

IHP news 508 : A Happy Lunar New Year, PMAC 2019 & #LancetWomen theme issue

(8 February 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,

[WHO](#) ran a lovely **social media campaign** this week, wishing Chinese people all around the world a **Happy Lunar New Year**, with 12 pieces of healthy advice on top of it - a 'Survival Kit' for the new Year of the Pig, as they called it. Very sensible advice, although sometimes a bit utopian, perhaps. How about survival tip 2, for example: *"Don't drink to get drunk. Substitute alcohol with water or tea instead."* Recalling the 'Ganbei' feasts with abundantly flowing "baijiu" at Chinese get-togethers, that will be a tall order. But good to see that WHO at least put the alcohol abuse issue on the table, in a fun piggy way (hard taxes can follow later this year :)).

There's still some scope, though, for a more **"Syndemic" campaign** next year, as [environmental campaigners would like to see, urging Chinese to eat less pork and help save the planet](#). Sadly, China is also the country experimenting with [multi-story hog hotels](#), "elevating" industrial farming to new levels. Anyway, also on IHP's behalf, a **Happy Lunar New Year to all Chinese readers of this newsletter** (we just hope it gets past the "Great Chinese Firewall" 🇨🇳). Or as a Chinese twitterandus put it, *"Oink Oink Happy Pig Year to All!"*

As we have 2 editorials this week, we'll keep it short in this week's intro, just flagging that two of this week's highlights are the **Lancet's [special issue on advancing women in science, medicine and global health](#)** (launched later today in London & [livestreamed](#)) and a few must-read analyses of **the political economy of PMAC 2019**, by [Rachel Thompson](#) and [Renzo Guinto](#) respectively.

In the first editorial of the week, **Priti Patnaik** dwells on what the recent discussions on **access to medicines at WHO's 144th Executive Board meeting** tell us. The second editorial, by Nigerian IHP correspondent **Vanessa Offiong**, [comes back on the Lassa Fever conference of a few weeks ago, in Abuja](#). As we speak, WHO is [scaling up the Lassa fever response in affected states in Nigeria](#).

Enjoy your reading.

Kristof Decoster

Featured Articles

What the recent discussions on access to medicines at WHO's Executive Board tell us

Priti Patnaik (*Independent Journalist & Researcher*)

When the Tedros administration assumed office in 2017, there was some apprehension in certain sections of the global health community, about the extent to which WHO would protect and pursue the contentious issue of access to medicines.

Less than two years on, one can be fairly convinced that this administration is serious in leading from the front and some might even say, successfully walking the tightrope – for now.

"Innovation without access does not mean anything," Director General Dr Tedros Adhanom Ghebreyesus, told member states during a discussion on access to medicines last month at WHO's 144th Executive Board meeting.

The event saw member states consider two agenda items on access to medicines.

The WHO Roadmap on Access to Medicines

First, [the WHO roadmap on access to medicines and vaccines](#) was taken up at the Board meeting.

The roadmap is a product of consultations and discussions with member states during 2018 on ways to work on access to medicines, vaccines and other health products, between 2019–2023. In May 2018, the 71st World Health Assembly had considered a report on addressing the global shortage of, and access to, medicines and vaccines. The report had prescribed a list of priority options for actions.

The roadmap reflects existing WHO mandates in key Health Assembly resolutions of the last 10 years related to access to safe, effective and quality medicines, vaccines and health products, and also the Thirteenth Global Programme of Work, 2019–2023, the secretariat has said.

In their statements on the roadmap, countries stated their wide-ranging suggestions and concerns on the roadmap. While some countries pushed for regulatory harmonization such as Germany, others including Brazil cautioned against it. India asked for greater clarity on the resources to implement the roadmap.

Some stakeholders are not comfortable with the concepts of "fair pricing" and "equitable access" – as discussed in the roadmap. In the roadmap, WHO has referred to a fair price as one that is affordable for health systems and patients and at the same time provides sufficient market incentive for industry to invest in innovation and the production of medicines.

It is not clear when and how fair pricing as a term became an acceptable phrase in a WHO document, one observer remarked. During the discussion, the delegate representing Iran said, that there is no shared understanding on what "fair pricing" means and that WHO must stick to "affordable" medicines instead. In its statement, Romania on behalf of the EU, suggested that talking about market failure alone will not help.

Some believe that the fair pricing debate can be useful to arrive at more meaningful discussions on access issues. One developing country delegate believes that “fair pricing” can be a lever to open the wider discussion on access to medicines. “At least, the fair pricing discussion will serve the purpose of getting some of the European countries at the table to talk about high prices of medicines,” he said in an off-the-record conversation. (The previous [fair pricing forum](#) was in The Netherlands in 2017.)

To be sure, European countries have already been drawing attention to rising drug prices.

Medicines, vaccines and health products – cancer medicines

During the EB proceedings, The Netherlands among others drew attention to its efforts to get more transparency on drug prices, in the context of the discussion on WHO’s cancer report. Italy in fact called for a resolution at the next World Health Assembly on transparent pricing of medicines. In a statement, Italy suggested that WHO must enhance and broaden the discussion on prices and transparency of medicines to improve competition, affordability and availability of drugs.

High prices of drugs continued to dominate discussions at the Board. Member states came together to [note](#) the crucial report on cancer medicines.

The WHO issued this [comprehensive 171 page report](#) in December 2018 following a [resolution on cancer prevention and control](#) in the context of an integrated approach at the 2017 World Health Assembly. The report untangles the complicated and connected issues of price of drugs, costs to make drugs, the incentives to invest in R&D; and whether these mechanisms should be transparent for the sake of public interest and good governance. The industry, represented by IFPMA has said that [the report is flawed](#).

Some WHO insiders say that the report is very “un-UN” like in its tone, because it speaks directly. Apart from saying that companies set prices according to their commercial goals and focus on extracting the maximum amount that a buyer is willing to pay, it essentially said that an over-incentivized industry may be distorting investment and stifling innovation.

The report, supported with more than 400 references, was crafted through several stages of consultations and meetings. There were consultations with member states on the report. Sources say, no objections were raised by any country on the scope of the report. The [secretariat reported](#) that there were several meetings with the Essential Medicine List Cancer Medicines Working Group and an informal advisory group on availability and affordability of cancer medicines, whose experts provided advice on the technical approach to assessing benefits of cancer medicines, the scope of the report, analytical feasibility and case studies, and suggested options that might improve the affordability and accessibility of cancer medicines.

[As I reported recently](#), countries have called the report a milestone, a tour de force among others. It is now seen to be an important reference for the future and is shaping international cooperation and dialogue on addressing rising prices of cancer drugs in the wider context of access to medicines.

Not all stakeholders were happy with the report. Notably, the US and IFPMA asked WHO why the private sector was not consulted for the cancer report.

Dr Mariângela Batista Galvão Simão, assistant director-general for drug access, vaccines and pharmaceuticals, gave a clear debrief on how the cancer report was shaped, and admitted to the constraints in involving the private sector for the cancer report.

She informed the executive board during the discussions, “We believe that it would have been a case of perceived conflict of interest by consulting industry on this report. We would have been open to receiving information about net prices of individual cancer medicines their specific R&D costs, for example. But we believe this information would have been difficult to obtain from industry stakeholders.” She added that information from pharmaceutical companies can be included in an addendum to the report. The information furnished in the report is based on publicly available data.

This was not the only occasion when WHO top brass spoke in clear terms.

In a related discussion on the roadmap on access to medicines, the US continued to reiterate, as before, that IP related issues (“trade deliverables”) fall outside the expertise and mandate of WHO. In its statement, Canada also urged for more collaboration with WIPO and WTO on these matters.

Soon, Director General Tedros defended WHO’s turf on the IP territory, while acknowledging the continued need to work along with WTO and WIPO on these matters. He said that it has indeed been very much a part of the mandate of WHO to address matters of intellectual property in relation to public health.

Ultimately how far WHO will go on these issues, will be a function of how it handles the sustained pressure from many quarters – some overt and others subtle. This space will get more interesting – the rope will get tighter.

We will likely hear more. “Transparency is good for governance and it is good for health,” Dr Simão declared during one of her interventions at the meeting.

Lassa Fever: Nigeria waiting for the lion to yawn

Vanessa Offiong (Journalist, member of WANEL’s Community of Practice & IHP Correspondent Nigeria)

Yearly, since 1969, Nigeria suffers fatal Lassa Fever outbreaks. In a bid to increase awareness and curb the menace, the Nigeria Centre for Disease Control (NCDC) hosted a two-day international [conference](#) on the disease. Participants at the event got some encouraging [vaccine news](#) among others.

Tanko Al-Makura is governor of Nasarawa State, in northern Nigeria and lives each day with a scar inflicted on his “life and psyche” by Lassa fever. This is what he knows of the disease that has constantly killed Nigerians every year since 1969.

A male child among seven sisters, Al-Makura took to hawking cassava flour as a vocation because “that’s what I saw my sisters doing,” he recalls, standing in front of an audience of Lassa fever researchers and experts at the Abuja event held on January 16 and 17, 2019. “It inculcated in me a feminine and domestic instinct of care and nurture.”

It is the contact that puts many families in danger of contracting Lassa Fever every year.

Al-Makura was a 37-year-old father when his sons were diagnosed with a fever. One son was clenching. That “feminine instinct as a father” took hold and Al-Makura wanted to ensure his son didn’t cut his tongue between clenched teeth. “I got bitten on one finger. It was a small cut, no blood,” he says. “I didn’t know that was the beginning.”

The son died, the other one survived but developed profound deafness. Five days later, Al-Makura developed classic symptoms—fever, headache, stomach pain, tight chest, erratic breathing. The treatment by trial and error went on for two weeks. “There was no improvement, despite the fact that I was in a teaching hospital,” he says. “Linking my symptoms to Lassa Fever was my saving grace.”

Oyewole Tomori, a virologist who’s worked on Lassa Fever since it was first identified in 1969, made the diagnosis and insisted Al-Makura be sent off to a facility equipped to deal with a haemorrhagic fever like Lassa. The only hospital suitable in 1990 was in Lagos. A blood sample was sent to the US Centre for Disease Control in Atlanta, 9728 km away.

Fifty years on, the infrastructure for dealing with a yearly epidemic has changed; there is more knowledge about Lassa Fever; hundreds of articles on knowledge, attitudes and perceptions of Lassa fever have been published; the science is better understood. Yet the disease’s outbreaks continue to strike annually, claiming lives.

From 1969 to 1978, the outbreak was confined to four states in Nigeria. Nearly every state in the country has seen an outbreak in the last 50 years, and with it, a rising number of deaths. Between 2009 and 2018, only Zamfara has not reported a case.

The Nigeria Centre for Disease Control (NCDC) has already declared an outbreak this year after 60 people across eight states were confirmed infected with the Lassa Fever virus in the first two weeks of January alone.

Despite the tons of knowledge-attitude-and-perception articles [nearly 160 papers were presented at the conference] published on Lassa Fever, the basic route of infection continues to make the country vulnerable. Environmental hygiene, personal hygiene, handling food materials, handling sick loved ones, handling patients—it is all in the mix.

In the lead up to declaring an outbreak, NCDC warned: “Lassa fever is an acute viral haemorrhagic illness, transmitted to humans through contact with food or household items contaminated by infected rodents. Person-to-person transmission can also occur, particularly in a hospital environment in the absence of adequate infection control measures. Health care workers in health facilities are particularly at risk of contracting the disease, especially where infection prevention and control procedures are not strictly adhered to.” It advised the Nigerian public to “focus on prevention by practicing good personal hygiene and proper environmental sanitation. “Effective measures include storing grain and other foodstuffs in rodent-proof containers, disposing of garbage far from the home, maintaining clean households, and other measures to discourage rodents from entering homes. Hand washing should be practiced frequently. The public is also advised to avoid bush burning,” it added.

Al-Makura didn’t know any other way to handle his ailing son years ago. He and his doctors were at risk.

“I was later informed that my infection was the result of the bite from my son,” he recalls. The outcome of Al-Makura’s bout with Lassa Fever is profound deafness. He’s been using cochlear implants since 2000 to process sound, “although with some distortion,” he says. “Every day, I have to wear a hearing aid for 18 hours.”

Every year, this message goes out: “Health care workers are again reminded that Lassa fever presents initially like any other disease-causing febrile illness such as malaria; and are advised to practice standard precautions at all times, and to maintain a high index of suspicion. Rapid Diagnostic Tests (RDT) must be applied to all suspected cases of malaria. When the RDT is negative, other causes of febrile illness including Lassa Fever should be considered. Accurate diagnosis and prompt treatment increase the chances of survival.”

A lot needs to shift in manner toward Lassa fever.

“You are killing your loved ones, your doctor is killing you and the doctor is committing suicide from utter disregard for infection prevention and control,” says Tomori.

“My country is a country waiting for the lion to finish yawning before deciding to run,” he said. “Once it is down yawning, its ready to pounce on you.”

Highlights of the week

PMAC 2019 (Bangkok, 29 Jan- 3 Feb)

<https://pmac2019.com/site>

On the website, you can already find **the synthesis, Conclusions & Recommendations** presentation by Katie Dain, Viroj ... et al. Warmly recommended, of course.

You also find the **PMAC statement** [here](#).

But we definitely also want to recommend **two absolute must-reads** on IHP:

Rachel Thompson - The Political Economy of Global Health: Reflections from the Prince Mahidol Award Conference, Bangkok

<http://www.internationalhealthpolicies.org/the-political-economy-of-global-health-reflections-from-the-prince-mahidol-award-conference-bangkok/>

The read of the week.

In this blog Rachel Thompson shares her personal reflections from the recent Prince Mahidol Award Conference (PMAC) on the political economy of non-communicable diseases (NCDs), considering the wider implications for our understanding of Global Health.

Excerpt, in the paragraph **“Global Health is part of the neoliberal global political economy”**:

“Once we understand Global Health as inseparable from Neoliberalism, we can begin to get to the root causes of why so much of the world are being “left behind” from global goals. To ignore its influence is to deceive ourselves and the people we are trying to serve. Once we understand Global Health as part of a system that has increased global inequalities and inequities, it seems strange to expect it to do the opposite – to “reduce inequities” e.g. as part of Agenda 2030’s leave no one behind pledge. This is the paradox at the heart of my frustrations with Global Health....”

There’s a lot more in this blog, so make sure you read it (even if you don’t fully agree).

Renzo Guinto - Political Economy of PMAC: Who Gets Invited, Who Doesn’t, and So What

<http://www.internationalhealthpolicies.org/political-economy-of-pmac-who-gets-invited-who-doesnt-and-so-what/>

In Renzo’s own words, *“My **part-ethnography, part-Twitter review of #PoliticalEconomy of #PMAC2019** w/ tweets frm @giannagayle @mariamparwaiz @JesseBump @rheasaksena @johanna_ralston @johnspaula”*

Insightful & entertaining blog. Added bonus: some great pictures!

Lancet special issue on advancing women in science, medicine and global health

[https://www.thelancet.com/journals/lancet/issue/vol393no10171/PIIS0140-6736\(19\)X0006-9](https://www.thelancet.com/journals/lancet/issue/vol393no10171/PIIS0140-6736(19)X0006-9)

Fyi – the launch of this special theme issue in London takes place later today, and will be [livestreamed](#).

From the **press release**:

*“This week, The Lancet dedicates an entire issue to advancing gender equity in science, medicine and global health. **The collection of papers highlights that gender equity in science is not only a matter of justice and rights but is crucial to producing the best research.** By publishing new evidence, commentary and analysis, the journal calls on researchers, clinicians, funders, institutional leaders and medical journals **to examine and address the systemic barriers to advancing women in science, medicine and global health.**”*

An **editorial** in *The Lancet* states: "It is well-established that women are underrepresented in positions of power and leadership, undervalued, and experience discrimination and gender-based violence in scientific and health disciplines across the world... Despite decades of recognition, these problems have proved stubbornly persistent... Gender equity is not only a matter of justice and rights, it is crucial for producing the best research and providing the best care to patients. If the fields of science, medicine, and global health are to hope to work towards improving human lives, then they must be representative of the societies they serve. **The fight for gender equity is everyone's responsibility, and this means that feminism, too, is for everybody**—for men and women, researchers, clinicians, funders, institutional leaders and, yes, even for medical journals."

So as you might have guessed, do start your reading with this **Editorial** - [Feminism is for everybody](#).

"The overwhelming conclusion from this collection of work is that, to achieve meaningful change, actions must be directed at transforming the systems that women work within—making approaches informed by feminist analyses essential."

The Editorial also quickly runs you through most of the other articles in the Collection.

Being a man, I will refrain from recommending this or that article, so go through the collection, and read as much as you can 😊.

For the purposes of this newsletter, though, I want to flag among others:

- [Offline: Gender and global health—an inexcusable global failure](#) (by R Horton)

*"WHO has identified "Ten threats to global health in 2019". Surprisingly—one should say shockingly—gender inequity is not one of them. It is not only WHO that is failing by excluding women and girls from its priority list of dangers. **The entire global health community has abdicated its responsibility for achieving gender justice in health...."***

Horton also points specifically to the **responsibility of men** (in global health for this failure).

*"...Something has gone wrong in global health. Gender was a more prominent issue during the era of the MDGs, if too narrowly defined through the lens of women's, children's, and adolescent health. **It's time to hold men especially accountable for this regression.** Given their political prominence and power, they (we) have a special responsibility to speak out for gender equity. Too often we do not..."*
*"The whole of health is shaped by our approaches to gender. **Men must do more to amplify the importance of gender in global health, to listen, to engage, to advocate, and to create the conditions for women to flourish. The fact that, collectively, we are not doing so is a particularly ugly disfigurement of our community.**"*

- [What is The Lancet doing about gender and diversity?](#) (by J Clark & R Horton)
- [Gender equality in science, medicine, and global health: where are we at and why does it matter?](#) (by G Shannon et al)

*“The **purpose of this Review is to provide evidence for why gender equality in science, medicine, and global health matters for health and health-related outcomes.** We present a high-level synthesis of global gender data, summarise progress towards gender equality in science, medicine, and global health, review the evidence for why gender equality in these fields matters in terms of health and social outcomes, and reflect on strategies to promote change. Notwithstanding the evolving landscape of global gender data, **the overall pattern of gender equality for women in science, medicine, and global health is one of mixed gains and persistent challenges.** Gender equality in science, medicine, and global health has the potential to lead to substantial health, social, and economic gains. **Positioned within an evolving landscape of gender activism and evidence, our Review highlights missed and future opportunities, as well as the need to draw upon contemporary social movements to advance the field.**”*

- [More talk than action: gender and ethnic diversity in leading public health universities](#) (by M S Khan et al)

*“**Improving the career progression of women and ethnic minorities in public health universities has been a longstanding challenge,** which we believe might be addressed by including staff diversity data in university rankings. We present **findings from a mixed methods investigation of gender-related and ethnicity-related differences in career progression at the 15 highest ranked social sciences and public health universities in the world, including an analysis of the intersection between sex and ethnicity.** Our study revealed that clear gender and ethnic disparities remain at the most senior academic positions, despite numerous diversity policies and action plans reported. In all universities, representation of women declined between middle and senior academic levels, despite women outnumbering men at the junior level. Ethnic-minority women might have a magnified disadvantage because ethnic-minority academics constitute a small proportion of junior-level positions and the proportion of ethnic-minority women declines along the seniority pathway.”*

- [Why it must be a feminist global health agenda](#) (by Sara Davies et al)

Some of the key messages:

*“**Feminist research is vital to advance the women in global health agenda, and feminist methodologies are crucial for global health research.** • Feminist leadership requires **more than gender quotas;** it requires formal and informal cultural change within institutions across global health governance. Quotas are important, but so too is reform towards feminist institutions and conditions. • Inequalities exist across sex but also class, education, geography, income, race, and physical and mental ability. Gender advocacy must promote inclusive participation and data collection to identify where discrimination and barriers to inclusion exist. • **Global health is dependent on gender bias.** Women predominantly occupy unpaid roles as caregivers and health workers, and this disparity needs to be recognised and the labour paid. • Gender inequality is often informal and private; **we need diverse methods of research and research collaboration** to expose, recognise, and address the informal and hidden ways in which inequality exists. • **Critical dialogue must be matched by gendered allocation of resources, support for women’s champions, and institutional reform** to facilitate research and programmes that secure progressive gender rights in global health governance, leadership, and everyday practices.”*

And last but not least, [Engaging men to support women in science, medicine, and global health](#)

Trump's State of the Union & health

Trump didn't say much about global health during his State of the Union. With respect to health, however, Trump focused on **two issues, drug pricing** and his **announcement of 'the end of HIV in the US in a decade'** (or so he hopes).

See the following reads:

- **IP-Watch** - [Trump Highlights IP, Trade, Drug Prices In Speech To Congress](#)

*"President Donald Trump gave the US Congress a rosy, nationalistic presentation of the condition of the US economy and security last night and amid the range of issues raised, mentioned intellectual property twice in the context of trade, and **extensively discussed lowering drug prices.**"* On drug pricing, see also the **NYT** - [How Trump's Latest Plan to Cut Drug Prices Will Affect You](#) *"The proposal seeks to lower out-of-pocket spending in Medicare by taking aim at the secret deals that drug makers strike with industry go-betweens."*

- **Stat News** - [Can the U.S. end the HIV epidemic in a decade, as Trump pledged?](#)

With some background on how this announcement came into being.

See also **Vox** - [Trump called for an end to HIV in the US by 2030. That's totally realistic.](#) (with the view of 7 experts) and **NYT** - [Trump Plan to Stop Spread of H.I.V. Will Target 'Hot Spot' Areas.](#)

See also **Nature News** - [Scientists kick the tires on Trump's plan to tackle HIV](#)

*"Eliminating the disease in the US is a **worthy goal**, researchers say, but **many worry that administration policies will make it impossible to achieve.**"*

Some more reads related to WHO's 144th EB meeting

Some analyses (related to the last few days of the EB meeting) you might have missed, but that are well worth a read (in steno-style), mostly from **IP-Watch/ HPW**:

- **Priti Patnaik in the Wire**: [WHO Report Flags Distortion of Investment and Innovation in Cancer Research](#)

*"A new **cancer report by World Health Organisation (WHO)** has both countries and the pharma industry debating on just how much profit cancer drugs generate for pharmaceutical companies. At stake is not only how much money the drug industry makes from high priced cancer drugs, but also, as the report suggests – is this investment really efficient? Is too much money chasing too few cancer drug candidates with only marginal benefits, diverting funds away from other therapeutic areas? The technical report that minced no words, said that "pharmaceutical companies set prices according to their commercial goals, with a focus on extracting the maximum amount that a buyer is willing to pay for a medicine". The industry denounced the report as flawed...."*

“... This story tries to understand and explain some of the issues raised by the industry, including on returns on investment, pricing transparency and efficiency of investments – and compares it to what the WHO’S report has said. It also places the report in the context of the discussions at the executive board meet last week. The Wire exclusively spoke to the author of the report....”

- IP-Watch - [TRIPS Debated As WHO Board Reaches Agreement On Universal Health Coverage](#)

*“World Health Organization Board members agreed last week on a **draft resolution for the preparation of a United Nations General Assembly high-level meeting on universal health coverage** in the fall, following intensive closed consultations in which intellectual property rights played a significant role.”*

HPW - [WHO Members Unite To Support Universal Health Coverage; US Blasts Abortion](#)

“With a united voice that World Health Organization Board members agreed last week on a draft resolution for the preparation of a United Nations General Assembly high-level meeting on universal health coverage in the fall, following intensive closed consultations. The United States, however, dissociated itself from language it thought gave a permissive view of abortion....”

PS: you find the **draft resolutions** all [here](#) (scroll to the bottom).

- HPW - [WHO Benchmarking Tool Made “More Transparent” In Evaluating Regulatory Authorities](#)

*“Over the past year, the World Health Organization (WHO) has rolled out the latest version of its **benchmarking tool for evaluating progress of national regulatory authorities towards meeting WHO quality assurance targets**. This benchmarking tool applies a more transparent and systematic approach than previous versions, and was developed through “extensive” consultation with member states and the public. National regulatory authorities are responsible for “providing regulatory oversight of all medical products such as medicines, vaccines, blood products, traditional or herbal medicines and medical devices,” a WHO regulatory system overview states. **The Global Benchmarking Tool (GBT)** “represents the **primary means by which the WHO objectively evaluates regulatory systems**, as mandated by WHA Resolution 67.20 [pdf] on Regulatory System Strengthening for medical products,” the WHO website explains....”*

- **WHO & the Foundation for Smoke Free World**

The Wire - [Explained: Why a Philip Morris Funded Foundation Is Repeatedly Denounced by WHO](#)

*“Last week, the innocuously named Foundation for a Smoke Free World (FSFW), was once again embarrassed by the World Health Organisation (WHO). The WHO’s director general Dr Tedros publicly condemned the efforts of this foundation to influence anti-smoking and public health policy globally. **This is the foundation’s third denouncement from the WHO....”***

The Foundation was **more popular in Davos**, apparently, see Bloomberg - [Philip Morris Rebuffed by WHO as It Tries to Rewrite Narrative](#).

*“Philip Morris International Inc. is trying to burnish its image, most recently among the international, socially conscientious elite at Davos. ... But Chief Executive Officer Andre Calantzopoulos says it’s hard to make headway in a shift away from cigarettes with the WHO still characterizing it as a bad actor. “The WHO continues to refuse to even have a conversation with us,” Calantzopoulos said in an email after **the company returned from the World Economic Forum in Davos, where it called for a truce between “anti-tobacco lobbies” and the industry.** If the WHO and tobacco companies are able to work together, Philip Morris says they can better encourage adult smokers who would otherwise keep buying cigarettes to switch to vaping or other alternatives it calls lower risk. It projects that by 2025, at least 40 million Philip Morris cigarette smokers will have switched to smoke-free products....”*

Well, let’s just say – we’re being kind for once - the Davos crowd is more gullible.

- HPW - [Civil Society Request Fair Pricing For Medicines, Transparency, At WHO](#)

“The fair pricing of medicines and the transparency of costs were underlined as key by many nongovernmental organisations last week during a discussion at the World Health Organization Executive Board on access to medicines. The Board heard about staggering numbers of people deprived of access to medication and health products, with examples from patients with epilepsy, kidney diseases and other illnesses preventing them from getting better or surviving their condition. A number of reasons can be attributed to the lack of availability and affordability to safe medications, but many NGOs pointed to high prices, and underlined the need for transparency to achieve fair pricing, and brought attention to issues they thought were not considered enough in the larger debate on access to medicines at the WHO....”

IP-Watch - [IP Still At Heart Of Access To Medicines Discussions At WHO](#)

(gated) *“Intellectual property is often pointed at as hindering access to medicines by resulting in their long-lasting unaffordability, a view which is strongly opposed by IP proponents. The discussions on access to medicines last week during the World Health Organization Executive Board meeting yielded a record number of interventions by member states and nongovernmental organisations, reflecting the importance of the issue.”*

World Cancer Day (4 Feb) (with focus on cervical cancer)

UN News - World Cancer Day: Early cervical cancer diagnosis could save lives of over 300,000 women

<https://news.un.org/en/story/2019/02/1031911>

*“Cervical cancer kills more than 300,000 women every year, with one woman diagnosed every minute, despite the fact that it is one of the most preventable and curable forms of the disease. In a **statement released on Monday to coincide with World Cancer Day, the United Nations World Health Organization (WHO) said that nine out of ten women who die from cervical cancer are from poor countries, and that if no action is taken, deaths from the disease will rise by almost 50 per cent by 2040.** The WHO points out that **new diagnoses can be reduced by ensuring that all 9-14 year***

old girls globally are vaccinated against Human papillomavirus (HPV), a group of viruses that are extremely common worldwide, two types of which cause 70 per cent of cervical cancers....”

“...New diagnoses can be reduced in two ways, HPV vaccination and screening of the cervix with follow on treatment of early changes before cancer appears....”

For coverage, see also VOA - [WHO: Cervical Cancer Preventable, Can Be Eliminated](#)

“Ahead of World Cancer Day (February 4), the World Health Organization (WHO) is calling for accelerated action to eliminate cervical cancer, a preventable disease that kills more than 300,000 women every year...”

Lancet Global Health (Editorial) – Lifting the veil on cancer treatment

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30014-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30014-2/fulltext)

The Lancet Global Health’s new Editorial (for World Cancer Day 2019) **highlights the inequalities in access to treatment for cancer and the economic case for investing in cancer control.** (the editorial comes back, among others, on WHO EB discussions)

Lancet Global Health Comment – Cervical cancer: lessons learned from neglected tropical diseases

F M Knaul et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30533-3/fulltext#.XFgFmSoLB9o.twitter](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30533-3/fulltext#.XFgFmSoLB9o.twitter)

Slightly ominous analysis. « *...The global outlook on cervical cancer is at risk of becoming similar to that on neglected tropical diseases (NTDs), for which investment in treatment discovery is stalling and clinical know-how is dwindling. NTDs afflict approximately 1 billion people worldwide. Yet this heavy but preventable burden is neither felt nor perceived in wealthy parts of the world, as NTDs are almost entirely concentrated in low-income settings, where people do not have sufficient ability to affect political decisions in any meaningful way. ... Cervical cancer and NTDs share many common features.... The NTD trajectory shows that when diseases almost exclusively affect the poor, they are at risk of becoming progressively deprioritised on national and international health agendas... In the case of cervical cancer, there is no reason to wait until its status as an NTD is confirmed, but instead to plan ahead for the not-too-distant future when it is largely eliminated in high-income populations. Cervical cancer can either become a neglected disease with a devastating and inequitable burden on the poorest women of the world, or the global health community can work collectively towards its elimination and treatment based on an equity maxim....”*

HPW - Cancer Patients Need Greater Access To Pain Relief, Including Opioids, Says WHO

<https://www.healthpolicy-watch.org/cancer-patients-need-greater-access-to-pain-relief-including-opioids-says-who/>

““Nobody, cancer patients or not cancer patients, should live or die in pain in the 21st century,” Dr Etienne Krug, director of WHO’s Department for Management of Noncommunicable Diseases, said at the **launch of new [WHO Guidelines for management of cancer pain](#)** just ahead of World Cancer Day, which is observed today....”

Spread of child welfare in Africa

Reuters - U.N. sees poverty hope in African uptake of child welfare payments

<https://www.reuters.com/article/us-children-poverty-un/un-sees-poverty-hope-in-african-uptake-of-child-welfare-payments-idUSKCN1PV009>

“The spread of state welfare for children around Africa has the potential to make a major dent in global poverty, the United Nations said on Wednesday.”

*“Children account for the majority of those around the world in extreme poverty, living on less than \$1.90 per day, with half of them in Africa, where social security systems are weak. Globally, about a third of children are covered by social protection programs, but it ranges from 88 percent in Europe and Central Asia to 16 percent in Africa, said a **new study by two U.N. bodies**. “The evidence shows clearly that social protection benefits, and cash transfers in particular, have a positive impact on poverty, food security, health and access to education – thus helping to ensure that children can realize their full potential, breaking the vicious cycle of poverty,” it said....”*

According to the **new study by the International Labour Organization (ILO) and children’s agency UNICEF**, “In sub-Saharan Africa, expected to have 90 percent of children in extreme poverty by 2030, 40 out of 48 countries have some form of cash transfer program, but most pay too little and overall only 13.1 percent of children receive them. **“They aren’t all huge programs but it’s been a real growth in the region and it’s moving very, very quickly,”** David Stewart, UNICEF’s head of child poverty, told reporters....” **“Several African countries were to discuss expanding their coverage at a conference in Geneva this week, Stewart said....”**

UK Aid

Guardian - Billions of UK aid failing to reduce poverty, report finds

https://www.theguardian.com/global-development/2019/feb/04/billions-of-uk-aid-failing-to-reduce-poverty-report-finds?CMP=tw_t a-global-development b-gdndevelopment

*“Too much of Britain’s aid budget is being spent poorly by Whitehall departments on projects that fail the test of reducing poverty in the world’s poorest countries, a campaign group has said. The **One Campaign** ... said the huge gulf in standards across government was undermining the battle to build public trust that taxpayers’ money was being well spent. ... **Romilly Greenhill, the One Campaign’s UK director, said that money spent by DfID scored highly for poverty focus, effectiveness and transparency, but the same could not always be said of the 30% of the budget spent by other Whitehall departments....**” “The campaign group’s new Real Aid Index said that only*

5% of the £765m spent by the business, energy and industrial strategy department (BEIS) and 16% of the £1.05bn spent by the Foreign Office (FCO) went to the countries that needed it most.”

See also [Devex](#).

In other UK related news, the **Guardian** reported [Brexit could put 1.7 million people around globe into extreme poverty – study](#)

“Britain leaving the EU could hit least-developed countries hard, with **Cambodia** most affected, report finds.”

Planetary Health

Greta Thunberg and the #climatestrike are shaping the climate debate

<https://www.diggmagazine.com/column/greta-thunberg-%23climatestrike>

“With the 16-year-old climate activist Greta Thunberg as their figurehead, thousands of young people have taken to the streets and social media in the past couple of months to demand an end to politicians' climate inaction. **These youngsters have been successful, both through their online and offline activities, in sparking debate and mainstreaming the extending of the limits of the 'sayable' in the climate change discussion....** ... What started as the lone action of a Stockholm teenager against politicians' inaction towards climate change has **since become an international phenomenon**. There have been strikes in for instance Germany, Belgium, Australia, Switzerland, the US, Canada, Finland, Denmark, Japan, and the UK. ...”

“...What is also remarkable about Thunberg and the #climatestrike is that **it has been steering the discussion around climate change away from mere individualised solutions towards questions of systemic injustice**, and the way in which the most vulnerable are the first ones to pay the price when financial gain is prioritised over the future of young people....”

PS: It's & pity that some countries (like China) are firmly authoritarian, and will no doubt not allow the young generation to strike, as if this were to become a truly global movement of youngsters, they would even be more effective. But in China, the CP has some bad memories of youngsters taking to the streets...

Guardian - A third of Himalayan ice cap doomed, finds report

<https://www.theguardian.com/environment/2019/feb/04/a-third-of-himalayan-ice-cap-doomed-finds-shocking-report>

Your weekly dose of horror news. “At least a third of the huge ice fields in Asia’s towering mountain chain are doomed to melt due to climate change, according to a landmark report, with serious consequences for almost 2 billion people. Even if carbon emissions are dramatically and rapidly cut and succeed in limiting global warming to 1.5C, 36% of the glaciers along in the Hindu Kush and

Himalaya range will have gone by 2100. If emissions are not cut, the loss soars to two-thirds, the report found....”

For more horror news, see the ‘Planetary Health’ section.

BMJ (Editorial) - Challenges for health in the Anthropocene epoch

A Haines et al; <https://www.bmj.com/content/364/bmj.l460>

“A new series and a call for papers.”

“... The BMJ is planning a special series on planetary health and the practical transformations needed to improve human health and protect our essential natural systems. Our knowledge of the challenges and opportunities in the Anthropocene epoch is still evolving and we aim to stimulate debate, advance understanding, and share experience. We call for manuscripts that assess threats to planetary health and present evidence for relevant policies and interventions —including ideas for feature articles or multimedia—illustrating what can be achieved at local level...”

Lancet Letter - Global public health challenges, fiscal policies, and yellow vest

Franco Sassi; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30253-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30253-3/fulltext)

“...The case for using fiscal and pricing policies designed to improve health is strong, and the evidence base is growing. Many governments have been able to overcome strong opposition to these measures from industry, but they will need to sharpen their fiscal policy tools to avoid disenfranchising taxpayers, whose support they need the most.”

For a related op-ed, see Stiglitz (on Project Syndicate) - [From Yellow Vests to the Green New Deal](#)

World Bank (leadership) update

Devex - As Jim Kim steps down, a tumultuous World Bank presidency comes to an end

<https://www.devex.com/news/as-jim-kim-steps-down-a-tumultuous-world-bank-presidency-comes-to-an-end-94247>

Final analysis of Kim’s legacy. Well worth a read.

“As the dust settles on Jim Kim's abrupt resignation from the World Bank, former colleagues, staff, and experts weigh in on what he accomplished during more than six years as president.”

“...But while his presidency was tumultuous, Kim is not without his supporters. They argue that while he may have failed to win over those inside the bank, he was successful in selling the institution to

those outside it. Kim increased shareholder confidence in the bank, put it on a more secure financial footing, and increased its relevance by pivoting to work on “public goods” and human development. He also pushed the institution to invest in fragile and conflict-affected states, they say....”

NYT – Trump Nominates David Malpass to Head World Bank

[NYT](#);

“Mr. Malpass, currently the under secretary for international affairs at the Treasury Department, has been a point person in the Trump administration’s trade negotiations with China and has overseen the government’s relationship with the World Bank. He is also a longtime critic of the World Bank’s lending practices and its business model and has expressed concern about the power that multilateral institutions exert....”

Profile of **David Malpass**, Trump’s likely pick for WB president (if nobody stops him). See also [Politico](#) - [Trump picks World Bank critic Malpass to lead institution](#) and [Bloomberg](#).

Some other reads, providing additional angles, or arguing for different candidates:

- **Nancy Birdsall** (CGD) - [May the Best Woman Win at the World Bank](#)
- **Owen Barder** - [Time, Gentlemen, Please](#)

*“It is time for an open, fair, merit-based process to appoint the next President of the World Bank. And I’ll explain below **why I think the Europeans may, at last, break the cartel that has prevented this.**”*

I’m afraid Owen overestimates European cohesion – these days, EU leaders only show strong cohesion when it comes to Brexit 😊.

- **Devex** - [Will Trump’s nominee turn the World Bank against China?](#)

“In the wake of U.S. President Donald Trump’s announcement on Wednesday that he will nominate David Malpass to be the next president of the World Bank, Malpass’ record as a critic of the bank — and particularly of its relationship with China — has some staffers and development experts worried.”

Upcoming Replenishments

CGD - How Will Donors Spend \$170 Billion This Year and Next?

Owen Barder et al; <https://www.cgdev.org/blog/how-will-donors-spend-170-billion-year-and-next>

“In 2019–20, donors will commit roughly \$170 billion of public funding to an alphabet soup of international aid organisations, many of which their citizens may never have heard of. The UK, the

*US, Japan, and Germany (the four biggest funders in declining order), as well as key participants in multilateral governance and performance assessments will commit this money with no shared vision of the international system they want to build, little useful information about the respective strengths and weaknesses of the organisations, or any strategic overview of each other's intentions, we argue in a **new CGD paper**. Each replenishment will be considered as a separate exercise, ignoring the reality that they are competing for limited donor resources...."*

The paper considers **how the donors should approach these replenishments instead.**

Global Fund 6th Replenishment Preparatory Meeting (Delhi, 7-8 February)

India is hosting the kick-off meeting of the Global Fund's Sixth Replenishment fundraising drive in Delhi. The Global Fund is seeking to raise at least US\$14 billion for the next three years to help save 16 million lives, cut the mortality rate from HIV, TB and malaria in half, and build stronger health systems by 2023.

- Among others, an **India Showcase Event** already took place - "[India stands committed to increase its overall health allocations to 2.5% of its GDP](#)"; the India Working Group for Health Advocacy also sent an Open Letter to the PM of India ahead of the GF Sixth Replenishment Preparatory Meeting calling for a doubling of India's pledge to the Global Fund and a doubling of national health expenditure.
- The full investment case will be published later today. Check [Global Fund](#) for updates later today, & **Aidspan** in the coming days.
- AFP - [Deadly drug-resistant TB a 'blinking red' global threat](#)

Published ahead of the kick-off meeting: "**Deadly, drug-resistant tuberculosis -- as lethal as Ebola and tough to treat in even the best hospitals -- is a "blinking red" worldwide threat, the head of a global health fund warned in an interview with AFP. "We should all be more worried about multidrug-resistant TB than we are. It gets nothing like the level of attention it should do," Peter Sands, Global Fund's head, told AFP during a visit to New Delhi...."**

Coincidentally, the **GF** also reported [Significant Progress Achieved Against TB in High-Burden Asian Countries](#)

"Preliminary results from a joint initiative to find and treat additional 1.5 million "missing" tuberculosis patients by the end of 2019 show solid progress, with Asia driving the success. Six countries in Asia with the highest burdens of TB in the world have found an additional 450,000 cases of TB in the past year alone, and more than 840,000 additional patients compared with 2015. Half of the additional TB cases found last year through the initiative, which is supported by the Global Fund, World Health Organization and the Stop TB Partnership, were in India alone...."

GAVI

CGD (blog) - Gavi Going Forward: Immunization for Every Child Everywhere?

A Glassman et al; <https://www.cgdev.org/blog/gavi-going-forward-immunization-every-child-everywhere>

Must-read. *“In December 2018, the Gavi Alliance, the organization that helps low-income countries vaccinate its children, hosted a **mid-term review** to **assess progress towards its core purpose: “reach every child everywhere with vaccines against preventable diseases.”** The **good news** is that there’s been advances on new vaccine introductions, and an estimated 65 million children were immunized with Gavi-supported new and underutilized vaccines in 2017. **The bad news?** There is still huge variability on the measure that counts most for building herd immunity and reducing vaccine-preventable disease: full vaccination for age among children under 2 years old. And this **problem is worse where Gavi is phasing out**, raising issues for the organization as it looks critically at its mission ahead of its 2019/2020 replenishment, and is relevant all over the world as recent measles outbreaks in the Philippines and in Washington State starkly illustrate....”*

“Gavi’s recent 2021–2025 strategy document highlights some of the reasons behind low coverage and inequalities in both Gavi-eligible and transition countries. They include weak health systems, clustering of vulnerable populations in non-eligible MICs, vaccine pricing in non-eligible MICs, conflict, back-sliding coverage in MICs, changing demographics, prevention of and response to outbreaks, and climate change, among others. And a 2017 study found that inequalities in vaccination coverage across 45 Gavi-eligible countries is most strongly associated with low levels of maternal education and poverty (with child sex, child malnutrition, and urban/rural residence also playing a role in some countries)....”

International Day of Zero Tolerance for Female Genital Mutilation (6 Feb)

UN News - With millions of girls ‘at risk’ today of genital mutilation, UN chief calls for zero tolerance

<https://news.un.org/en/story/2019/02/1032061>

*“Female genital mutilation, is “an abhorrent human rights violation” still affecting women and girls around the globe, **UN Secretary-General Antonio Guterres** stated in his message for the International Day of Zero Tolerance for FGM, marked on Wednesday.”*

*...“An **estimated 200 million women and girls alive today have been subject** to this harmful practice” the UN chief said, “**and every year, almost four million girls are at risk**”....*

““On this Day of Zero Tolerance, I call for increased, concerted and global action to end female genital mutilation and fully uphold the human rights of all women and girls,” concluded the Secretary-General. ...”

NPR Goats & Soda - The 2019 Report Card For The Fight To End Female Genital Mutilation

[NPR Goats & Soda](#);

Good **helicopter view** of the worldwide FGM situation. “...Despite the recent headlines, researchers believe that **very real strides have been made to reduce FGM's prevalence....**”

And an excerpt: “**This February the African Union is launching a campaign to eliminate FGM at its conference in Addis Ababa, The goal is to set up a mechanism for African countries to report regularly on their progress, making them accountable to the public and the international community, says Nafissatou Diop, coordinator of the UNFPA-UNICEF joint program on the elimination of FGM. Diop points to more promising news: Over the past several months two announcements of major funding show "clear and important ... momentum to eliminate" practice by 2030, as called for by the U.N.'s Sustainable Development Goals, she says. One is the United Kingdom's recent pledge of 50 million pounds to help end FGM across the most affected areas in Africa. The other is the European Union's commitment of 250 million euros for the U.N.'s Spotlight Initiative to eliminate violence against women and girls in Africa....**”

Ebola DRC – Guarded optimism as Ebola outbreak hits its 6 month mark

For the latest snapshot, see [CIDRAP](#).

Stat News - Top WHO official sees progress in grueling fight against Ebola outbreak

[Stat News](#);

From late last week. “...six months after the ongoing Ebola outbreak in the Democratic Republic of the Congo began, **efforts to stop spread of the disease are producing signs of progress, a senior World Health Organization official told STAT on Thursday. Transmission has either been halted or significantly reduced in a number of the areas where the disease has spread, said Dr. Mike Ryan, assistant director of the WHO's emergency preparedness and response program. But there is still intense transmission in a large city, Katwa, and stopping the disease there is not going to be an easy task, said Ryan. He described the outbreak as more of a series of linked epidemics than one large outbreak....**” (see also CIDRAP - [Guarded optimism as DRC Ebola outbreak hits 6-month mark](#))

Lancet – Ebola in the Democratic Republic of the Congo: time to sound a global alert?

L Gostin et al; [Ebola in the Democratic Republic of the Congo: time to sound a global alert?](#)

WHO's message of 'guarded optimism' contrasted with this Lancet viewpoint by a number of public health experts, which came out on Monday.

*“...Faced with an evolving complex humanitarian crisis, and recent elections complete, WHO Director-General Tedros Adhanom Ghebreyesus **should reconvene the Emergency Committee (EC) and consider declaring a Public Health Emergency of International Concern (PHEIC)....”***

Criteria for a PHEIC have been met (already for some time, actually), they say, and although they commend WHO’s leadership & operational endurance in this outbreak, they feel it’s time to declare a PHEIC. They, however, admit, that announcing a PHEIC might also have potential adverse impacts.

Devex – Why can't pregnant women be vaccinated during epidemics?

J Abrahams; <https://www.devex.com/news/why-can-t-pregnant-women-be-vaccinated-during-epidemics-94079>

“As an Ebola outbreak worsens in Congo, one key group is being denied a life-saving vaccination.” An update on where things stand for pregnant women in terms of vaccination during epidemics. Linked to a new Wellcome Trust supported report. *“It’s time to shift the paradigm”*.

Telegraph - Ebola's lost blood: row over samples flown out of Africa as 'big pharma' set to cash in

<https://www.telegraph.co.uk/news/0/ebolass-lost-blood-row-samples-flown-africa-big-pharma-set-cash/>

Other Ebola related news: **“A row is simmering over the ownership of thousands of Ebola blood samples taken from patients during the 2014-16 epidemic in West Africa and now held in secretive laboratories around the world.** The samples have enormous value to researchers involved in creating new vaccines and medicines but also to defence facilities such as Porton Down in the UK where research on bio-chemical agents and their antidotes is conducted. **Now several African scientists and Ebola survivors accuse the laboratories of biological asset stripping.** Despite the samples having been taken from thousands of Africans, **scientists from these patients’ home countries - Sierra Leone, Guinea and Liberia - are unable to access them for their own research....”**

Moreover, *“.... none of the people whose blood was taken gave their consent for research and the samples are still linked to the clinical and personal data of the patients....”*

Suicide rates falling globally

BMJ Editorial - Suicide falls by a third globally

<https://www.bmj.com/content/364/bmj.l416>

*“In a linked [article](#), Naghavi and colleagues analysed findings from the 2016 iteration of the Global Burden of Disease Study and identified **remarkable changes in suicide rates worldwide.** They describe patterns of suicide mortality and years of life lost globally, regionally, and for 195 countries and territories by age, sex, and Socio-demographic index from 1990 to 2016. **Their results indicate substantial reductions in suicide globally—a 33% decline in the age standardised suicide rate***

between 1990 and 2016—but underscore that suicide remains a leading cause of years of life lost in many parts of the world. ...

... Further, their findings draw attention to the **remarkable heterogeneity in suicide trends across countries and demographic subgroups that warrant further investigation.** Exceptionally high (Lesotho, Lithuania), rising (Zimbabwe, Jamaica), low (Lebanon, Syria), or falling (China, Denmark) suicide rates prompt the question of whether estimated patterns are real. **The lack of complete and high-quality vital registration data in most countries leads to heavy reliance on modelling;** results could reflect modelling assumptions rather than underlying data....”

- See also the linked **Opinion in BMJ - [Global suicide mortality: Using data to inform action and monitor progress](#)** (by M Naghavi et al)
- For some **coverage**, see **The Guardian - [Suicide rates falling around the world, study says](#)**

“Researchers say the overall trend is down thanks to poverty reduction and better healthcare.”

*“Suicides have fallen globally by more than a third since 1990, according to a far-reaching analysis that highlights **profound differences in the number of men and women taking their own lives....**”*

Tax justice

Guardian - The tech giants won't like it, but a digital tax must become a reality

https://www.theguardian.com/business/2019/feb/03/tech-giants-facebook-oecd-digital-tax-must-become-reality?CMP=Share_iOSApp_Other

“The OECD’s bid to tax digital services across the world’s 34 richest nations is a step towards fairness.”

“...Last week, the Organisation for Economic Co-operation and Development (OECD), which is attempting to standardise tax rules across the world’s 34 richest nations, said that its members had agreed to consider benchmarks for taxing digital services....”

Systems leadership

IISD - [Researchers Promote “Systems Leadership” for Achieving SDGs](#)

*“The **Harvard Kennedy School** published a preview of its research into “**systems leadership**,” an approach to solving complex problems. The authors suggest that systems leadership is suited to harnessing broad-based efforts towards achieving the SDGs....”*

“The research preview is issued in the form of the [executive summary](#) to a forthcoming report. The summary identifies key features of systems leadership: engaging with stakeholders to define shared goals; conducting a mapping of the system in question; finding ways to energize stakeholders, for example through inspiration, incentives and deadlines; acting with accountability; and reviewing progress....”

By Lisa Dreier, David Nabarro and Jane Nelson.

Key papers of the week

Global Health Research and Policy - (How) does RBF strengthen strategic purchasing of health care? Comparing the experience of Uganda, Zimbabwe and the Democratic Republic of the Congo

S Witter et al; [Global Health Research and Policy](#);

*“Results-Based Financing (RBF) has proliferated in health sectors of low and middle income countries, especially fragile and conflict-affected ones, and has been presented as a way of reforming and strengthening strategic purchasing. However, few studies have empirically examined how RBF impacts on health care purchasing in these settings. **This article examines the effects of several RBF programmes on health care purchasing functions in three fragile and post-conflict settings: Uganda, Zimbabwe and the Democratic Republic of Congo (DRC) over the past decade. ...”***

Results & conclusion: *“Across the cases, at the government level, we find little change to the accountability of purchasers, but RBF does mobilise additional resources to support entitlements. In relation to the population, RBF appears to bring in improvements in specifying and informing about entitlements for some services. However, the engagement and consultation with the population on their needs was found to be limited. In relation to providers, RBF did not impact in any major way on provider accreditation and selection, or on treatment guidelines. However, it did introduce a more contractual relationship for some providers and bring about (at least partial) improvements in provider payment systems, data quality, increased financial autonomy for primary providers and enforcing equitable strategies. More generally, RBF has been a source of much-needed revenue at primary care level in under-funded health systems. The context—particularly the degree of stability and authority of government—, the design of the RBF programme and the potential for effective integration of RBF in existing systems and its stage of development were key factors behind differences observed. ... Our evidence suggests that **expectations of RBF as an instrument of systemic reform should be nuanced**, while focusing instead on expanding the key areas of potential gain and ensuring better integration and institutionalisation, towards which two of the three case study countries are working. “*

BMJ Global Health (Commentary) - Using rapid reviews to strengthen health policy and systems and progress towards universal health coverage

Etienne Langlois et al ; <https://gh.bmj.com/content/4/1/e001178>

Summary : « *Progress towards universal health coverage should be informed by timely evidence on the effectiveness of health systems interventions, how and in what settings these interventions work, their cost-effectiveness, and the legal, ethical and societal implications of implementing these interventions. **Rapid reviews have emerged as an efficient approach to producing relevant and contextualised evidence often arising from requests by decision-makers, thus enhancing their applicability for health policy and systems decision-making. Various mechanisms exist to enhance the timeliness of reviews, including using review shortcuts, narrowing the scope, intensifying the work on review processes and automating review steps. Stakeholders involved in rapid reviews should be transparent about their methodological choices, and strong collaboration between knowledge producers and users is encouraged to make sure the resulting evidence fits its intended purpose. Challenges in fast-tracking reviews include their application to complex health policy and systems interventions, striking a balance between accelerating review methods and maintaining robustness and transparency, as well as strengthening capacity for the conduct and use of rapid reviews.***»

Lancet Diabetes and Endocrinology - Community groups or mobile phone messaging to prevent and control type 2 diabetes and intermediate hyperglycaemia in Bangladesh (DMagic): a cluster-randomised controlled trial

[https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(19\)30001-4/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(19)30001-4/fulltext)

Cfr a tweet: “**We can prevent diabetes.** A new large population trial in Bangladesh, published in the Lancet today, shows **community mobilisation through men's and women's groups cuts the relative risk of pre-diabetes and diabetes by an astonishing 64%** “

Some key blogs & mainstream media articles of the week

Ongoing debate on long-term trends in global poverty in the blogosphere

We recommend the following two blogs:

- **Jason Hickel** - [A letter to Steven Pinker \(and Bill Gates, for that matter\) about global poverty](#)

Fabulous blog.

His view is not uncontroversial (among others, Martin Ravallion weighed in, on Twitter, and there was also this blog [How do we know the history of extreme poverty?](#) (by Joe Hasell & Max Roser)).

- To put it in the right perspective, also read **Branko Milanovic's** (even broader) helicopter view: [Global poverty over the long-term: legitimate issues](#)

Meanwhile, Hickel already reacted to Roser's graph as well - [A response to Max Roser: how not to measure global poverty](#).

Global Health Policy Unit (Edinburgh) - Bringing the IMF in from the cold

Mark Hellowell; <https://ghpu.sps.ed.ac.uk/bringing-the-imf-in-from-the-cold/>

“The IMF is unpopular among global health scholars. But in the SDG era, should we be bringing this powerful actor in from the cold?” Well worth a read.

Excerpts: *“...Many global health scholars have argued that the IMF has prevented the equitable development of health systems in Africa. Others argue to the contrary that the IMF has enabled higher public health spending in LMICs on average. There is a more nuanced position that, like its neighbour on Washington’s 19th Street, the World Bank, **the IMF is not the creature it was in the last 15 years of the 20th century...**”*

*“...**The architecture for the poorest countries changed again in 2009, in a series of reforms that further enhanced the IMF’s focus on safeguarding ‘social protection’.** By failing to take account of this variation over time, the existing research is less informative than it could be about what the IMF does and what its consequences are for poor countries. As the IMF is left out in the cold, scholars are missing out on opportunities to influence this key global actor. Our work in GHPU has begun to address this. **We have examined, for example, how the effects of IMF agreements on public health spending vary by type of agreement (i.e. those that are designed to emphasise social protection, and those that are not), and by the income category of the recipient country (see more here)...**”*
Check out what they found.

Read also [Austerity Politics, Global Neoliberalism, and the Official Discourse within the IMF](#) (by K Farnsworth et al, on **Global Policy**)

*“Is austerity a ‘dream come true’ for neoliberals, or did the global financial crisis force policymakers to question neoliberalism’s core principles and change direction? **Focusing on speeches by members of the International Monetary Fund, Kevin Farnsworth and Zoë Irving find little to suggest that the fundamental assumptions of neoliberalism have been displaced.**”*

The Collective Psychology Project

<https://www.collectivepsychology.org/political-polarisation-health/>

Alex Evans’ latest project, “fit for our polarised age”.

Some background: *“**The Collective Psychology Project is a collaborative inquiry into how psychology and politics can be brought together** in new, creative ways that help us to become a larger us instead of a them-and-us. From now until summer 2019, we’re working on an initial research and scoping phase, including mapping the ground and who’s doing what, convening conversations between the worlds of psychology and politics, and pulling our findings together in an agenda-setting think piece. ... Discussion of anxiety often centres on young people and the personal pressures they face, but anxiety and threat perception can be collective as well as individual. **What would it look like, then, to take a more psychologically sound approach to political polarisation, in which polarisation is seen and treated as a symptom of exactly the kind of unresolved threat perception that lies at the heart of trauma and chronic anxiety?... Reimagining polarisation as a public mental health issue** implies that the way forward is less about victory than about healing... ”*

The Davos set are cosyng up to the far right – and scared of the left

Cas Mudde ; <https://www.theguardian.com/commentisfree/2019/feb/05/davos-set-far-right>

“The World Economic Forum event revealed how elites are more afraid of leftwing populists, than rightwing ones like Bolsonaro.”

NYT - Giant Strides in World Health, but It Could Be So Much Better

A Frakt et al <https://www.nytimes.com/2019/02/04/upshot/giant-strides-in-world-health-but-it-could-be-so-much-better.html>

With quotes from **Devi Sridhar**, **Peter Piot** and others.

Cfr a **tweet by Benjamin Mason Meier**: “A welcome “#globalhealth is getting better” story, but it feeds into an oversimplified view of #publichealth — #infectiousdisease flows from south to north while #NCDs flow north to south — and neglects the complex interdependence of a globalizing world.”

NYT - Abolish Billionaires

F Manjo; <https://www.nytimes.com/2019/02/06/opinion/abolish-billionaires-tax.html>

“A radical idea is gaining adherents on the left. “ Hope Global Health will take it up. And no worries, this is not mean to be a 21st century Stalinist-style purge, it would all go via “structural reforms” 😊.

Excerpt: “... it is an illustration of the political precariousness of billionaires that the idea has since become something like mainline thought on the progressive left. **Bernie Sanders and Elizabeth Warren are floating new taxes aimed at the superrich, including special rates for billionaires. Representative Alexandria Ocasio-Cortez, who also favors higher taxes on the wealthy, has been making a moral case against the existence of billionaires.** Dan Riffe, her policy adviser, recently changed his Twitter name to “Every Billionaire Is A Policy Failure.” Last week, HuffPost asked, “Should Billionaires Even Exist?” I suspect the question is getting so much attention because the answer is obvious: Nope. Billionaires should not exist — at least not in their present numbers, with their current globe-swallowing power, garnering this level of adulation, while the rest of the economy scrapes by...”

Global health events

Decolonizing Global Health Conference 2019 (Harvard, later today (9 Feb))

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

Check out the programme. And follow the [livestream](#).

Coming up – African Union Summit (Ethiopia, 10-11 Feb) – Incl: Africa To Review Fight Against Neglected Tropical Diseases

[Africa](#);

“A ‘league table’ is being drawn up showing how African countries are faring in the fight against neglected tropical diseases (NTDs). NTDs rarely make headline news, yet they affect 1.6 billion people in the poorest parts of the globe – including around 580 million people in Africa. That’s close to 50% of the entire population of Africa. On February 10th and 11th African leaders will attend the African Union Summit in Ethiopia. The Summit will include a presentation and a discussion of the African Leaders Malaria Alliance (ALMA) scorecard, a tool which tracks the progress against malaria as well the five most common NTDs, amongst other diseases.

Some of the expected stats: *“Three African countries – which are among the poorest on the continent – have, in the last three years, consistently out-performed richer neighbours in the fight against NTDs. The number of those in need of treatment for NTDs continent-wide has reduced in the last three years, while the proportion of those in need of treatment, and who received it, has increased. One African country alone has tens of millions of people requiring treatment for a single NTD. While medicines to protect African citizens from these debilitating diseases are available to the countries for free, some countries in Africa are still not protecting their populations....”*

Dubai prepares for next global pandemic

[Gulf News](#);

“The inaugural Global Health Forum, set to run at the seventh edition of the World Government Summit in Dubai’s Madinat Jumeirah next Sunday to Tuesday, will address Disease X — a concept pandemic that the World Health Organisation (WHO) has identified as the next big global threat to public health. Organised in partnership with WHO, the forum is set to draw the participation of leading healthcare experts, health ministers and scientists. It will also examine the most feasible ways to harness technology to make people healthier, while exploring the future of the healthcare industry....”

Coming up - Webinar 15 Feb (New WHO Community Health Worker Guideline & Additional Resources)

<https://www.eventbrite.com/e/webinar-new-who-community-health-worker-guideline-additional-resources-tickets-54667800864>

*“On Friday, February 15, 8:30-10:00am EST, the World Health Organization (WHO), USAID's flagship Maternal and Child Survival Program (MCSP) and CORE Group will host a **webinar to disseminate the new WHO community health workers (CHW) guideline that was launched on October 26, 2018 at the Global Conference on Primary Health Care in Astana commemorating 40 years after Alma-Ata....”***

Coming up: launch of Women in Global Health Africa Hub (at the Africa Health Agenda International Conference (AHAIC 2019) in Kigali, Rwanda (5-7 March)

Via Twitter.

Global governance of health

Irin - New UN deal with data mining firm Palantir raises protection concerns

https://www.irinnews.org/news/2019/02/05/un-palantir-deal-data-mining-protection-concerns-wfp?utm_source=twitter&utm_medium=irinsocial&utm_campaign=irinupdates

“CIA-linked software firm Palantir will help the UN’s World Food Programme analyse its data in a new partnership worth \$45 million, both organisations announced Tuesday, drawing immediate flak from privacy and data protection activists.”

Cfr a tweet: *“As France and others determine Palantir is too compromised to work with law enforcement, @WFP brings them into the most vulnerable contexts in the world. This is what my Ebola paper warned about. **Humanitarianism in the age of #SurveillanceCapitalism** - staggering. #hpnw2019”*

See also the WFP press release - [Palantir and WFP partner to help transform global humanitarian delivery.](#)

Guardian - Amnesty International has toxic working culture, report finds

<https://www.theguardian.com/world/2019/feb/06/amnesty-international-has-toxic-working-culture-report-finds>

“Amnesty International has a “toxic” working environment, with widespread bullying, public humiliation, discrimination and other abuses of power, a report has found. A review into workplace culture, commissioned after two staff members killed themselves last year, found a dangerous “us

versus them” dynamic, and a severe lack of trust in senior management, **which threatened Amnesty’s credibility as a human rights champion....”**

Devex - There is no road to UHC without gender equality and women's empowerment

Ann Keeling, Roopa Dhatt et al; <https://www.devex.com/news/opinion-there-is-no-road-to-uhc-without-gender-equality-and-women-s-empowerment-94223>

*“...The WHO Secretariat and member states responded to the call for action on gender equality in UHC. Here are **five things we hope to see beyond the 144th executive board meeting:...**”*

“Address gender equality and women’s empowerment at the 2019 UN High-level Meeting on UHC; Greater commitment for gender parity from WHO’s Executive Board; A gender transformative investment in the current and future worldwide health workforce has an SDG Dividend; An inclusivity advisory and oversight group for WHO, a key recommendation of the WHO Civil Society Task Force; WHO remains active in addressing root inequities that impact health for all, such as SDG 5, by establishing an accelerator in the SDG3 Global Action Plan....”

CEPI website - new look

<https://cepi.net/>

Check out the revamped website.

Devex - Why WEF is working with NGOs on the Fourth Industrial Revolution

<https://www.devex.com/news/why-wef-is-working-with-ngos-on-the-fourth-industrial-revolution-94228>

*“For international NGOs, many of the technologies on the agenda at the World Economic Forum annual meetings in Davos, Switzerland, last week will require them to rethink the way they work. “Historically, INGOs have not had to transform in the face of radically evolving external circumstances,” said Mark Viso, CEO at Pact. “We could continue with business as usual, implementing projects based on donor-identified needs, and continue to do some good in the world. But, at Pact, we believe that this isn’t sufficient to end poverty, so we’re challenging ourselves to adapt — to transform— from the organization’s governance to the way we program.” “We’re at a point in time where we must take bold, transformative action if we are to ensure the advances of the Fourth Industrial Revolution benefit everyone,” he added. **NGOs are increasingly aware of the fact that they cannot navigate this period of rapid technological change if they remain in their silos. That was part of the motivation for Preparing Civil Society for the Fourth Industrial Revolution, a***

new initiative launched in Davos last week, which Pact and the Children's Investment Fund Foundation are supporting. Over the next three years, the more than 25 organizations that have joined the effort will identify ways to pursue the benefits of technologies such as big data and artificial intelligence, while also addressing the challenge of consumer trust and protecting the people they aim to serve...."

UHC

UHC 2030 Newsletter – 1st issue of 2019

<https://newsletter.uhc2030.org/t/ViewEmail/t/B37376E4906C76412540EF23F30FEDED/DE1D9760923C2E5D2540EF23F30FEDED>

For all the latest, including [how you can contribute to the UN HLM on UHC](#).

As a reminder: *"This UN HLM will be the last chance before 2023, the mid-point of the SDGs, to mobilise the highest political support to package the entire health agenda under the umbrella of UHC, and sustain health investments in a harmonised manner. To do this, it is critical to identify how the political declaration on UHC can add value to these efforts and set milestones towards achieving UHC by 2030."*

Launch of the CSOs4UHC website

<https://csemonline.net/>

Check it out. "Learn more about our movement of over 250 organizations, in more than 50 countries, raising civil society voices to #LeaveNoOneBehind in #UHC2030. "

Brookings – Achieving health gains on the way to UHC in Africa

A Thoumi et al; <https://www.brookings.edu/blog/future-development/2019/02/01/achieving-health-gains-on-the-way-to-universal-health-coverage-in-africa/>

"Based on work at Duke University, we believe that a winning game plan to institute high-value health systems involves three priorities...." 1. Create the financing and policy systems to encourage efficiency and innovation; 2. Strengthen public and private sector collaboration to shift care from hospitals to communities; 3. support networks to exchange learning.

Planetary health

UN News - Guterres underlines climate action urgency, as UN weather agency confirms record global warming

<https://news.un.org/en/story/2019/02/1032121>

“In the wake of data released by the United Nations World Meteorological Organization (WMO), showing the past four years were officially the ‘four warmest on record,’ UN Secretary-General António Guterres called for urgent climate action and increased ambition, ahead of his climate summit in September.”

For more dire warnings, see also the Guardian - [Met Office: global warming could exceed 1.5C within five years](#)

“Global warming could temporarily hit 1.5C above pre-industrial levels for the first time between now and 2023, according to a long-term forecast by the Met Office. Meteorologists said there was a 10% chance of a year in which the average temperature rise exceeds 1.5C, which is the lowest of the two Paris agreement targets set for the end of the century. Until now, the hottest year on record was 2016, when the planet warmed 1.11C above pre-industrial levels, but the long-term trend is upward. Man-made greenhouse gases in the atmosphere are adding 0.2C of warming each decade but the incline of temperature charts is jagged due to natural variation: hotter El Niño years zig above the average, while cooler La Niña years zag below. In the five-year forecast released on Wednesday, the Met Office highlights the first possibility of a natural El Niño combining with global warming to exceed the 1.5C mark...”

Guardian - UK worst offender in Europe for electronic waste exports – report

https://www.theguardian.com/environment/2019/feb/07/uk-worst-offender-in-europe-for-electronic-waste-exports-report?CMP=share_btn_tw

“The UK is the worst offender in Europe for illegally exporting toxic electronic waste to developing countries, according to a two-year investigation that tracked shipments from 10 European countries. The investigation by the environmental watchdog the Basel Action Network (BAN) put GPS trackers on 314 units of computers, LCD monitors and printers placed in recycling facilities in 10 countries. Researchers mapped what they said was the export of 11 items to Ghana, Nigeria, Pakistan, Tanzania, Thailand and Ukraine...”

“Ireland, Denmark, Italy, Spain and Germany also exported electronic waste to developing countries in what are suspected to be illegal shipments, the report said. By extrapolating the illegal exports with figures on electronic waste generation throughout Europe, the report estimated that 352,474 metric tonnes of electronic waste was being illegally shipped from the EU to developing countries each year....”

Economist - ExxonMobil's climate-wrecking bet

<https://www.economist.com/leaders/2019/02/09/exxonmobils-climate-wrecking-bet>

“Even as concerns about global warming grow, energy firms are planning to increase fossil-fuel production. None more than ExxonMobil.”

Infectious diseases & NTDs

Plos Collection – Epidemiological metrics for the HIV epidemic

<https://collections.plos.org/hiv-transmission-benchmarks>

*“Extraordinary progress has been made to halt and reverse the spread of HIV. However, there is still a long way to go to end the epidemic, as called for in the third Sustainable Development Goal. **This Special Collection reviews metrics to understand progress in diverse HIV epidemics.** It considers both the public health and the human rights lessons learned from other infectious diseases and provides suggestions to evaluate the success of global, national and local HIV responses.”*

Make sure you check out one of the latest additions to this Collection:

Plos Med - Setting targets for HIV/AIDS—What lessons can be learned from other disease control programmes?

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002735>

“In a Collection Review, Richard Hayes and colleagues discuss metrics for assessing progress in control of the HIV/AIDS epidemic in the context of prior disease control programmes. Part of the Epidemiological metrics for the HIV epidemic collection.”

HPW - New Funding Partnership To Develop Innovative Drugs For Leishmaniasis

<https://www.healthpolicy-watch.org/new-funding-partnership-to-develop-innovative-drugs-for-leishmaniasis/>

“Wellcome has committed to provide more than £10 million to the Drugs for Neglected Diseases initiative (DNDi) over three years to develop new oral treatments for leishmaniasis, a devastating parasitic disease that primarily affects some of the world's poorest people.”

Lancet Infectious Diseases (Feb issue)

<https://www.thelancet.com/journals/lanhiv/issue/current>

Among others, with this **Comment** - [Reaching the 90-90-90 target: lessons from HIV self-testing](#) and a **Viewpoint** already published online before [Global PrEP roll-out: recommendations for programmatic success](#).

Johns Hopkins - To Halt Malaria, More Research Focused on Human Behavior Needed

<http://ccp.jhu.edu/2019/01/22/malaria-transmission-research-human-behavior/>

*“Wherever possible, researchers should not just focus on mosquito behavior when working to eliminate malaria, but must also consider how humans behave at night when the risk of being bitten by an infected mosquito is highest, new findings from the Johns Hopkins Center for Communication Programs suggest. A CCP-led review article published in [Malaria Journal](#) last week finds that while there is substantial research into when malaria mosquitoes bite, when they are most active and which species are most likely to spread disease, there is very little that considers the other side of the equation: people. **“The neglected piece has really been human behavior,”** says CCP’s April Monroe, who works on the VectorWorks project funded by the President’s Malaria Initiative. **“There’s been a big focus on mosquito behavior. But you have to look at mosquitoes and people together to really understand what is going on and how to reduce malaria risk.”**...”*

“...While studies have shown that most people who have nets use them, there are times when malaria mosquitoes are biting when it may not be possible to use a net. This includes while doing household chores and socializing in the evening before bed, as well as during outdoor night-shift jobs, such as providing security or fishing, and while attending community events such as funerals, weddings or religious events which can last throughout the night....”

Nature News - ‘Diet drugs’ suppress mosquitoes’ thirst for blood

<https://www.nature.com/articles/d41586-019-00511-4>

“Method shows promise for disease control, but practical hurdles remain.”

*“A hungry mosquito is at best a nuisance; at worst, it is a transmitter of deadly diseases. Now, **researchers have discovered a way to stop mosquitoes biting — by using human ‘diet’ drugs to trick them into feeling full.** The scientists suggest that the drugs could one day be used to control the spread of diseases. Their results are reported in *Cell* on 7 February...”*

Cidrap News - Study: Dengue immunity may have offered protection against Zika in Brazil

<http://www.cidrap.umn.edu/news-perspective/2019/02/study-dengue-immunity-may-have-offered-protection-against-zika-brazil>

*“A new study published today in Science shows that **prior dengue infection may have protected some Brazilians from severe Zika infections during the 2015-2016 epidemic in the Americas.** The study findings could have major implications for both Zika and dengue vaccine developments....”*

BMJ Editorial - Making the case: developing innovative adherence solutions for the treatment of tuberculosis

M Verma et al; <https://gh.bmj.com/content/4/1/e001323>

*“...TB treatment is challenging with its prolonged and frequent dosing regimen that may be associated with challenging side effects. While significant work has been done to support adherence among people living with TB who are on treatment—including direct observation of therapy and provision of socioeconomic support—**there has been limited focus on translation of how the medications themselves and their administration might be altered to improve adherence....”***

- Via [STAT news](#) – “Authorities in China are investigating whether more than 12,000 units of a blood plasma product were contaminated with HIV.” But AP already [reported](#) “**China says tests on plasma products negative for HIV**”. “Chinese investigators said Thursday tests on a batch of a plasma product feared to have been contaminated with HIV have turned up negative for the virus that causes AIDS. **The result appears to have headed off the possibility of yet another scandal involving medical products in the country.** Incidents include the falsifying of production records for rabies vaccines that prompted a nationwide crackdown on the industry and the injecting of other faulty vaccines.”
- Via [Global Health Now](#): **Measles is making a global comeback**, with several outbreaks in different countries....

NCDs

WHO Bulletin - Prevention and control of noncommunicable diseases: lessons from the human immunodeficiency virus experience

Seye Abimbola et al; https://www.who.int/bulletin/online_first/18-216820.pdf?ua=1

*“...In many low- and middle-income countries, the challenges of scaling up successful localized projects to achieve national coverage are well recognized. However, because of the widely acknowledged success of national efforts to scale up interventions to prevent and control human immunodeficiency virus (HIV) infection, the disease is now largely managed as a chronic condition. **The shift means that lessons from the HIV experience may be transferable to the rollout and scale-up of effective interventions for noncommunicable diseases in low-and middle-income countries....***

*.... However, **acknowledging that significant differences exist between HIV and noncommunicable diseases and that these differences influence implementation and scale-up is important...** In addition to the specific lessons gained from the HIV field, **efforts to adopt lessons and innovations from the HIV experience to scale up noncommunicable disease interventions should be informed by several approaches...***

*“...While there is much to learn from the HIV experience, noncommunicable diseases have peculiarities that may limit the transferability of learnings or require significant adaptation of such learnings. The same applies to the transferability of learnings on noncommunicable disease prevention and control between high-income and low- and middle-income countries. However, the scale-up of interventions to prevent and control noncommunicable diseases, especially in low- and lower-middle-income countries, presents an opportunity for the use of research to facilitate quick and potentially global spread of effective and innovative interventions. **We therefore call for the development of research and practice platforms that allow for progressive and systematic accumulation and sharing of field learnings from scale-up efforts.** These platforms will maximize learning from the experience of scale-up of HIV interventions and from the scale-up of noncommunicable disease interventions between settings.”*

Lancet Public Health (Editorial) – A bleak look at mental health in the Americas

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30007-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30007-6/fulltext)

*“Is it really a massive wall along the border between the USA and Mexico that the American continent needs the most today? **A series of reports published in this issue of The Lancet Public Health strongly suggests that there might be more pressing issues for people living in the Americas—from North to South, these reports paint a worrying portrait for the state of mental health....**”*

Plos Med - Lifetime risk and multimorbidity of non-communicable diseases and disease-free life expectancy in the general population: A population-based cohort study

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002741>

“M. Arfan Ikram & colleagues assess the burden and preventability of co-occurring non-communicable diseases in the population-based Rotterdam Study.” This study got quite some attention in media.

BMJ News - WHO proposes rescheduling cannabis to allow medical applications

<https://www.bmj.com/content/364/bmj.l574>

“The World Health Organization has proposed rescheduling cannabis within international law to take account of the growing evidence for medical applications of the drug, reversing its position held for the past 60 years that cannabis should not be used in legitimate medical practice. The WHO Expert Committee on Drug Dependence met late last year to critically review available evidence on cannabis and related substances and to agree the most appropriate level of international control.”

Guardian - Delete your account: leaving Facebook can make you happier, study finds

https://www.theguardian.com/technology/2019/feb/01/facebook-mental-health-study-happiness-delete-account?CMP=share_btn_tw

“New study from Stanford and NYU finds logging off causes ‘small but significant improvements in wellbeing’”.

As for what happens when you quit Twitter, that study still needs to take place :)

HPW - Beat NCDs: Rwanda Celebrates First Car-Free Day, While Kenya Plans Air Pollution Sensors

<https://www.healthpolicy-watch.org/beat-ncds-rwanda-celebrates-first-car-free-day-while-kenya-plans-air-pollution-sensors/>

“Rwanda’s capital city, Kigali, celebrated its first car-free day today, while a Kenyan telecom company was reported to have launched a major initiative to install 3,000 low-cost air pollution sensors around the country, in response to growing fears about air pollution’s health impacts....”

Globalization & Health - The effect of community-based programs on diabetes prevention in low- and middle-income countries: a systematic review and meta-analysis

M Shirinzadeh et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0451-4>

*“The increasing prevalence of type 2 diabetes mellitus (T2DM) can have a substantial impact in low- and middle-income countries (LMICs). **Community-based programs addressing diet, physical activity, and health behaviors** have shown significant benefits on the prevention and management of T2DM, mainly in high-income countries. However, **their effects on preventing T2DM in the at-risk population of LMICs have not been thoroughly evaluated...**”* Hence this systematic review.

BMJ Journal of Sports Medicine - Walking on sunshine: scoping review of the evidence for walking and mental health

Paul Kelly et al; <https://bjsm.bmj.com/content/52/12/800>

Results & conclusion: *“For the 8 mental health outcomes (identified a priori), there were a total of 5 systematic reviews and 50 individual papers included. **Depression had the most evidence** and existing systematic reviews were reported. Evidence for anxiety, psychological stress, psychological well-being, subjective well-being and social isolation and loneliness varied in volume and effectiveness, but no harmful effects were identified. There were no studies for walking and resilience. **The setting and context of walking seems to be important variables.****The evidence base that suggests walking benefits mental health is growing, but remains fragmented and incomplete for some important outcomes.** Policy and national guidelines should promote the known mental health benefits of increased walking and future research should directly address the gaps we have identified.”*

Quick link:

The Conversation - [How easy access to alcohol, and adverts, affect women in South Africa](#)

Sexual & Reproductive / maternal, neonatal & child health

Science - Rise in size of African families may be tied to less schooling

J Kaizer; [Science](#);

*“Women deprived of an education in sub-Saharan Africa in the 1980s went on to have as many or more children than previous, more educated generations, halting a trend toward smaller families, a study published [today] suggests. The findings may help explain why Africa’s population has grown at an even more concerning rate than was once expected and, its authors say, emphasizes the need for investment in public education, especially for girls. **The researchers “make a strong case that had progress in schooling been maintained through the 1980s and 1990s, fertility would have declined more rapidly in many countries,”** says demographer John Casterline at Ohio State University in Columbus, who was not involved in the work. **Still, he says, other factors may be at play...**”*

Devex - In Nigeria, Trump administration policies bite hard

<https://www.devex.com/news/in-nigeria-trump-administration-policies-bite-hard-94238>

“At Adeoyo Hospital in Ibadan, Nigeria, reproductive health supplies are kept in the special store located almost directly beneath the accident and emergency unit. The store serves hospitals and NGOs conducting family planning work across the southwest region of the country. But stock is rapidly depleting. A Devex visit found low supplies of family planning products provided by the United Nations Population Fund after the United States pulled funding from the agency just under two years’ ago....”

Access to medicines

It’s a global fight now, see for example this short report on an ‘access to medicines’ fight in Canada:

Reuters - [Exclusive: Facing crackdown in Canada, drugmakers offered billions in price cuts](#)

“Canadian pharmaceutical industry lobby groups, in an effort to head off a planned crackdown on prescription drug prices, offered to give up C\$8.6 billion (\$6.6 billion) in revenue over 10 years, freeze prices or reduce the cost of treating rare diseases, according to interviews and documents seen by Reuters....”

IP Watch - Current R&D Causes High Prices In Drugs; New Model Needed To Make Drugs More Affordable, Speakers Say

<http://www.ip-watch.org/2019/02/01/current-r-new-model-needed-make-drugs-affordable-speakers-say/>

Short report of a side session at PMAC.

*“The current research and development model may encourage innovation in medicines, but has caused drugs to become unaffordable and inaccessible for people, particularly those in low- and middle-income countries, panellists and participants at a major conference here said. Speakers at the meeting have suggested ideas and proposals in hope to make drugs more affordable and accessible for patients, with many talking about more involvement by the public sector in research and development. **They were discussing at a side meeting of Prince Mahidol Award Conference (PMAC) 2019**, which is an annual international conference focusing on policy-related health issues, as said on its website. **A panel at the conference held on 30 January was entitled, “Research & development of NCD medicines: how can affordability be built into the business model?”** The event was moderated by Suerie Moon of the Graduate Institute Global Health Centre in Geneva. **Discussions focused on how R&D could continue to produce safe and efficacious drugs while making it more affordable and accessible....”***

Human Resources for Health

Quick link:

[HRH dimensions of community health workers: a case study of rural Afghanistan](#)

Miscellaneous

World Development Report 2020 – concept note

<http://pubdocs.worldbank.org/en/124681548175938170/World-Development-Report-2020-Concept-Note.pdf>

Will be on **Global Value Chains**.

Project Syndicate - Global health vs online trolls

J Nabi; <https://www.project-syndicate.org/commentary/social-media-undermining-medical-progress-by-junaid-nabi-2019-02>

“Advances in global public health in the twenty-first century will depend not only on ground-breaking research and community work, but also on winning the online information battle. Only by acting quickly to defeat social media trolls, can avoidable illnesses and deaths around the world be prevented.”

UN News - World must do more to tackle ‘shadowy’ mercenary activities undermining stability in Africa, says UN chief

<https://news.un.org/en/story/2019/02/1031931>

“With mercenaries undermining global peace and security and weakening States’ capacities to protect their people, the UN Security Council on Monday shone its spotlight on their activities as a source of destabilization in Africa.”

Oxfam's FP2 blog -No Matter Where You Live, the World is More Unequal Than You Realise, according to new research

F Mager et al; <https://oxfamblogs.org/fp2p/no-matter-where-you-live-the-world-is-more-unequal-than-you-realise-according-to-new-research/>

Update on new research.

*"New research by the Australian National University conducted in collaboration with Oxfam reaffirms that there is serious concern about inequality among ordinary people according to representative surveys of over 30,000 people across 10 different countries that make up over one-third of the world population. But **our most striking finding is that even across a set of very different countries, people's concerns about inequality is actually based on large misperceptions.** The new findings show **people tend to underestimate the extent of inequality in their country and think they are 'middle class' regardless of whether they are actually rich or poor.** In other words, people are bothered with inequality even though they don't realise how bad it is – and often poorer people don't realise they are among the poorest in their society. What's more, despite these rosy notions about the scale of inequality and erroneous self-placement, across all countries in the sample – from Mexico to Morocco to the US – **poor and rich people alike want inequality to be much lower...."***

2018 Global Go To Think Tank Index Report

https://repository.upenn.edu/cgi/viewcontent.cgi?article=1017&context=think_tanks

By the University of Pennsylvania's Think Tanks and Civil Society Program. *"The Think Tanks and Civil Societies Program (TTCSP) of the Lauder Institute at the University of Pennsylvania conducts research on the role policy institutes play in governments and civil societies around the world. Often referred to as the "think tanks' think tank," TTCSP examines the evolving role and character of public policy research organizations..."*

WB Investing in Health (blog) - Drones and blood safety can save lives

<http://blogs.worldbank.org/health/drones-and-blood-safety-can-save-lives>

Nice blog by **Patricio Marquez**.

Nature (News) - Thousands of scientists run up against Elsevier's paywall

https://www.nature.com/articles/d41586-019-00492-4?utm_source=twtr_nnc&utm_medium=social&utm_campaign=naturenews&sf207314913=1

“Researchers have been left without access to new papers as libraries and the major publisher fail to agree on subscription deals.” Some Northern researchers (for example in Germany, Hungary, ...) feeling the pain most in the South have been feeling for decades....

SDG Watch Europe – Reclaiming EU research and innovation as a public good

J McArdle (Global Health Advocates) <https://www.sdgwatcheurope.org/reclaiming-eu-research-and-innovation-as-a-public-good/>

*“EU-funded research and innovation has enormous potential to deliver a sustainable and equitable future, **yet we have fundamentally distorted its purpose, prioritising innovation for commercialisation over innovation for society’s needs**, writes Jill McArdle.”*

*“... **the current EU R&I programme sits under the Competitiveness heading in the EU’s seven-year budget** and is discussed by member states in the Competitiveness Council. Other goals, such as sustainable development and excellence, are not absent, but they are mostly treated as tools in pursuit of this ultimate goal....”*

Stat News - New voices at patients' bedsides: Amazon, Google, Microsoft, and Apple

<https://www.statnews.com/2019/02/06/voice-assistants-at-bedside-patient-care/>

*“At first it was a novelty: Hospitals began using voice assistants to allow patients to order lunch, check medication regimens, and get on-demand medical advice at home. **But these devices, manufactured by Amazon, Google, Apple, Microsoft and others, are now making deeper inroads into patient care.** Hospitals are exploring new uses in intensive care units and surgical recovery rooms, and contemplating **a future in which Alexa, or another voice avatar, becomes a virtual member of the medical team** — monitoring doctor-patient interactions, suggesting treatment approaches, or even alerting caregivers to voice changes that could be an early warning of a health emergency....”*

Finally, a quick link on Ivanka Trump's new toy – **Devex: [Making the most of the US 'umbrella initiative' for women's empowerment](#)** *“Today, the U.S. administration is launching a long-anticipated, inter-agency “umbrella initiative” designed to advance women’s economic*

empowerment globally. This could be an important opportunity for advancing gender equality in U.S. foreign policy....”

See also [Devex](#): “On Thursday, **the White House launched a women’s empowerment initiative** spearheaded by Ivanka Trump, senior adviser to the president and first daughter. USAID will allocate \$50 million to support **the Women’s Global Development and Prosperity Initiative — or W-GDP**. That money will create a new fund, **which “aims to help 50 million women in developing countries realize their economic potential by 2025,”** Ivanka Trump wrote in the Wall Street Journal. The initiative is in line with the Trump administration’s foreign assistance strategy, “which emphasizes investments that produce measurable results and help recipient countries become self-reliant,” Ivanka Trump wrote. In September, when Devex first reported on plans for the new initiative, Trump described it as **an “umbrella” effort to consolidate a range of individual projects under three strategic pillars: vocational education and skills training; promotion of women entrepreneurs; and barriers that bar women from economic participation.**

Emerging Voices

Board elections: three new Board members were elected for the EV4GH network. **Beibei Yuan** (Western Pacific region), **Jean-Paul Dossou** (African region) and **Radhika Arora** (South-East Asian region).

You find their profiles [here](#).

Health Research Policy & Systems - Kenya’s Health in All Policies strategy: a policy analysis using Kingdon’s multiple streams

Joy Mauti (EV 2016) et al <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0416-3>

“Health in All Policies (HiAP) is an intersectoral approach that facilitates decision-making among policy-makers to maximise positive health impacts of other public policies. Kenya, as a member of WHO, has committed to adopting HiAP, which has been included in the Kenya Health Policy for the period 2014–2030. This study aims to assess the extent to which this commitment is being translated into the process of governmental policy-making and supported by international development partners as well as non-state actors....”

Research

Health Research Policy & Systems - Evidence map of knowledge translation strategies, outcomes, facilitators and barriers in African health systems

A Edwards et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0419-0>

“...This paper provides a systematic overview of the literature on knowledge translation (KT) strategies employed by health system researchers and policy-makers in African countries...”

“...Evidence mapping methodology was adapted from the social and health sciences literature and used to generate a schema of KT strategies, outcomes, facilitators and barriers. ...”

“...Commonly reported KT strategies include policy briefs, capacity-building workshops and policy dialogues. Barriers affecting researchers and policy-makers include insufficient skills and capacity to conduct KT activities, time constraints and a lack of resources. Availability of quality locally relevant research was the most reported facilitator. Limited KT outcomes reflect persisting difficulties in outcome identification and reporting...”

Globalization & Health - What qualities are required for globally-relevant health service managers? An exploratory analysis of health systems internationally

R Harrison et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0452-3>

“Globally, health service leaders and managers have a critical role in strengthening health systems. Competency frameworks for health service managers are usually designed to describe expectations of good performance of a health manager within a country-specific health sector context. However, a growing number of health service management roles operate beyond a country-specific level, with managers requiring a global perspective and the skills and knowledge to work effectively across a range of countries and contexts. This study provides an exploratory analysis of the most relevant qualities perceived to facilitate health service managers to be effective when working in such roles...”

“Five themes emerged relating to the qualities required from health leaders in order to be effective when working in a global context: i) Managing and Making Change, ii) Collaborative Managers and Compassionate Leaders, iii) Continuous Learning, iv) Balancing Management Theory and Practice, and v) Leadership Skills...”