *Company sets 24 months timeline to manufacture as promising immunisations for diseases in poor countries are going to waste. “

Hepatitis C interventions modelling

Cfr a press release on a new study in the Lancet:

“The Lancet: Major progress against hepatitis C by 2030 is possible, but will need vast improvements in screening, prevention and treatment”

“First global estimates to determine the impact of improved prevention, diagnosis and treatment, and examine how achievable the WHO elimination targets are.

A comprehensive package of prevention, screening, and treatment interventions could avert 15.1 million new hepatitis C infections and 1.5 million cirrhosis and liver cancer deaths globally by 2030 – equal to an 80% reduction in incidence and a 60% reduction in deaths compared with 2015, according to the first study to model hepatitis C interventions globally published in The Lancet.

The estimates suggest that the interventions modelled in the study would reach the elimination targets set by the World Health Organization (WHO) to reduce the number of new hepatitis C infections by 80%, but narrowly miss the target to reduce mortality by 65% – which would instead be reached by 2032....”

Check out also the related Lancet Comment - How feasible is the global elimination of HCV infection?

Ebola outbreak DRC – a new hotspot & still spreading

Some links from this week:

Reuters (25 Jan) - Ebola spreads to high-risk area of Congo: WHO

“Democratic Republic of Congo’s Ebola outbreak has spread southwards into an area with high security risks, the World Health Organization said.... Most of the cases since the start of the year have been in Katwa health zone, where the WHO said Ebola workers had faced “pockets of
community mistrust” and most people falling ill were not on lists of people suspected of coming into contact with Ebola. “The outbreak has also extended southwards to Kayina health zone, a high security risk area,” the WHO said in its statement late on Thursday. There have been five cases in Kayina, which lies between the main outbreak zone and the major city of Goma, which is close to the Rwandan border.” See also Cidrap.


“The current #Ebola outbreak in #DRCongo is also its largest - As of 29th January @MinSanteRDC confirms there were : — 689 confirmed cases; — 258 cured persons; — 461 deaths ....”

See also Cidrap News for an update. Or BMJ News - Congo’s Ebola epidemic is now its worst ever and still spreading (perhaps even to a third province (MoH DRC).

Meanwhile, South-Sudan has also started vaccinations of front line health staff.

And (Cidrap) - More than 70,000 people in the Democratic Republic of the Congo (DRC) have now been vaccinated with VSV-EBOV, Merck’s unlicensed Ebola vaccine, according to today’s update from DRC health officials. Plus there are cross-border concerns near Uganda.

Devex - DRC Ebola crisis serves as test for WHO health reform


Analysis from the EB meeting: “The World Health Organization was quick in its response to the Ebola outbreak in the Democratic Republic of the Congo, but still needs to work on staffing, security, and coordination, according to the latest evaluation of its health emergencies work — with strong criticism coming from some member states.....”

Global health security

IDS - Pandemic preparedness: who is being prepared for what, and by whom?


“...We have launched a new project funded by the Wellcome Trust: Pandemic Preparedness: local and global concepts and practices in tackling disease threats in Africa. .. The project aims to track the meanings and concepts of pandemic preparedness at global, regional and local levels, and the ways these interconnect – or fail to.”

“At this crucial juncture, there is an urgent need to reflect on differences between preparedness as a global health concept, and what we term ‘preparedness from below’ – the understandings and practices of communities through which they anticipate and manage disease and other adversity on
“Given that the Asia-Pacific region is a recognized hotspot for disease emergence and spread, every effort should be made to improve regional health security by strengthening and advancing adequate disease surveillance and response capacity. In general, efforts within and collaboration between the Western Pacific and South-East Asia regions have been exemplary, but many challenges remain. Potential solutions include new regional funding mechanisms to support infrastructure and capacity-building programmes, together with increased domestic investment in health systems and laboratory infrastructure, as well as ongoing monitoring and evaluation to identify and reduce vulnerability at the Subnational, National and Regional levels.”

BMJ Global Health Commentary - Assessing global preparedness for the next pandemic: development and application of an Epidemic Preparedness Index

B Oppenheim et al; https://gh.bmj.com/content/4/1/e001157

“Robust metrics for national-level preparedness are critical for assessing global resilience to epidemic and pandemic outbreaks. However, existing preparedness assessments focus primarily on public health systems or specific legislative frameworks, and do not measure other essential capacities that enable and support public health preparedness and response. We developed an Epidemic Preparedness Index (EPI) to assess national-level preparedness. The EPI is global, covering 188 countries. It consists of five subindices measuring each country’s economic resources, public health communications, infrastructure, public health systems and institutional capacity....”

Preparations for the UN High-Level Meeting on UHC: civil society consultation

UHC 2030 - Contribute to UN HLM Preparation


“The President of the United Nations General Assembly (PGA) will organise a multi-stakeholder hearing, before the end of July 2019, to allow non-state actors to formally contribute to the preparation of UN HLM. ... UHC2030 has been asked to support the preparatory process for the UN HLM, particularly regarding “sharing evidence and good practices, challenges and lessons learned”. Based on the experience with recent high-level events, UHC2030, as a multi-stakeholder platform for UHC, is expected to co-convene the multi-stakeholder hearing of UN HLM with...”
PGA. This will take place before the formal inter-governmental negotiations of the political declaration....”

Check out the (10 p.) Draft UHC2030 Asks for multi-stakeholder engagements

The aim is, among others, to develop a set of ‘asks’ to feed into the political declaration.

See also a PMAC event – “UHC2030 [is] holding a side event at the Prince Mahidol Award Conference, Bangkok, 30 January 2019 to discuss inputs into the High-level Meeting on UHC in September 2019

Lancet - Offline: India's health crisis: will democracy deliver?

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30192-8/fulltext

Horton reflects on the upcoming elections in India and notes health is not yet a key issue in the election debates. “...The battle for the votes of 850 million people is between the current Prime Minister, Narendra Modi, who leads the Bharatiya Janata Party (BJP), and Rahul Gandhi, who leads the India National Congress. ... Until recently, Modi was expected to win again in 2019. But his popularity seems to be waning, while political momentum is now behind Gandhi....”

“...Disappointingly, health does not yet seem to be an important factor in India's election. The best that Rahul Gandhi could do in Dubai was cite health care as a future industrial opportunity—“We have the most complex DNA structures on the planet”, he said (rather inexplicably). Meanwhile, Modi might point to his Ayushman Bharat health reforms, launched last year. ...”

Concluding: “...India faces a challenge: not to squander this opportunity to make the health of its most deprived people the country's supreme political priority....”

Slightly along the same lines, read:

Lancet World Report - Health agenda close to absent in Nigeria's election campaign
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30199-0/fulltext

“The so-called Giant of Africa is holding presidential elections shortly. Despite the many challenges the country faces, health is far down the candidates' policy priorities. Paul Adepoju reports.”

Time to fly in Rob Yates, I say, in both countries.
Leadership - Routine Immunisation: Nigeria To Receive $75m Incentive From Gates Foundation

"The federal government, represented jointly by the ministers of Budget and National Planning, Finance, and Health, yesterday, announced a new innovative financing agreement with the Bill & Melinda Gates Foundation. This, the ministers said was aimed at strengthening both routine immunisation (RI) and broader primary healthcare (PHC) services in the country. In a statement, the Ministry of Health said under the agreement, Nigeria will receive incentive financing of up to $75 million over five years from the Gates Foundation as the government meets existing commitments to increase domestic funding of its RI programme. According to the statement, the incentive financing will be directly invested in country’s Basic Healthcare Provision Fund (BHCPF), strengthening other PHC services for the poorest...."

Ayushman Bharat: 1.53 lakh health and wellness centres by 2022, only 6,000 so far


"Since the launch of the first health and wellness centre (HWC) in Chhattisgarh by PM Narendra Modi in April last year, 6,193 HWCs are functional in the country till January 23, and of these, more than 2,500 are in just Andhra Pradesh and Tamil Nadu. Progress on HWCs will be reviewed in the PMO on January 30, the third time that the programme will be reviewed ...

“A senior health ministry official said, “We are hopeful that by the end of this month, 9,000 will be completed. By the end of the financial year, we will meet the target of 15,000 HWCs. Even as we speak, the first batch of close to 4,000 mid-level workers will be graduating from IGNOU and that would help in manning some more centres. The target for next year is 25,000. We will have all 1,53,000 in place by December 2022.” ... ... However, if the progress in the first year is any indication though, 1,53,000 HWCs could take upward of 10 years.”

CGD – Will 2019 Be the Year of Making Primary Health Care Happen?


“...While the Astana declaration spotlighted the importance of PHC, its ambitious rhetoric is not yet backed by meaningful actions and clear accountability mechanisms. The High-Level Meeting on UHC planned for September 2019 presents the perfect moment for governments and global health funders to move beyond buzzworthy yet hollow declarations and instead make concrete financial and strategic commitments. Thoughtful and systematic consideration of the policy and implementation pitfalls that often go overlooked will be critical. “Below, we highlight four policy ideas for making PHC a reality
on the path to UHC, drawing on a recent event CGD convened in partnership with John Snow, Inc. (JSI) and the Primary Health Care Performance Initiative (PHCPI).

1. Rationalize spending to drive efficiency and appropriate resource allocation within countries
2. Incentivize donors to invest in PHC in a way that mutually reinforces shared priorities
3. Identify missing links and foster connections across sectors and healthcare system levels
4. Data and measurement should lead the way towards accountability”

World Leprosy day (27 January)

Devex - Leprosy community asks if their magic bullet really is magic

“Leprosy post-exposure prophylaxis is the first major innovation in treatment since multidrug therapy — which stops the transmission and prevents further disabilities — was introduced in the 1980s. But organizations fighting the neglected tropical disease disagree on whether it’s really the magic bullet it’s been touted to be. LPEP, as the innovation is otherwise known, was launched by the Novartis Foundation in 2014 and is a drug therapy consisting of a single dose of the antibiotic rifampicin. If administered to those who come into close contact with a person with leprosy — regardless of whether or not they present with leprosy symptoms: nerve damage, numbness, and loss of vision — it is 50-60 percent effective in preventing the development of the disease over the next 2 years. Some academics, including Diana Lockwood, the U.K.’s chief leprologist and trustee of Lepra, believe it’s not an effective method, does not protect against leprosy, and presents serious ethical problems....”

“...LPEP is included in the World Health Organization’s guidelines for the diagnosis, treatment and prevention of leprosy and has so far been rolled out in eight countries....”

“... While the process of LPEP delivery may “out” a person with leprosy, Dr. Bart Vander Plaetse, deputy director of FairMed, said there’s no better solution currently out there: “[LPEP] is not the golden bullet in leprosy control, but it’s a bullet and in the absence of any other new additional tools in our toolbox, it’s something that most practitioners in the field — not practitioners in the laboratory — are eager to start implementing.”...”

And then, probably thinking of me (i.e. my way of ‘causal thinking’😊 ), ““...The fact that it’s on the Novartis Foundation’s agenda makes many people suspicious because Novartis Foundation sounds very much like Novartis and Novartis sounds very much like big pharma, and the assumption is that nothing can be true from that side,” said Vander Plaetse, who previously worked for Novartis Foundation and believes that assumption is wrong....”
Lancet Comment - Picturing health: a new face for leprosy

A Kumar et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30158-8/fulltext

“It is true that leprosy impairs and society disables. Leprosy is a neglected tropical disease and one of the most stigmatising of diseases. Images of severely disabled patients with leprosy have helped to raise awareness, attract attention, and drive donations. But these pictures are not representative of the disease. Leprosy patients deserve a better image—leprosy needs a new face. Many people with leprosy will not develop severe disease if they access treatment early. Leprosy infection is curable with 6 or 12 month courses of two or three antibiotics depending on the type of leprosy that they develop, provided free to national leprosy programmes by WHO through the Novartis Foundation. . . .

See also a Lancet Editorial this week - Abandoning the stigma of leprosy

“...To coincide with World Leprosy Day on Jan 27, we publish images from the New Face of Leprosy Project. . . .” Based in Addis Ababa, Ethiopia (with plans to expand to other countries), the project has captured images and personal journeys of those living with leprosy. . . . The positive images portrayed in the New Face of Leprosy Project offer powerful human stories for overcoming stigma. . . .”

2020 – Year of the nurse?

It appears rather likely that 2020 will be the ‘year of the nurse’. Cfr a few tweets coming from the WHO’s EB meeting:

“It was a huge honour this afternoon to deliver this statement to the WHO Exec Board on behalf of @ICNurses and in support of 2020 being a year to celebrate Florence Nightingale, Nurses, Nursing and Midwifery - @DrTedros said it could be a game changer in delivering #UHC & #PHC.”

“Great news! #EB144 has agreed to designate 2020 - the 200th anniversary of the birth of Florence Nightingale - as Year of the Nurse and Midwife. Nurses & midwives play such a vital role in delivering #HealthForAll.”

“Fantastic news that @WHO supports designating 2020 as ‘Year of the Nurse’. Nurses are key to health teams across the world and this would be fitting.”

Let’s hope that all the other years of this century will not be the ‘year of the doctors’, then.
Global burden of postoperative death

Lancet (Correspondence) – Global burden of postoperative death

D Nepogodiev et al (on behalf of the National Institute for Health Research Unit on Global Surgery)

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33139-8/fulltext

“The Lancet Commission on Global Surgery identified that 313 million surgical procedures are performed worldwide each year. Little is known about the quality of surgery globally because robust reports of postoperative death rates are available for only 29 countries. The rate of postoperative deaths is a measure of the success of surgical care systems, and improving this metric is a global priority. We aimed to estimate, on the basis of surgical volume, case mix, and postoperative death rates adjusted for country-income level, how many people around the world die within 30 days of surgery. ...”

“... Our analysis suggests that at least 4·2 million people worldwide die within 30 days of surgery each year, and half of these deaths occur in LMICs. This number of postoperative deaths accounts for 7·7% of all deaths globally, making it the third greatest contributor to deaths, after ischaemic heart disease and stroke (figure). More people die within 30 days of surgery annually than from all causes related to HIV, malaria, and tuberculosis combined (2·97 million deaths). We project that an expansion of surgical services to address unmet need would increase total global deaths to 6·1 million annually, of which 1·9 million deaths would be in LMICs....”

“...Although there is a pressing need to expand surgical services to populations that are underserved, this expansion must be done in tandem with initiatives to reduce postoperative deaths....”

Some key papers of the week

Global Policy (Special Issue) – Knowledge and Politics in Setting and Measuring SDGs


“The papers in this special issue investigate the politics that shaped the SDGs, the setting of the goals, the selection of the measurement methods. The SDGs ushered in a new era of ‘governance by indicators’ in global development. Goal setting and the use of numeric performance indicators have now become the method for negotiating a consensus vision of development and priority objectives. The choice of indicators is seemingly a technical issue, but measurement methods interprets and reinterprets norms, carry value judgements, theoretical assumptions, and implicit political agendas. As social scientists have long pointed out, reliance on indicators can distort social norms, frame hegemonic discourses, and reinforce power hierarchies. The case studies in this collection show the open multi-stakeholder negotiations helped craft a more transformative and ambitious goals. But across many goals, there was slippage in ambition when targets and indicators were selected. The papers also highlight how the increasing role of big data and other non-traditional sources of data is altering data production, dissemination and use, and
fundamentally altering the epistemology of information and knowledge. This raises questions about ‘data for whom and for what’ – fundamental issues concerning the power of data to shape knowledge, the democratic governance of SDG indicators and of knowledge for development overall.”

Make sure you check out at least:

- The introduction - Knowledge and Politics in Setting and Measuring the SDGs: Introduction to Special Issue (by S Fukuda-Parr et al)
- Power, Politics and Knowledge Claims: Sexual and Reproductive Health and Rights in the SDG Era (by Alicia E Yamin)
- Keeping Out Extreme Inequality from the SDG Agenda – The Politics of Indicators
- The IHME in the Shifting Landscape of Global Health Metrics

RingS - Key Considerations for Accountability and Gender in Health Systems in Low- and Middle-Income Countries

https://ringsgenderresearch.org/resources/accountability-gender-health-systems/

“This article poses questions, challenges, and dilemmas for health system researchers striving to better understand how gender shapes accountability mechanisms, by critically examining the relationship between accountability and gender in health systems. It raises three key considerations, namely that: (1) power and inequities are centre stage: power relations are critical to both gender and accountability, and accountability mechanisms can transform health systems to be more gender-equitable; (2) intersectionality analyses are necessary: gender is only one dimension of marginalisation and intersects with other social stratifiers to create different experiences of vulnerability; we need to take account of how these stratifiers collectively shape accountability; and (3) empowerment processes that address gender inequities are a prerequisite for bringing about accountability. We suggest that holistic approaches to understanding health systems inequities and accountability mechanisms are needed to transform gendered power inequities, impact on the gendered dimensions of ill health, and enhance health system functioning.”

See Linda Waldman et al in IDS Bulletin - Key Considerations for Accountability and Gender in Health Systems in Low- and Middle-Income Countries*

BMZ - A systems perspective on Universal Social Protection - Towards life-long equitable access to comprehensive social protection for all

M Ulrichs et al;
http://health.bmz.de/ghpc/discussion_papers/Universal_Social_Protection/index.html

Discussion paper.

“...Jointly initiated by the World Bank and the International Labour Organization (ILO), the Global Partnership for Universal Social Protection (USP2030) was launched in September 2016 together with other development agencies and NGOs, the African Union, the European Union and individual countries including Germany....”
Some of the key points: “Is the USP2030 goal (SDG 1.3) realistic? How to provide USP in Lower- and Middle-Income Countries (LMICs) including to people in the informal sector? What is the role of targeting in USP? What problems can hamper the development of USP? Has the focus on the official shared goal of USP2030 improved coordination among development partners?”

HP&P - Reconceptualizing the role of emergency care in the context of global healthcare delivery


« Since the adoption of the SDGs in 2015, innovation in global healthcare delivery has been recognized as a vital avenue for strengthening health systems and overcoming present implementation bottlenecks. In the recent rapid development of the science of global health-care delivery, emergency care—a critical element of the health system—has been widely overlooked. Emergency care plays a vital role in the health system through providing immediately responsive care and serving as one of the main entry points for those with symptomatic disease. We present a new perspective on emergency care’s role in the health system within the context of global health-care delivery, and argue that, if properly integrated, emergency care has the potential to add significant value across the healthcare continuum....”

BMJ Global Health (supplement) - - Complex health interventions in complex systems: improving the process and methods for evidence-informed health decisions

https://gh.bmj.com/content/4/Suppl_1

Start with the Editorial by S Norris et al.

“...In order to address the challenges and realities of public health and health system interventions and to better meet the needs of decision-makers, in 2016 WHO initiated a project to strengthen its processes and methods for developing guidelines on complex health interventions and interventions delivered in complex systems. The work led to this series of papers which contribute to the broader conceptualisation of complexity and the implications for evidence synthesis and guideline development, whether at the global, national or health systems level....”

You also find a nice figure here on how the 8 papers relate to each other.

Then go for the analysis & research papers.

BMJ Collection - Solutions for non-communicable disease prevention and control

https://www.bmj.com/NCD-solutions
“Non-communicable diseases (NCDs) constitute a major global health challenge. This collection examines the major obstacles to preventing and controlling these diseases and suggests scalable solutions.”

Already with 6 articles and more to come!

**BMJ Editorial – Preventing and managing chronic diseases**

R Nugent: [https://www.bmj.com/content/364/bmj.l459](https://www.bmj.com/content/364/bmj.l459)

“Would reduce the cost of healthcare and spur economic growth.”

“This is why non-communicable diseases (NCDs) are the second theme of The BMJ’s series on health, wealth, and profits.”

“…Options exist for reducing impoverishment and medically related financial stress, and the most attractive is universal health coverage financed by public sources. “Essential” universal health coverage offers an affordable and cost effective path for low income and lower middle income countries to follow in expanding prevention and care for NCDs…”

**Plos blog - Introducing the Economic Cases for NCD Prevention and Control Collection**

The International NCD Economics Research Network;

“… Aiming to expand the evidence base on the economic burden of NCDs and the importance of NCD prevention and control programs globally, the International NCD Economics Research Network has launched a PLOS Special Collection titled “Economic Cases for NCD Prevention and Control: A Global Perspective”. The Special collection currently features nine articles published in PLOS ONE on economic evaluations of interventions, investment cases for NCD interventions, evaluation of NCD risk reduction policies, socioeconomic distribution of risk behaviors, and the economic impacts of NCDs on households, health systems, and nations….”

**BMJ Global Health (Analysis) - Health systems changes after decentralisation: progress, challenges and dynamics in Pakistan**

S A Zaidi et al ; [https://gh.bmj.com/content/4/1/e001013](https://gh.bmj.com/content/4/1/e001013)

“Decentralisation is widely practised but its scrutiny tends to focus on structural and authority changes or outcomes. Politics and process of devolution implementation needs to be better understood to evaluate how national governments use the enhanced decision space for bringing improvements in the health system and the underlying challenges faced. We use the example of Pakistan’s radical, politically driven provincial devolution to analyse how national structures use decentralisation opportunities for improved health planning, spending and carrying out transformations to the health system….”
AJPH – Faith and Global Health Practice in Ebola and HIV Emergencies

“We examined the relationship between religion and health by highlighting the influences of religion on the response to the 2014 to 2016 Ebola outbreak and the global HIV epidemic. We recounted the influences of religion on burial practices developed as an infection control measure during the Ebola outbreak in West Africa. We also explored the influence of religion on community outreach and health education. We examined faith-based responses to the global HIV/AIDS pandemic, noting that religion conflicted with public health responses to HIV (e.g., justification for HIV-related stigma) or aligned with public health as a force for improved HIV responses (e.g., providing HIV services or providing social capital and cohesion to support advocacy efforts). We further discussed the similarities and differences between the influence of religion during the HIV/AIDS pandemic and the 2014 to 2016 Ebola outbreak.”

Lancet Psychiatry - A partnership for transforming mental health globally
D Vigo et al; https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30434-6/fulltext

“The large and increasing burden of mental and substance use disorders, its association with social disadvantage and decreased economic output, and the substantial treatment gaps across country-income levels, are propelling mental health into the global spotlight. The inclusion of targets related to mental health and wellbeing in the UN’s Sustainable Development Goals, as well as several national and global initiatives that formed during the past 5 years, signal an increasing momentum toward providing appropriate financing for global mental health. Drawing on the organisational and financial architecture of two successful global health scale-up efforts (the fight against HIV/AIDS and the improvement of maternal and child health) and the organisational models that have emerged to finance these and other global health initiatives, we propose a multi-sectoral and multi-organisational Partnership for Global Mental Health to serve two main functions. First is the mobilisation of funds, including raising, pooling, disbursing, and allocating. Second is stewardship, including supporting countries to use funds effectively, evaluate results, and hold stakeholders accountable. Such a partnership would necessarily involve stakeholders from the mental health field, civil society, donors, development agencies, and country-level stakeholders, organised into hubs responsible for financing, scale-up, and accountability.”

Global Policy (briefing) - What you get for your dollar - "Effective Altruism"-What it is, how philanthropic foundations use it and what are its risks and side-effects
K Seitz; Global Policy;

“A new approach, labeled “Effective Altruism” (EA) has gained traction in the debate on the impact of development aid. Unlike Aid Effectiveness, which involves donor and recipient governments, the new approach involves philanthropic institutions and their chosen (non-)governmental recipients and explores ways in which funding can be used most efficiently to have the greatest impact. Its proponents claim that their funding decisions are based on evidence-based results. However, such decisions are primarily grounded in cost-benefit considerations, neglecting social and cultural considerations and looking at problems in isolation from the wider context. From a human rights perspective, several concerns arise concerning the underlying assumptions, the methodology and the consequences of the practical application of EA. A new briefing paper, published by Global Policy
Forum, Brot für die Welt and MISEREOR provides an overview of the approach underlying EA, how and by whom it is applied and its problems and consequences. It concludes that policy makers, rather than be guided by its assumptions and conclusions, must instead concentrate on understanding the confounding structural causes of interdependent global challenges and aim at their long-term solution, within an overarching human rights framework."

Some key blogs & mainstream articles of the week

PHM - Modicare: High on rhetoric, low on evidence
https://phmovement.org/modicare-high-on-rhetoric-low-on-evidence/#

4 PHM people take down Richard Horton’s Offline from a while ago, on Modi Government’s Ayushman Bharat.

Guardian – Bill Gates says poverty is decreasing. He couldn’t be more wrong

A bit one-sided perhaps, but not more so than his (intellectual) opponent’s. And thus well worth a read.

“An infographic endorsed by the Davos set presents the story of coerced global proletarianisation as a neoliberal triumph”.

NYT - If a Government Can’t Deliver Safe Vaccines for Children, Is It Fit to Rule?
Yanzhong Huang (CFR); NYT;

Interesting read. On the link between the Chinese government’s performance legitimacy and vaccine scandals. For political scientists 🤓. Huang also provides a way forward for the Chinese government. Admittedly, a rather unlikely one in the current circumstances.

Social Europe - From the ‘yellow vests’ to the social-ecological state
E. Laurent; https://www.socialeurope.eu/the-social-ecological-state

“The concept of the social-ecological state can inspire a new social policy to tackle the twin crises of inequality and environment.” I hope it also inspires the global/planetary health community.

“The revolt of the gilets jaunes is the first social-ecological crisis of contemporary France and one of the first in Europe. It was triggered by the major issue—too long eluded in the country of pristine republican equality—of fossil fuels trapping millions of workers daily. Many others crises will follow
or are already here, some blazing, others nagging. All ecological challenges are social issues and the environment is the new frontier of inequality."

“In the face of these social-ecological crises, the same question arises: are we ready? Obviously not. What can we do about it? Everything. … More precisely, we can be doing as we have been doing in Europe for over a century with resounding success—building collective institutions able to mutualise risk to reduce injustice. We can build a social-ecological state calibrated for the 21st century, where the crisis of inequality and the ecological crisis are intertwined and mutually reinforcing.”

WB (blog) – The World Bank’s role in SDG monitoring

“In 2015, leaders of 193 countries formed an ambitious plan to guide global development action for the next 15 years by agreeing on a set of Sustainable Development Goals (SDGs). Four years after their launch, the World Bank’s expertise in development data and its large repository of development indicators has played an important role in helping track progress made towards the achievement of the SDGs. How does SDG monitoring work and how is the World Bank involved?”

Global health events

Coming up next week:

Launch of The Lancet’s theme issue on women in science, medicine, and global health (London, 8 Feb)
https://www.thelancet.com/lancet-women/launch

“On Feb 8, 2019, The Lancet will publish a theme issue that explores institutional and systemic barriers to women’s experience and advancement in science, medicine, and global health. Collectively the theme issue lays out robust evidence of bias within systems of science, medicine, and global health, and the need for an action plan and accountability from institutional leaders to confront gender bias, improve diversity and inclusivity, and drive change. The importance of intersectionality, learning from the Global South, and the under-recognition of women’s experience of harassment and abuse are key themes.”

Will be livestreamed.

Decolonizing Global Health: A Student conference at the Harvard T. H. Chan School of Public Health (8 Feb)
Decolonizing Global Health

Livestreaming will be available. For further info, check here.
Global governance of health

KFF Factsheet - The U.S. Government and Global Health


Includes a nice graph.

FT - OECD pushes ideas for global corporate tax overhaul

https://www.ft.com/content/0d9624ea-23a8-11e9-8ce6-5db4543da632

Related to “BEPS 2.0” and the OECD meeting in Paris (23 January).

“The OECD has said there is growing consensus behind a US proposal for an overhaul of global corporate tax rules, as countries try to strike a deal on how to levy multinational companies in the digital era. Under the plans, companies would pay taxes based on where they make their sales — a significant change from today, when tax on companies largely depends on where their employees, offices and other assets are located. The club of richer nations is spearheading efforts to rethink international agreements underpinning corporate tax as part of a crackdown on how multinationals move profits between jurisdictions. Countries in the EU led by France have sought action against mainly US-based tech companies, arguing that they do not pay their fair share of tax in countries where they sell digital services. The OECD yesterday presented four different proposals to rewrite corporate tax rules to take account of the growing digital economy. Of the four, a plan led by the US was “forceful” and would radically alter how countries share the right …”

“It needs to be refined but the philosophy of the US tax proposal is pretty strong. They have the US, Brazil, China, India and other emerging economies lined up,” Mr Saint-Amans said. The new regime, which would limit the opportunities for companies to shift profits from high- to lowtax jurisdictions, would apply to all multinational groups, not just the digital companies the action initially targeted. The change would shift multinational tax revenues out of tax havens and away from some exporting nations and towards countries with large numbers of consumers;..”

See also the Times - https://www.ft.com/content/0d9624ea-23a8-11e9-8ce6-5db4543da632

“Plans have been launched to tear up the global tax rulebook in an effort to end years of avoidance by technology giants and other multinationals. In what promises to be the most fundamental reform of global tax in generations, the Organisation for Economic Co-operation and Development yesterday said that its members had agreed to “address the tax challenges of the digitalisation of the economy”. The rich nation think tank has worked with its 36 members since 2011 to stop big business abusing the rules but until now there has been no attempt to tackle the biggest problem of all — the need to redesign the tax system for the digital age. The OECD will review what some call the ten commandments of tax law. …”
See also OECD - International community makes important progress on the tax challenges of digitalisation

“The international community has made important progress toward addressing the tax challenges arising from digitalisation of the economy and has agreed to continue working multilaterally towards achievement of a new consensus-based long-term solution in 2020, the OECD announced [today].
Countries and jurisdictions participating in the OECD/G20 Inclusive Framework on Base Erosion and Profit Shifting (BEPS) will step up efforts toward reaching a global solution to the growing debate over how to best tax multinational enterprises in a rapidly digitalising economy....”

Poor countries must stop contracting global consultancy firms - IMF boss

https://www.pulselive.co.ke/bi/strategy/poor-countries-must-stop-contracting-global-consultancy-firms-imf-boss/30z66tl

“The IMF boss has said that poor countries must not contract global consultancy firms to write development strategies. Christine Lagarde argued that the countries did not have enough to contract such firms. She was speaking at an event on funding of sustainable development goals at the World Economic Forum (WEF) in Davos, Switzerland.”

For some odd reason, she refrained from saying the same about global health organizations.

IISD - Independent Report Assesses SDG National Reporting at 2018 HLPF


“A coalition of stakeholders led by the Canadian Council for International Co-operation has issued an independent assessment of the 46 VNR reports and of a sample of civil society reports that were submitted to the HLPF in 2018. The report assesses the 2018 VNR reports on components that are needed to make progress on the 2030 Agenda and its SDGs, namely governance and institutional mechanisms, policies, and means of implementation. The report also reviews VNRs against the UN Secretary-General’s voluntary common reporting guidelines and assesses how VNR reporting is evolving over time through a comparative analysis of the review reports in 2016, 2017 and 2018.”
The Hill - Bloomberg on 'Medicare for all': 'You could never afford that'

https://thehill.com/policy/healthcare/427510-bloomberg-on-medicare-for-all-you-could-never-afford-that

“Former New York City Mayor Michael Bloomberg dismissed calls for a "Medicare for all" health care system on Tuesday, saying that such a plan would bankrupt the country.”

Wonder what his buddy dr. Tedros thinks of that stance.

UHC 2030 - Health systems assessments: turning results into action


“The second face-to-face meeting of the UHC2030 Health Systems Assessment Technical Working Group took place on 6-7 December 2018.” A short report.

Plos One – Using supervised learning to select audit targets in performance-based financing in health: An example from Zambia

D Grover et al; https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0211262

“Independent verification is a critical component of performance-based financing (PBF) in health care, in which facilities are offered incentives to increase the volume of specific services but the same incentives may lead them to over-report. We examine alternative strategies for targeted sampling of health clinics for independent verification. Specifically, we empirically compare several methods of random sampling and predictive modeling on data from a Zambian PBF pilot that contains reported and verified performance for quantity indicators of 140 clinics. Our results indicate that machine learning methods, particularly Random Forest, outperform other approaches and can increase the cost-effectiveness of verification activities.”

Or see a tweet from one of the authors: “Our new paper suggests large scope for improving auditing in #PBF in developing countries.”
And a tweet related to the upcoming **AHAIC 2019 conference** (Africa Health Agenda International Conference (AHAIC), 5-7 March, Kigali):

“Curious how countries can maximize health investments to achieve #UHC? Join us at #AHAIC2019 on 7 March at the **official launch of the Strategic Purchasing Africa Resource Center (SPARC)** to learn more. RSVP at [https://docs.google.com/forms/d/1WBesEwGxV0gdZxEVxPOQeoe9tY0rnl5-CHHKGOI1-s/viewform?edit_requested=true](https://docs.google.com/forms/d/1WBesEwGxV0gdZxEVxPOQeoe9tY0rnl5-CHHKGOI1-s/viewform?edit_requested=true)"

For more on SPARC, see [here](https://news.un.org/en/story/2019/01/1031322). “...To build and channel existing expertise in sub-Saharan Africa, **Results for Development is partnering with AMREF**, a Nairobi, Kenya-based organization, to **establish a Strategic Purchasing Africa Resource Center (SPARC)**. SPARC will match this expertise to country demand by brokering tailored packages of strategic purchasing support. SPARC will also provide capacity-building and support for its network of experts and foster peer learning....” *(with support from BMGF).*

**Planetary health**

**Climate change recognized as ‘threat multiplier’, UN Security Council debates its impact on peace**


“As climate change is increasingly recognized as a “threat multiplier” by scientists, political representatives, and civil society across the world, the **United Nations Security Council held an open debate on Friday to discuss its concrete impact on peace and security**, and focus on tangible ways to diminish the effects of global warming.”

**FT - Central bankers plan for disruption caused by climate change**

[https://www.ft.com/content/31a335e0-133f-11e9-a168-d45595ad076d](https://www.ft.com/content/31a335e0-133f-11e9-a168-d45595ad076d)

“More freak weather and rising temperatures threaten more economic shocks.”

... Central banks are under increasing pressure to explain how far they could — or should — use their powers to aid the fight against climate change. There has been very little discussion, however, of how climate change will complicate central banks’ core job: keeping the economy on an even keel. The reason is simple: monetary policymakers typically have a mandate to bring inflation to target on a horizon of two to three years. The belief till now has been that developed economies will feel real effects from climate change only much further in the future — hence the call in 2016 by Mark Carney, Bank of England governor, for central banks to pre-empt what he called a “tragedy of the horizon”. That belief is now starting to change. “I would argue that the horizon at which climate change impacts the economy has shortened,” Benoît Cœuré, a member of European Central Bank’s
governing council, told a conference last November. Whether or not governments take action, he warned, “climate change is likely to affect monetary policy one way or the other”....

Some quick links:

Guardian - Investors urge KFC, McDonald's and Burger King to cut emissions

“McDonald’s, KFC and Burger King have been urged to reduce greenhouse gas emissions in their supply chains by a coalition of global investors, with the animal agriculture industry criticised for being one of the world’s highest-emitting sectors without a low-carbon plan. Increasing concern that the industry is neglecting climate change and has failed to set emissions targets – unlike other sectors – prompted more than 80 investors representing $6.5tn (£4.94tn) to challenge fast food chain owners to put robust targets in place for their meat and dairy suppliers, in what could prove a landmark demand. In a letter jointly organised by the Farm Animal Investment Risk & Return (Fairr) Initiative and sustainability organisation Ceres, the fast food companies – which account for more than 120,000 restaurants worldwide – were censured for expanding without sufficiently mitigating their environmental impacts....”

Nature Human Behaviour (study) - Air pollution lowers Chinese urbanites’ expressed happiness on social media

“High levels of air pollution in China may contribute to the urban population’s reported low level of happiness. To test this claim, we have constructed a daily city-level expressed happiness metric based on the sentiment in the contents of 210 million geotagged tweets on the Chinese largest microblog platform Sina Weibo and studied its dynamics relative to daily local air quality index and PM2.5 concentration. ... ... People suffer more on weekends, holidays and days with extreme weather conditions. The expressed happiness of women and the residents of both the cleanest and dirtiest cities are more sensitive to air pollution. Social media data provides real-time feedback for China’s government about rising quality of life concerns.”

Infectious diseases & NTDs

BMJ Global Health (Analysis) – Tuberculosis: treatment failure, or failure to treat? Lessons from India and South Africa

N Padayatchi, M Pai et al; https://gh.bmj.com/content/4/1/e001097

“Tuberculosis (TB) remains an enormous public health concern globally. India and South Africa rank among the top 10 high TB burden countries with the highest absolute burden of TB, and the second highest rate of TB incidence, respectively. Although the primary drivers of TB transmission vary considerably between these two countries, they do indeed share common themes. In 2017, only 64%
of the global estimated incident cases of TB were reported, the remaining 36% of ‘missing’ cases were either undiagnosed, untreated or unreported. These ‘missing TB cases’ have generated much hype for the challenges they present in achieving the End TB Strategy. Although India and South Africa have indeed made significant strides in TB control, analysis of the patient cascade of care clearly suggests that these ‘missed’ patients are not really missing—most are actively engaging the health system—the system, however, is failing to appropriately manage them. In short, quality of TB care is suboptimal and must urgently be addressed, merely focusing on coverage of TB services is no longer sufficient. While the world awaits revolutionary vaccines, drugs and diagnostics, programmatic data indicate that much can be done to accelerate the decline of TB. In this perspective, we compare and contrast these two national epidemics, and explore barriers, with a particular focus on the role of health systems in finding the missing millions.”

UNITAID – Unitaid launches initiative to avert deaths from advanced HIV


“Unitaid is investing US$ 20 million in measures to avert hundreds of thousands of preventable deaths among people with advanced HIV. The initiative seeks to forge a more effective global response to diagnosing and treating people whose immune systems are so weakened by HIV that they are at risk of infection by other life-threatening diseases. The grant, to be implemented by Clinton Health Access Initiative (CHAI), will help make new, WHO-recommended medicines and testing tools affordable and available in lower-income countries….”

Reuters - Undeterred by Sanofi's stumble, Takeda takes similar path with dengue shot

https://www.reuters.com/article/us-takeda-vaccine-dengue-idUSKCN1PO0F7

“A new vaccine for the dengue virus is taking a potentially risky road to prevent the mosquito-borne disease that infects nearly 400 million people each year. Takeda Pharmaceutical Co Ltd plans to seek approval for the experimental vaccine first in countries where the virus is endemic, rather than starting with the United States or Europe, whose rigorous reviews are often used as a benchmark worldwide, company executives told Reuters. The strategy mirrors one used by Sanofi SA, which licensed the world’s first dengue vaccine, Dengvaxia, in endemic markets in 2015 before attempting to get approval from Western regulators, and forecast up to $1 billion in annual sales. But the drugmaker failed to hit that target. In late 2017, Sanofi disclosed that Dengvaxia could increase the risk of severe dengue in children who had never been exposed to the virus, triggering a government investigation in the Philippines where 800,000 school-age children had already been vaccinated. Fallout from Sanofi’s vaccine has raised the bar for demonstrating the safety of future dengue vaccines....”

See also Reuters - Takeda dengue vaccine meets main goal of trial; detailed results to come
“Takeda Pharmaceutical Co said on Tuesday that its experimental dengue vaccine appears to be safe and effective at preventing all four types of the mosquito-borne disease, meeting the main goal of the Japanese drugmaker’s late-stage clinical trial.”

Scidev - Up to 43 per cent of malaria costs due to fake drugs

Scidev.net

“Fake and poor-quality antimalarials account for up to 43 per cent of annual economic cost of malaria in children under five years in Sub-Saharan Africa, two simulation studies suggest....”

Based on a study in American Journal of Tropical Medicine and Hygiene (by S Ozawa), among others.

“Fake antimalarials contribute to 116,000 additional deaths a year in Sub-Saharan Africa; They could lead to 43 per cent of malaria costs in children under five years; Private health facilities are more likely to have fake antimalarials, says an expert.”

Economist - A newly revived vaccine may deal a death blow to typhoid fever


“It languished for 20 years for lack of development money.”

“...The origins of this vaccine, which labours under the moniker of Typbar-tcv, can be traced back to work done 20 years ago by researchers at America’s National Institutes of Health. It was only ever licensed to Bharat Biotech, based in Hyderabad, India, for local use. Nobody else thought it worthwhile developing. Now the Gates Foundation has plucked Typbar-tcv from obscurity and pushed it through the research and testing necessary for it to be used everywhere.”

“... The Gates Foundation has just sent a supply of 200,000 doses of Typbar-tcv to Pakistan, to try and fight the outbreak of xdr typhoid there. ... ... The new vaccine has also been warmly welcomed by gavi, an international health organisation formerly known as the Global Alliance for Vaccines and Immunisation, which has promised to spend $85m on Typbar-tcv this year and next. gavi was supposed to start vaccinations in Zimbabwe this week. The doses are already in the country. However, according to Seth Berkley, gavi’s boss, strikes, protests and a deteriorating security situation have meant that the beginning of the campaign has been postponed until February 23rd. Other places where the vaccine could be deployed include Bangladesh, Ghana, India, Nepal, Nigeria and Uganda....”
Draft recommendations of the Ad hoc Interagency Coordination Group on Antimicrobial Resistance


“...The IACG has analysed critical issues in the response to antimicrobial resistance with the aim of informing its report and recommendations. In 2018, it developed discussion papers for public consultation in six thematic areas: 1) public awareness, behaviour change, and communication; 2) National Action Plans on Antimicrobial Resistance; 3) optimizing use of antimicrobials; 4) innovation, research, development, and access; 5) surveillance and monitoring and 6) global governance and alignment with the Sustainable Development Goals (SDGs). To guide its activities, the IACG developed a workplan and an IACG Framework for Action on Antimicrobial Resistance that describes key content areas and relevant levers to address them, building on the political declaration, the Global Action Plan and the SDGs.

Feedback obtained from a public consultation process between June and August 2018 and other stakeholder engagement activities including consultation with Member States have informed the development of the draft IACG recommendations in this document. The IACG report and recommendations will be submitted to the UN Secretary-General by April 2019. ...

Public discussion now open for the #IACG on #AMR recommendations prior to finalisation. Deadline Feb 19, 2019.

ReAct- Three political actions needed on antimicrobial resistance in 2019


“...Three years after the Political Declaration on Antimicrobial Resistance was adopted by all Member States in 2016, we are now at a critical point in time to shape the world’s response to the issue. For 2019, political action must be stepped up. We urge countries to take up the work on Antimicrobial Resistance (AMR) as a top priority, and would like to see the following happen: 1. Concrete international action should be taken by championing countries; 2. A concrete vision on the governance of AMR should be formed; 3. Leadership should be taken on financing sustainable actions on AMR....”

In related news, see also Towards post-antibiotic era: a health disaster politicians must help cure

“In the midst of growing antimicrobial resistance, the world needs a champion to help combat a potential global health catastrophe. It’s a task that Japan might be up for, Tsung-Ling Lee writes.” (via Policy Forum)
UK leadership on AMR

FT - UK shows leadership on anti-microbial resistance

"...The potentially most transformative element is a new pricing model pilot that changes the way the U.K. National Health Service purchases antibiotics. It will pay drug developers upfront, based on how valuable the medicines are to the health service rather than on the quantity of the drugs sold. The de-linking of price from volume is intended to make it affordable for pharmaceutical companies to develop new antibiotics. This reflects a more sophisticated understanding of the real value of a medicine -- one that is based on its importance for public health rather than its price. The U.K. represents only three percent of the world’s drugs market, so it will not have much of an impact on its own. But it is seen as a leader in AMR so other countries will be looking to see how the new pricing model works...."

Guardian - Bacteria and viruses are fighting back, but will big pharma save us?

Sarah Boseley: Bacteria and viruses are fighting back, but will big pharma save us?

“Experts warn of an apocalypse but new drugs won’t be developed unless they can turn a profit.” Analysis by Sarah Boseley of the (background of the) plan launched by the UK health secretary, Matt Hancock, at Davos to incentivise big pharma to get stuck in and find more antibiotics.

“...At Davos, Hancock spoke of incentives to get the companies back in the game. That means the certainty of reward. In 2016, O’Neill recognised this, proposing a $1bn global prize fund for any company that developed a brand-new, needed class of antibiotic. ... ... Drug companies want blockbusters – usually defined as sales of $1bn. So the O’Neill plan would give them the money up front. Hancock is not going that far, talking of discussions between NHS England and the National Institute of Health and Care Excellence, which determines cost-effectiveness, to “explore how a new payment model could mean pharmaceutical companies are paid for drugs based on how valuable the medicines are to the NHS – rather than just the sheer quantity of antibiotics sold”....“

Some quick links:

- Guardian – Genes linked to antibiotic-resistant superbugs found in Arctic

You might also want to read the related view by Roger Bate - Superbugs exacerbated by political correctness

“The Wall Street Journal reports today on evidence that a superbug, originally found in India, has been unearthed in an uninhabited part of Norway. What shocked the researchers was the speed with which this highly resistant bacteria travelled the thousands of miles to a place where no humans live and no antibiotics have been used. After all, antibiotic resistance leads to nearly three quarters of a million deaths per year and that amount is accelerating. While examples like this should be wake up
calls for action, this particular one will once again devolve into rancor about the name. The superbug in question, NDM-1 stands for New Delhi metallo-beta-lactamase-1...."

- Euractiv - New anti-microbial resistance business models are off the table, Romanian health minister says

“Romania’s EU Presidency will not look into new business models to tackle anti-microbial resistance (AMR), Romanian Health Minister Sorina Pintea told EURACTIV.com in an interview.”

NCDs

Guardian - Vaping twice as likely as gum to help smokers quit, research finds


“People are almost twice as likely to succeed in quitting smoking if they use e-cigarettes than if they rely on nicotine replacement patches and gums, a new study has shown. The research, focused on nearly 900 long-term smokers seeking NHS help to quit, was hailed as a landmark by experts in public health in the UK who believe e-cigarettes have already helped bring down the smoking rate. However, there was less enthusiasm in the United States, where there is concern that vaping nicotine is addictive and may cause children to start smoking....”

For the study in NEJM, see A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy

And the related NEJM Editorial - The Dangerous Flavors of E-Cigarettes.

“...We think the FDA should simply ban the sale of flavored nicotine products for use in e-cigarettes. The public health problem that e-cigarettes can help solve — by helping people who are users of combustible tobacco products stop smoking by switching to vaping — is adequately addressed by liquids that are not flavored to appeal to adolescents. We urge the FDA to use its statutory powers in regulating nicotine delivery devices to take the bold step of removing these flavored products from the market.”

For more coverage of this study, see Vox (J Belluz) - Study: Vaping helps smokers quit. Sort of. “A new randomized control trial on e-cigarettes was just published. Don’t expect it to resolve any controversy.”
“Illicit trade in tobacco products undermines global tobacco prevention and control interventions, particularly with respect to tobacco tax policy. Additionally, tobacco illicit trade often depends on and can contribute to weakened governance. Confronting Tobacco Illicit Trade: A Global Review of Country Experiences, prepared in collaboration with a multisectoral team across different institutions, demonstrates that reducing illicit trade in tobacco products is critical whether viewed from the perspective of public health, public finance, governance, or equity. This publication presents country and regional case studies, covering over 30 countries, and provides practical input regarding how to address tobacco illicit trade. It also summarizes the good practices and recommendations that emerge from the country cases and draws on guidance from the WHO Framework Convention on Tobacco Control’s (FCTC) Protocol to Eliminate Illicit Trade in Tobacco Products, as well as from the European Union (EU), and the International Monetary Fund (IMF)....”

“Key messages from this report include the following: • Tobacco taxes play only a minor role in illicit trade. • To reduce illicit trade in tobacco products, it is both crucial and feasible for all countries to strengthen tax administration and enforcement. • The strengthening of tax administration and tobacco tax reform should be viewed as mutually complementary.”

For a related (WB) blog, see Confronting tobacco illicit trade: a global review of country experiences.

Global Coordination Mechanism on NCDs – final reports working groups published

https://www.who.int/global-coordination-mechanism/activities/working-groups/en/

“The final reports from the WHO GCM/NCD Working Group on the inclusion of NCDs in other programmatic areas and the Working Group on the alignment of international cooperation with national plans on NCDs have now been published online.”

See here and here.
**SS&M- The global diabetes epidemic and the nonprofit state corporate complex: Equity implications of discourses, research agendas, and policy recommendations of diabetes nonprofit organizations**

C Chaufan et al;  

"Important insights have been gained from studying how corporate social actors -- such as Big Tobacco or Big Food -- influence how global health issues are framed, debated, and addressed, and in so doing contribute to reproducing health inequities. Less attention has been paid to the role of nonprofit organizations (NPOs), even when all too often NPOs actively contribute to these inequities through normalizing discourses and practices that legitimize establishment views, poor public policies and existing relations of power. Our study attempts to fill this gap by assessing the influence on global health inequities of major NPOs -- specifically three disease associations -- whose mission includes preventing type 2 diabetes (henceforth diabetes) or reducing inequities in the global diabetes epidemic. No longer considered a “disease of prosperity”, diabetes is known to affect the poor and racialized minorities disproportionately, in countries at all levels of income. While the contribution of the social and political determinants of health is well established, major NPOs ostensibly committed to eradicate, or at least moderate the effects of, diabetes give short shrift to these determinants, framing them at best as the context that promotes behaviours that combine with genetic predispositions to drive the inequitable, global distribution of diabetes. Drawing from Marxian theory and critical discourse analysis, we assess publicly available information -- on educational and policy prescriptions, funding sources, corporate affiliations, funded research and social media presence -- pertaining to one Canadian, one US and one international NPO to identify discourses and practices that may contribute to the global, unequal distribution of diabetes and elaborate on their implications for health equity more broadly. »

**The Milbank Quarterly – Public Meets Private: Conversations Between Coca-Cola and the CDC**


"There is a continuing debate about the appropriateness of contacts between manufacturers of some harmful products and health researchers, as well as practitioners and policymakers. Some argue that such contacts may be a means of exerting undue influence, while others present them as an opportunity to pursue shared health goals. This article examines interactions between the Centers for Disease Control and Prevention (CDC) and the Coca-Cola Company (Coca-Cola) as revealed by communications obtained through Freedom of Information Act (FOIA) requests. ..."

For some coverage, see for example BMJ News - [Coca-Cola obesity: study shows efforts to influence US Centers for Disease Control](https://www.bmj.com/content/370/bmj.l1133)

“Correspondence between the Coca-Cola Company and the US Centers for Disease Control and Prevention (CDC) has revealed Coke’s efforts to influence the agency’s approach to tackling
obesity, a new study has found. Published in the Milbank Quarterly, the paper said that emails reveal Coke’s interest in “gaining access to CDC employees, to lobby policymakers, and to frame the obesity debate by shifting attention and blame away from sugar-sweetened beverages.” The emails also demonstrate Coke’s efforts to “advance corporate objectives, rather than health, including to influence the World Health Organization,” says the study.

Devex Op-Ed - To stem the tide of NCDs, redesign the health care systems


Piece on community-based care for hypertension.

“... Cardiovascular disease risks growing out of control, in Ghana just 4 percent of people with hypertension have their condition controlled — the leading risk factor for cardiovascular disease. To prevent this situation from fueling a future wave of cardiovascular disease, a partnership between the Ghana Health Service, London School of Hygiene and Tropical Medicine, University of Ghana School of Public Health, nonprofit organization FHI 360, and Novartis Foundation created an array of new hypertension screening points — not in health facilities, but rather inside popular local shops and businesses. This initiative titled the Community-based Hypertension Improvement Program placed this critical service within communities, and used simple digital technology to connect participants with health care providers when needed."

Guardian - Growing up in dirty air 'quadruples chances of developing depression'


“Children who lived in areas with higher air pollution when younger are significantly more likely to have developed major depression by the age of 18, according to research. In the first analysis of how common air pollutants affect teenage mental health, researchers found young people were three to four times more likely to have depression at 18 if they had been exposed to dirtier air at age 12....”

And a quick link:

WEF - Crying once a week is the secret to a stress-free life (on the power of crying)

“...Now it seems Japan is actively encouraging its schoolchildren and workforce to reap the mental health benefits that come with shedding a few tears. Former high school teacher and self-styled ‘namida sensei’ (tears teacher) Hidefumi Yoshida has been giving lectures about the importance of
crying to companies and schools for almost six years. He told the Japan Times: “The act of crying is more effective than laughing or sleeping in reducing stress. If you cry once a week, you can live a stress-free life.””

You might want to inform the wellbeing groups & in your institutes and organisations 😊.

Sexual & Reproductive / maternal, neonatal & child health

IPS - Crusade Against Sex Education Undermines Progress Made in Latin America

IPS;

“The crusade against comprehensive sex education by conservative and religious sectors undermines progress in Latin America and could further drive up rates of teen pregnancy, communicable diseases and abuse against girls and adolescents. In Brazil, where far-right President Jair Bolsonaro took office on Jan. 1, backed by the country’s neo-Petencostal churches, the crusade has high-up representatives: the minister of family, women and human rights is an evangelical pastor, Damara Alves, and the education minister is theologian Ricardo Vélez....”

ODI (Comment)- Prospects for LGBTQI+ rights worldwide in 2019


“Here members of ODI’s LGBTQI+ staff network outline prospects for LGBTQI+ people in 2019....”

HP&P - Promoting progress in child survival across four African countries: the role of strong health governance and leadership in maternal, neonatal and child health


“Despite numerous international and national efforts, only 12 countries in the World Health Organization’s African Region met the Millennium Development Goal #4 (MDG#4) to reduce under-five mortality by two-thirds by 2015. Given the variability across sub-Saharan Africa, a four-country study was undertaken to examine barriers and facilitators of child survival prior to 2015. Liberia and Zambia were chosen to represent countries making substantial progress towards MDG#4,
while Kenya and Zimbabwe represented countries making less progress. Our individual case studies suggested that strong health governance and leadership (HGL) was a significant driver of the greater success in Liberia and Zambia compared with Kenya and Zimbabwe…"

“…The three aspects of HGL identified in this study which most consistently contributed to the different progress towards MDG#4 among the four study countries were (1) establishing child survival as a top national priority backed by a comprehensive policy and strategy framework and sufficient human, financial and material resources; (2) bringing together donors, strategic partners, health and non-health stakeholders and beneficiaries to collaborate in strategic planning, decision-making, resource-allocation and coordination of services; and (3) maintaining accountability through a ‘monitor-review-act’ approach to improve MNCH. ...

BMJ Editorial - The pill and women’s sexuality

https://www.bmj.com/content/364/bmj.l335

“Sexual side effects” have been neglected for too long.”

Some (updated) KFF Explainers

The Mexico City Policy: An Explainer

As you know, the ‘Mexico City policy’ has been renamed "Protecting Life in Global Health Assistance’ (probably an Orwellian invention of vice-president Pence).

The U.S. Government and International Family Planning & Reproductive Health Efforts

The U.S. Government and International Family Planning & Reproductive Health: Statutory Requirements and Policies

UNFPA Funding & Kemp-Kasten: An Explainer

“On March 8, the Trump Administration invoked the “Kemp-Kasten amendment” in order to withhold FY 2018 funding for the United Nations Population Fund (UNFPA, the lead U.N. agency focused on global population and reproductive health), the second year it has made this determination. FY 2018 funding for UNFPA was expected to total $32.5 million in core support and potentially millions more for other project activities. This explainer provides an overview of the history of Kemp-Kasten and its current application.”

And a few quick links:
As already reported before. “In her 20 years of researching menstrual health, Chris Bobel has run across a lot of myths — that menstruation makes a girl unclean, that menstrual pain isn’t as bad as women claim. But she has also seen a lot of myths spread by the very people seeking to fight those misconceptions. That is what she explores in her new book, *The Managed Body: Developing Girls and Menstrual Health in the Global South*. Bobel finds that a surprising amount of misinformation is fueling the work of charities and nonprofits in the menstrual health sector....”

Some of the misconceptions about menstrual health that Bobel investigates in her book.

“**Myth 1: Girls in Africa skip school during their periods...**

**Myth 2: Cloth pads are not good for menstrual hygiene...**

**Myth 3: A great number of girls use primitive materials such as sand and ash to absorb their periods...**

**Myth 4: Menstrual products are the answer to the menstrual crisis...”**

“**The Royal College of Paediatrics has been accused of breaching World Health Organization guidance after it accepted sponsorship funding from baby formula companies. More than 100 medics and 13 health groups have written to the Royal College of Paediatrics and Child Health (RCPCH), urging it to drop Nestlé, Nutricia and Danone from the list of sponsors for its first international conference, to be held in Cairo on 29 January....”**

**Human Resources for Health**

**Lancet World Report – Doctor strikes in Zimbabwe: fighting for provision of health**


“The substantial fuel price hike that has led to violent protests in Zimbabwe also threatens doctors’ livelihood. A 40-day doctors' strike is off, but only for the time being. Munyaradzi Makoni reports.”
Access to medicines

Uniting Efforts For Innovation, Access and Delivery: A Global Dialogue (30-31 Jan, Bangkok)

https://www.unitingeffortsforhealth.org/globaldialogue/

“... Since 2013, thanks to the generous support of the Government of Japan, the Global Health Innovative Technology Fund (GHIT Fund) and the UNDP-led Access and Delivery Partnership (ADP) have been working on two sides of the same coin: driving health technology innovation for TB, malaria, NTDs and other neglected diseases on the one hand, and strengthening health systems to promote access and delivery, on the other. Against this background and as part of the scale up phase of this ongoing collaboration, the Government of Japan, the GHIT Fund and ADP are uniting their efforts to convene Uniting Efforts for Innovation, Access and Delivery: A Global Dialogue. Uniting Efforts for Innovation, Access and Delivery: A Global Dialogue will bring together a global network of biomedical R&D funders, product development partners and innovators, and organizations and platforms focused on the access and delivery of health technologies for key unmet health needs – including malaria, tuberculosis and neglected tropical diseases. The purpose of the meeting is to initiate a global dialogue between key stakeholders that are needed to accelerate both innovation, access and delivery of essential health technologies, providing an opportunity for sharing of experiences, common challenges, and knowledge, identify best practices and explore opportunities for potential future collaboration and dialogue....”

For the concept note, see here.

Miscellaneous

UN News - Nearly $4 billion needed to protect 41 million children from conflict and disaster


“Tens of millions of children living through conflict, disaster and other emergencies in dozens of countries urgently need protection, UN Children’s Fund (UNICEF) said on Tuesday, in an appeal for $3.9 billion to support its humanitarian work around the world. Speaking in Geneva, the agency’s Director of Emergency Operations, Manuel Fontaine, warned that conflict is at a 30-year high: “There’s never been as much conflict in the world in the past 30 years as this year, so it is obviously a particular threat,” he said....”
UN News - Link between conflict and hunger worldwide, ‘all too persistent and deadly’, says new UN report

UN News:

“Conflict-driven hunger is getting worse, according to a snapshot of the eight places in the world with the highest number of people in need of emergency food support, and the link between them is “all too persistent and deadly” according to a new report delivered to the UN Security Council on Monday. The new report released by the Food and Agriculture Organization (FAO) and the World Food Programme (WFP) follows on from a landmark Council resolution on preventing hunger in conflict zones, adopted in May. The situation in Afghanistan, the Central African Republic, the Democratic Republic of the Congo, South Sudan and Yemen worsened in the latter part of 2018 largely because of conflict, although Somalia, Syria and the Lake Chad Basin, saw some improvements in line with improved security. In total, around 56 million people are in need of urgent food and livelihood assistance across the eight theatres of war....”

Devex - DFID 'not an independent department,' says Mordaunt


“United Kingdom aid chief Penny Mordaunt raised eyebrows last week after declining to give a firm answer about whether her department would still exist in five years’ time. ... ... Asked by Financial Times reporters last week whether her department would definitely exist in five years’ time, Mordaunt refrained from giving a categorical answer and added that it was “not an independent department” because of cross-government spending and cooperation....”

For related news, see the Independent - Cabinet minister Penny Mordaunt under fire after describing UK’s foreign aid target as ‘unsustainable’

“Minister Penny Mordaunt is under fire from MPs after warning Theresa May’s cabinet the UK’s foreign aid budget target is “unsustainable”. The international development secretary told colleagues on Tuesday that the government should shift its focus towards attracting private donations, and reduce reliance on taxpayers’ money....”

Foreign Policy - The U.S. Sought to Derail Michelle Bachelet’s Bid for Top U.N. Human Rights Job


“The Trump administration was troubled by her views on abortion, Israel, and Latin America.”
Partners in Health - UGHE’s New Campus a Beacon for a Brighter Future


“The University of Global Health Equity [will be] celebrating so much more than a new campus at its landmark Jan. 25 inauguration in northern Rwanda. When leaders from the Government of Rwanda, Partners In Health, international academic institutions and other global health organizations gather at UGHE’s brand-new cluster of sparkling white buildings, surrounded by the Butaro region’s green hills, they’ll be celebrating an institution that is dedicated to improving health care services and delivery for underserved populations around the world. They’ll be celebrating UGHE’s innovative focus on equity and social determinants of health, which pairs education in human rights and social justice with rigorous, community-based medical training. The university is an initiative of PIH that was launched in 2015 with catalytic funding from the Bill & Melinda Gates Foundation and the Cummings Foundation...

“...Dr. Agnes Binagwaho, UGHE’s vice chancellor, said the realization of UGHE’s vision will affect far more than academics, and far more than Rwanda alone. “Together we are assembling the building blocks of a university that will contribute to the transformation of health service delivery, through education, mentorship and research, in every corner of the globe,” she said. “This year, the University of Global Health Equity has progressed further and faster than any of us could have imagined.”...

“...Applications to be among the next wave of UGHE students are coming from all over the world. UGHE received more than 300 applications across 26 countries in 2018, for the 24 spots in the current cohort that began studies in September. Bekele said offering classes online soon will help meet that global demand. Accepted students also get significant financial support from the university. All enrollees in UGHE’s global health delivery program get scholarships, which cover an average of 91 percent of the $54,000 charge for tuition, room and board. UGHE has awarded more than $1.8 million in financial aid so far. ...”

Roape – Revealing Lies, Questioning Complicity

http://roape.net/2019/01/29/revealing-lies-questioning-complicity/

Interesting website, Roape – on African political economy. This article zooms in on Rwanda’s poverty statistics.

Nature (news) - Chinese effort to clone gene-edited monkeys kicks off

https://www.nature.com/articles/d41586-019-00292-w?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews&sf206818400=1
“Genetically identical primates could provide improved animal models of human disease, but some researchers raise ethical issues.”

And a quick link:

FT - China set to tighten regulations on gene-editing research

Seems about time.

But see also Stat - American scientist played more active role in ‘CRISPR babies’ project than previously known.

Finally, via Nature: “African open access - The African Academy of Sciences, a pan-African organization based in Nairobi that promotes scientific research, has endorsed the open-publishing initiative Plan S, backing the efforts of funders from Europe, the United States and China;...”

And Devex - “The Bill and Melinda Gates Foundation has informed employees that it will reduce its parental leave policy from one year to six months, according to the New York Times. The Times reported that “the decision to offer six months was based on research suggesting it was optimal,” according to Steven Rice, the foundation’s chief human resources officer. That determination was based on research showing that while three months is often an insufficient amount of time for healing and bonding, women who take one year of leave are less likely “to stay in the labor force, to earn as much or to achieve senior positions.””

Emerging Voices

This week the EV board elections were held for three regions. The new board members (representing Africa, South-East Asia and the Western Pacific) will be announced soon.

International Journal for Equity in Health - Applying an intersectionality lens to examine health for vulnerable individuals following devolution in Kenya


« Power imbalances are a key driver of avoidable, unfair and unjust differences in health. Devolution shifts the balance of power in health systems. Intersectionality approaches can provide a ‘lens’ for analysing how power relations contribute to complex and multiple forms of health advantage and disadvantage. These approaches have not to date been widely used to analyse health systems reforms. While the stated objectives of devolution often include improved equity, efficiency and
community participation, past evidence demonstrates that there is a need to create space and capacity for people to transform existing power relations these within specific contexts....”

Some of the results: “Our study identified a range of ways in which longstanding social forces and discriminations limit the power and agency individuals can exercise, but are mediated by their unique circumstances at a given point in their life. These are the social determinants of health, influencing an individual’s exposure to risk of ill health from their living environment, their work, or their social context, including social norms relating to their gender, age, geographical residence or socio-economic status. While a range of policy measures have been introduced to encourage participation by typically ‘unheard voices’, devolution processes have yet to adequately challenge the social norms, and intersecting power relations which contribute to discrimination and marginalisation....”

Research

Conflict and Health - Approaches to protect and maintain health care services in armed conflict – meeting SDGs 3 and 16


« The escalation of conflict in the Middle East coincides with an emerging trend of attacks on healthcare. Protection of health personnel, health services and humanitarian workers is no longer respected. This compromises the achievement of the United Nations Sustainable Development Goals 3 – towards health for all, and 16 – towards justice and peace. The Centre for Global Health at the University of Oslo, the Peace Research Institute Oslo and the Norwegian Red Cross co-organised a meeting exploring how conflict impacts health systems and potential solutions to protect and maintain health care services. »

Health Policy - Google Trends: Opportunities and limitations in health and health policy research


“Google Trends™ is used to study patterns of search engine queries worldwide. Search data has diverse applications, from tracking influenza outbreaks to e-cigarette interest. Dialogue with researchers still must address how queries are organised and coded.”