IHP news 509: As the Zeitgeist is shifting, quovadis Global health?

(15 Feb 2019)

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

Dear Colleagues,

It’s getting clearer by the day that the structural/systemic fight of our age is the one for a Green New Deal (in the AOC version, that is), at national and global level. Scientific journals and mainstream newspapers are publishing increasingly about upcoming ‘perfect storms’ and the risk of systemic collapse, this clearly ain’t the MDG era anymore. Some even claim, not inaccurately, this is no longer ‘climate change’ we’re living through, ours is actually the age of ‘environmental breakdown’. Systemic (policy) answers will thus be needed. And they’re rather urgent.

On that merry note, over to the Replenishments of global health funds. This week, the UK announced it will host the GAVI replenishment in 2020 (let’s hope there’s a Labour government by then, and that vaccines can still reach the UK itself 😊). The Global Fund replenishment kick-off meeting in Delhi end of last week didn’t really grasp our rapidly changing times yet (see the first paragraph), with exception of the (spot-on) understanding that more domestic revenue for health will and should be (part of) the future. Dr Tedros fully supports the replenishment, and as one of the sharpest Twitter voices pointed out, for the occasion, Tedros’ excellent speechwriter even came up with a rhetorical device John F Kennedy used to great effect in the past – “… the question is not whether the world can afford to invest in the Global Fund — it’s whether the world can afford not to. “ Not quite sure it’ll work to the same extent this time.

More domestic health spending was also one of the key messages at the Africa Leadership Meeting: Investing in Health convened prior to the 32nd AU meeting (9 Feb) in Addis Ababa (& accompanying Addis Ababa Call to action). A few days later, at the Africa Business Health Forum (12 Feb), the many virtues of involving the private sector more were highlighted (duh). By the way, Addis was a rather busy place this week, with also the First International Food Safety conference taking place there.

Earlier this week, for once, I felt in sync with Bill & Melinda Gates, when I saw the title of their annual letter, ‘We didn’t see this coming’. Upon reading their analysis of the world, and the way forward, our brief moment of total harmony brutally ended, though. But I have deep respect for their heartfelt commitment for the poor, and impressive track record of the Foundation. In this issue, you also find some analysis of the Decolonizing Global Health Conference in Harvard last week, among others from Werner Soors (see our 2nd editorial this week) and Renzo Guinto (who writes faster than Lucky Luke can shoot).

But we leave you with the – in our view accurate & uplifting assessment of Rutger Bregman (after his Davos visit), “… never before have I had such a strong feeling that the zeitgeist is really shifting and now you can talk about things that were simply not possible just a couple of years ago. It
seems like the window of what is politically possible is just opening up ...” Well, at least in the “North”, I’d say.

For that, among others, we owe Greta Thunberg. As somebody (around my age, I think), put it on Twitter, earlier this week: “When I grow up, I want to be like Greta Thunberg”. That sums it up nicely.

Enjoy your reading.

Kristof Decoster

Featured Article

The role of Ayurveda in health and well-being and its continuing relevance for today

Mahesh Madhav Mathpati (Research Associate at Trans-disciplinary University, Bengaluru, India and Visiting Scientist at London School of Hygiene and Tropical Medicine, UK)

For over a century various physicians, philosophers and scholars have used medicine or medical science to define health. This has contributed to the emerging issues around medicalisation of human experience and changed the dynamics around control and power within the health system. While modern biomedicine has made immense strides in medicine and surgery, it has overshadowed traditional forms of medicine, until more recent times when traditional medicine has witnessed a resurgence in popularity. Although the roots of modern medicine can be traced back to various medical traditions the current “modern medicine” approaches view traditional medicine with suspicion. However, due to increased interactions (interestingly, also due to ‘globalisation’) and geopolitical changes (with the rise of China and India, among others), we see a growing demand and spread of various health traditions globally – see for example this Nature news report from last year. Traditional forms of health care often take different – very diverse – approaches to bringing the person to a state of “good health,” and customisation would take into account diverse components in terms of food, medicine, lifestyle and cultural aspects.

The Indian health system recognises seven traditional systems: Ayurveda, Siddha, Unani, Yoga, Naturopathy, Homoeopathy and more recently Sowa-Rigpa (Tibetan system of medicine). Of these, Ayurveda is probably one of the best known. It has even spread to neighbouring countries like Sri Lanka and Nepal and has influenced other traditional systems in South Asian countries like Thailand and Tibet. In recent years, Ayurveda has gained popularity and recognition as a complementary or alternative approach to modern medicine in western countries.

As a practitioner of Ayurveda myself I am well-acquainted with its benefits, and yet acknowledge the controversies surrounding this system of health. In this piece I put across my arguments for why I believe Ayurveda can play a role in health and wellbeing of people in the 21st century.

I’d like to begin my argument with our lifestyle. Our modern-day pace of life is increasingly having a negative impact on our physical, mental, social and spiritual health which is manifesting itself in
symptoms such as burn-out, anxiety, loneliness, etc. Ayurveda can help to guide us to addressing some of these issues. But first, what is Ayurveda?

The term Ayurveda consists of two words, *ayu* (life) and *veda* (knowledge) and deals with health and well-being. Although the word *ayu* is loosely translated as ‘life’, Dr. Ram Manohar (Ayurveda scholar) gives better insight into its meaning. *Ayu* is derived from the (Sanskrit) root ‘*īṇa*’ or *Gati*, which means movement, the movement of going away as well as the movement of change. The word *Gati* also indicates the dynamic and adaptive nature of life. The key to health and longevity is flexibility and constant adaptation, and as long as this ability to adapt remains, life continues. The goal of Ayurveda is to preserve life, and restore health and well-being. Ayurveda’s understanding of health is considered to be comprehensive and dynamic in nature and explains health in its entirety as a “many-sided equilibrium” (*samya*), which results, in turn, from balanced interaction and interrelations with living beings and their environment. Although the absence of disease (*Arogya*) is considered as good health, it’s not a key defining element of health or the definitive state of health. The term *Swasthya* brings a clearer understanding of how Ayurveda understands health. This Sanskrit word defines health as ‘being rooted within one’s own inner self’. The interpretation of this term is that the “self” can be realised through a harmonious balance between body, mind and spirit. This means even when there is some dis-ease, a well-balanced ‘self’ has the ability to cope with the stress of dis-ease and achieve health and wellness.

The potential impact of Ayurveda, also in this day and age, I’m convinced, rests on its basic principles and a rather unique concept of health, that include the understanding of five elements (*panchamahabhuta*- ether or space, air, fire, water and earth), constitutional types (*Prakriti* – *Vata, Pitta and Kapha*), as well as in its personalised approach to diagnostics and treatment. The study of *Prakriti* evaluation has indicated that Ayurveda can easily classify humans into phenotypes irrespective of ethnicity, geography and race. This way of understanding the human constitution leads to a better understanding of health and well-being. In order to achieve health, Ayurveda not only deals with the physical and the mental aspects, but also incorporates spiritual, social and the environmental aspects. While dealing with issues of health it considers several related (non-drug) approaches like lifestyle modification, personal hygiene, dietary adjustments, exercise and social and environmental relationships. There is a great focus on a person’s daily and seasonal regimen (*Dinacharya and Ritucharya*), and Ayurveda practitioners thus provide strict guidelines on food and nutrition, lifestyle and even deal with psychosocial health.

While dealing with the mental, social and environmental aspects of health, Ayurveda proposes concepts like *svasthavratta* (code of conduct) and *achar Rasayana* (social behaviour), *dharanneya vega* (urges needing control eg. anger, greed), *pragnaparadha* (an offense against wisdom), and *Yoga* (*Yama, niyama, asana*, etc). This overall Ayurveda strategy helps to achieve personal transformation and regulate *behavioural* (social) conduct, which in turn helps ensure the development of the community and ability to adapt in a changing environment, leading, ideally, to a ‘healthy society’. This is achieved through promoting lifestyle with ethical conduct and by cultivating virtues like truthfulness, modesty, courage, forgiveness and kinship to all forms of life. Ayurveda perceives human beings as the microcosm of the macrocosm, and highlights our interconnection and interdependence with nature. In achieving health it always stresses this connection and uses strategies which link us (back) to nature. Ayurveda assists individuals to take control of their own health and increase self-reliance and re-establishes our connection to the environment. Ayurveda is not limited to medicine or therapy; instead it implies a holistic approach to life and living in harmony with nature.

Sadly, current strategies used to “modernise” Ayurveda are based on human-centric biomedical approaches leading to the *medicalisation of Ayurveda*. These modern strategies have neglected the ancient multidisciplinary and holistic approach which not only considered health and well-being of humans but also of plants, animals and environment. Ayurveda branches like *Vrukshayurveda*
Ayurveda for plants), Pashuayurveda (Ayurveda for farm animals), Hastiyayurveda (Ayurveda for elephants), have lost their place in this approach. It is clear that this medicalisation has narrowed the holistic perspective and potential of Ayurveda. Processes like standardisation and unification of Ayurveda education have neglected the local and regional variation and pharmaceuticalisation has reduced diversity and availability of medicine to less than 10%. We need to bring back this lost perspective not only to Ayurveda but also to use this holistic way of thinking to fill gaps in our current biomedical model of health care delivery. The ancient knowledge of Ayurveda is as relevant today as when it was recommended for the first time.

Decolonizing global health - starting at home?

Werner Soors (ITM)

Not every day we attend conferences that in their announcement declare global health to be “only the newest iteration of what was formerly international health, tropical medicine and colonial medicine”. Which is precisely what attracted this grey-haired whitey - working in what is still called an Institute of Tropical Medicine - to the “Decolonizing Global Health” conference organised by a student committee in the Harvard School of Public Health. Apart from the decolonization theme itself, of course. After all, I’m Belgian.

Unlike ITM at the river Scheldt where the Congo boats moored, Harvard is situated on the banks of Charles River, Boston. And while Boston never had a formal colony, it is the capital of a New England settler state, and its United Fruit Company plantation hospitals were field stations for Harvard students till deep into the 20th century. Which made the opening remarks of Elizabeth Solomon – one of 80 survivors of the Massachusetts Ponkapoag tribe – rather fitting: “Here is where we interacted with the visitors. Here is where those who survived remained (...) But colonization is not limited to centuries ago. The systems of colonization continue, in this place and others (...) Each and every one in this room is a colonist. So please be mindful, introspect, and respect”.

Solomon’s plea did not fall on stony ground. Among others, Anne-Emmanuelle Birn made it clear to everyone in the conference hall that a straight line goes from erstwhile ‘tropical medicine’ – “actually reinforcing the political and social stratification between colonizer and colonized” – to present-day ‘global health’ dominated by “Tata kills, Tata funds” and Davos-style philanthrocapitalism. Yesterday’s colonialism and today’s coloniality have one thing in common – the reinforcement of inequity – and the current mainstream global health is essentially colonial, hence needs to be decolonized. One possible and much needed way of doing so is to decolonize global (and international, and tropical) health syllabi. Which is one of the more immediate aims of the student committee that came up with the great idea to organize this conference. But it is not enough: Harvard scholar Melissa Barber outlined a chain of academic mechanisms maintaining the global health community as it is, and which all need to be redressed – “(1) Gatekeeping for people entering; (2) Selecting of global health frameworks; and (3) Legitimizing mainstream global health
Initiatives”. Much remains to be done before we arrive at “a vision of global health that is equitable, reflexive, and anti-colonial in both delivery and discourse”.

In the closing plenary, distinguished health and equity champion Mary Travis Bassett pointed out the essence of the way forward for genuine decolonization: “replace the happy handholding of global health partnerships with solidarity, meaning equal value and rights of all humans”. She concluded by asking all of us to “apply the principles of solidarity on the whole globe, not only far away, but also in your own environment”. Which brings me back home, in my own academic environment, at ITM. There is little doubt that our own house needs decolonization too. Are we willing to take on the task?

**Highlights of the week**

**Annual Letter Bill & Melinda Gates: We didn’t see this coming**


“In this year’s annual letter, we’re highlighting nine more things that have surprised us along this journey. Some worry us. Others inspire us. All of them are prodding us to action. We hope they do the same for you, because that’s how the world gets better.” The letter dwells on a wide range of issues, from Africa as a very young continent, over a nationalist case for globalism (at least in their view), the importance of innovations to help prevent premature birth and for new generation toilets, their view on what needs to be done in the climate change battle, …

Do read the letter, it’s well worth it.

Or check out the coverage in Devex – Q&A: Bill and Melinda Gates expand on 3 surprises from annual letter

Among others, they stress the role of data in driving progress for the poor. This article also zooms in on the collaboration of the Gates Foundation with the World Bank.

Excerpt:

Q: “Melinda wrote in the margins of the letter about human capital: "Leave it to economists to come up with such a dry term." How might the foundation do more to support human capital and how do you envision the potential for partnership with the World Bank and others?”

A: …We work with the World Bank and other donors on a range of human capital initiatives, including the Global Financing Facility. …”

For more coverage (and the backdrop of this annual letter), see also the Seattle Times - Bill and Melinda Gates warn that ‘go-it-alone’ politics could deal a major setback to global health
“In an interview ahead of the foundation’s release of its annual letter, Bill and Melinda Gates warned that a pullback in support for global health initiatives by some wealthy governments could undercut years of progress in battling polio and other infectious diseases and potentially set the stage for renewed outbreaks.”

Forbes – Bill Gates Gets Why People Are Doubting Billionaires—And He Has A Defense (Even For Mark Zuckerberg)

Interesting read, now that the radical left wing of the Democrats are increasingly questioning (the use of) billionaires. What is Gates’ view on this?

Excerpts:

Gates: “I think it’s fascinating that for the first time in my life people are saying, ‘Okay, should you have billionaires?’ ‘Should you have a wealth tax?’ I think it’s a fine discussion.” .... “It’s a discussion that took place yesterday just a block from Trump Tower, home of America’s first-ever billionaire president. “My opinion is that there should be an estate tax and maybe even higher than we have today. Among The Forbes 400, I don’t think we’d get a majority—Warren [Buffett] and I are sort of against interest on that,” says Gates. “So I think there’s plenty of debate about how capital should be taxed, how estates should be taxed.”

“But as for the kind of disincentivizing economics lamented by the Beatles in “Taxman” and increasingly championed by America’s far left, Gates remains clear: “The idea that there shouldn’t be billionaires—I’m afraid if you really implemented something like that, that the amount you would gain would be much less than the amount you would lose.” Ostensibly, this year’s letter, which lays out their philanthropic observations and priorities, focuses on nine surprises that have inspired the Gateses to take action. In reality, it’s a valentine to the power of philanthropic investment—the idea of giving not to solve problems, but to solve them. All of these initiatives tell a similar story. They’re about “picking novel ideas” or “off-the-wall theories,” as Gates says, and then proving that the concepts work. “Once you find a solution and want to scale that up, it’s usually government money.” .... Ultimately, Gates, whose net worth, even after large donations to the foundation, approaches $100 billion, views philanthropy as a vital force for good. And he thinks that potential critics—even a loony potential British prime minister—will come around to that view.

This paragraph ‘pour la petite histoire’: ) “When I met with Jeremy Corbyn for the first time, does he view me as the billionaire guy who collected more money than he thinks anybody is supposed to collect?” recalls Gates. “Or does he view me as the philanthropist who’s helping improve Africa and hopefully learn about education? Fortunately he was very nice, he viewed me as the second. But I’m sure he had to hesitate: ‘This guy is one of those people that maybe there should be none of.’”

PS: But check out also this related tweet from Owen Barder: “This (from @BillGates) is something that philanthropists tell themselves, and us, but it isn’t really true, is it? His foundation behaves just like a public sector aid agency - with all the same risk aversion, bureaucracy and public sector mindset.”
Africa Leadership meeting: investing in health  (9 Feb)

Concept of the meeting & new initiative launched over the weekend:

“African leaders gather[ed] ahead of the 32nd African Union Summit, to launch a new initiative aimed at increasing commitments for health and accelerating path towards Universal Healthcare Coverage. ... According to the 2018 WHO Global Health Expenditure Database, African countries are gradually increasing domestic investments in health with 35 out of 55 AU Member States (over 64%) having increased the percentage of their Gross Domestic Product invested in health over the previous financial year. These increased investments have seen visible results in communities across Africa with shining examples of strengthened sub-national and national health systems. However, while African countries have made huge strides in increasing domestic investments in health, only 2 out of the 55 AU Member States meet Africa’s target of dedicating at least 15% of the government budget to health and do not reach the suggested threshold of US$86.30 per person required to provide a basic package of health services. ... Chaired by HE President Paul Kagame, President, Republic of Rwanda; concurrent Chair, African Union and AIDS Watch Africa, the Africa Leadership Meeting: Investing in Health will be the first platform bringing together governments, private sector and the global development community, to coordinate and accelerate progress toward achieving universal health coverage.”

“Chaired by President Paul Kagame, President, Republic of Rwanda; Chair, African Union, the Africa Leadership Meeting: Investing in Health is a platform launched by the African Union. Partner organisations include: The Global Fund to fight AIDS, Tuberculosis and Malaria, Gavi the Vaccine Alliance, and the Bill & Melinda Gates Foundation. More than a meeting, it is a unique opportunity for African Heads of State and Governments to discuss increased domestic health financing, make pledges to participating organisations, and to engage the private sector – specifically African companies – and to encourage participating organisations to collaborate more to increase impact.”

The Addis Ababa Call to Action was formally adopted during this Summit with a Declaration read by President Kagame.

Coverage:

- Xinhua - Historic leadership meeting calls for more investments in Africa’s health sector

“Delegates at a high-profile health-themed conference held in Ethiopia’s capital Addis Ababa on Saturday called for more investments to ensure universal health coverage in Africa. The event, titled “The Africa Leadership Meeting: Investing in Health,” was hailed as the first of its kind on the continent during the 32nd African Union (AU) Summit. Speaking at the conference, Rwandan President Paul Kagame, who is also the rotating chair of the AU, said African governments should increase domestic expenditure in health sector to achieve national and international health-related goals, including the AU Agenda 2063 and the 2030 Sustainable Development Goals(SDGs)....”
Kagame called on African governments to encourage the private sector to invest more in health-related services....

- IOL - Ambitious initiative launched to boost Africa’s health system

“Kagame added that the progress tracker tool being developed would be used to monitor investments, putting the continent firmly on track for its health targets for Agenda 2063 and the sustainable development goals. The involvement of the private sector would be key, he emphasised....”

“...The meeting saw public and private sectors, as well as donor governments, pledge up to US$200 million to help end epidemics and bring universal health coverage to all. Higherlife Foundation, the Government of Ireland and Government of France all committed to increased financing of health in Africa, with the Government of Japan tabling universal health coverage as an agenda item at the G20 Osaka Summit later this year, carrying forward commitment to and collaboration on health....”

“Bill Gates, Co-Chair, Bill and Melinda Gates Foundation said, “The time to mobilise domestic resources for health is now. The nations of the African Union have set bold, ambitious targets. If governments increase their investments in health, not a decade from now, but immediately, we know it is possible to meet set targets. We can end the epidemics of AIDS, TB, and malaria. We can achieve universal health coverage and grow Africa’s economy in the process.”

“Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organization commented, “Universal health coverage is not a luxury only rich countries can afford. All countries can make progress with the resources they have. The Addis Ababa Call to Action is a powerful commitment from African Union leaders to increase domestic financing for health, and to hold themselves accountable for that commitment.”

Cfr a tweet: “In the Addis Ababa Call to Action, countries have not only committed to greater investments in health, but also to smarter investments in health. The smartest investment any country can make is in #PrimaryHealthCare, with an emphasis on promoting health and preventing disease.”

Not everybody was convinced, though, of the Initiative. See Rob Yates, who worried about private health insurance lurking in the background:

“Private health insurance will NOT take Africa to #UHC - it’s inefficient and inequitable and divides populations.”

Africa Business Health Forum (12 Feb)

Africa Business Health Forum

“The Africa Business: Health Forum 2019 was organized by GBCHealth, Aliko Dangote Foundation and United Nations Economic Commissions for Africa. The goal of the Forum is to build a coalition
to crowd in public and private sector resources to deliver transformative health outcomes across the continent.”


**Devex - Africa’s $66B health financing gap requires private sector power, experts say**


**Coverage** of this Business Health Forum.

“**Heads of state, health experts, development partners, and the private sector met on the sidelines of the 32nd African Union summit for the Africa Business Health Forum on Tuesday to discuss ways to improve health care in Africa through public-private partnerships in an effort to achieve universal health coverage.**

**Statistics from the new U.N. ECA “Healthcare and Economic Growth in Africa” report provide quantitative evidence that life expectancy has increased, infant mortality has decreased, and Africa is now healthier than 20 years ago. But troubling trends in health finance put these gains at risk. Africa has a health financing gap of at least $66 billion annually, the report states, with all but three African governments meeting the suggested 15 percent allocation of gross domestic product for health, as outlined by the 2001 Abuja Declaration.**


“The new collaboration outlines five primary objectives to achieve in its first three years, including working directly with companies to optimize workplace and community health programs, and advocating for policies and initiatives that drive national and regional change.”

“...Business opportunities in the health care and wellness sector in Africa are estimated to be worth $259 billion by 2030, with a potential to create 16 million jobs, the UNECA report estimates....”

**Other health news from the African Union summit**

The Telegraph – Poorest countries in Africa set to wipe out neglected diseases while richest fall behind


“**Some of the poorest countries in Africa are set to wipe out the most common diseases of poverty within the next few years. A review of 49 African countries’ progress in fighting neglected tropical**
diseases (NTDs) shows that some of the continent’s poorest countries, such as eSwatini (formerly known as Swaziland), Malawi and Mali are outperforming some richer countries such as Botswana and South Africa.

The analysis, by the organisation United to Combat NTDs, looked at the five most common NTDs in Africa: blinding trachoma, the leading cause of infectious blindness; intestinal worms that can stunt the growth of children; mosquito-borne elephantiasis; snail-borne bilharzia and river blindness...."

Devex – What will Egypt focus on as African Union chair?


In addition to a look ahead to Egypt’s upcoming chairmanship of the AU, also with this paragraph:

“...Other key decisions taken at this year’s summit include the launching of the African Medicines Agency to combat disease in Africa, along with the chairman’s announcement of the “Aswan Forum for Peace and Sustainable Development,” a high-level meeting to take place later this year. And in July, heads of state will gather in Niger to officially launch the AU Development Agency — formerly known as the New Partnership for Africa’s Development — following approval of its statute, rules of procedure, and governance structures....”

Gates – ‘Africa hangs in the balance’: Bill Gates on why the continent is so important


“On Sunday, Bill Gates ... ... addressed the nations of the African Union at their annual summit and urged them to invest more in their health systems. At the summit, African leaders committed to increased spending on health for the 55 countries of the continent. Ahead of his address to the summit, Gates spoke with The Washington Post, about why Africa is so important to the world. Here are excerpts from the interview....”

See also Poverty not an obstacle to excellent healthcare in Africa: Gates

“The good news about health is that by spending modest amounts on the prioritised areas, you can get phenomenal benefits," Bill Gates told AFP on the sidelines of the African Union summit in Addis Ababa. “You don’t have to get all the way to middle-income before you can run a great primary healthcare system....” Excellent basic healthcare that would prevent easily treatable but deadly conditions is achievable even in Africa’s poorest nations, he stressed.

Finally, you might also want to read Donald Kaberuka’s op-ed in Project Syndicate - Empowering the African Union in which he makes the case for adequate, predictable, and sustainable funding of the AU that comes from within.
Decolonizing Global Health Conference 2019 (Harvard, 8 Feb)

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

Above you already could read Werner Soors’ short Editorial.

We also recommend Renzo Guinto’s (more general) blog on the need to decolonialize global health. He encourages all of us to write, mobilize and reflect. His blog does not cover the conference in Harvard, though.

See IHP: #DecolonizeGlobalHealth: Rewriting the narrative of global health

“...what do we really mean by #DecolonizeGlobalHealth? In order to prevent this new concept to end up becoming a buzzword that will later fade away, it is vital that the global health community of scholars and practitioners unpack, examine, and reflect upon this idea. From my view, there are at least three areas of inquiry where researchers and policy-makers can ask questions, debate ideas, and find answers....” They are: the analysis of global health, its institutions and processes.

Gag rule

Thomson Reuters Foundation - Women in US Congress move to repeal abortion gag rule

Reuters;

News from late last week.

“Women in the U.S. Congress took formal steps on Thursday to lift a gag rule imposed by President Donald Trump that has slashed access to abortion globally, introducing legislation that would permanently shut down the controversial policy. ... The proposed law would permanently repeal the rule, which has been used by U.S. presidents for decades to signal their stance on abortion rights, a touchstone issue in U.S. politics....”

See also Guttmacher institute - The Global HER Act Would Repeal the Harmful Global Gag Rule

But it’s early days...
The Lancet Commission on women and cardiovascular disease: time for a shift in women’s health

R Mehran et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30315-0/fulltext

“... As a catalyst to prompt a new era for women and cardiovascular disease, The Lancet has convened a clinical Commission that will survey the available data on the prevalence and outcomes at the global and regional levels, provide an overview of gaps in the data, and identify the most attainable goals for improving outcomes (panel). In partnership with the Icahn School of Medicine at Mount Sinai in New York, USA, The Lancet Commission on women and cardiovascular disease brings together leading researchers from most regions around the world who have a breadth of clinical expertise in cardiovascular medicine. Importantly, all the Commissioners are women...

... The overarching goal of The Lancet Commission on women and cardiovascular disease is to address what has long been understood to be a neglected area in health with fresh new perspectives and ideas. It will challenge the status quo in clinical care and public health policy and messaging, and will establish clear benchmarks and metrics for improving outcomes. This Commission therefore aims to document important aspects of this issue, to aggregate and disseminate the innovative work being done worldwide, and to make recommendations that will prompt a shift in the diagnosis and treatment of women with cardiovascular disease....”

Global Health Security

CEPI partners with IVI to accelerate development of vaccines against emerging global health threats


“The Coalition for Epidemic Preparedness Innovations (CEPI) and the Republic of Korea-based International Vaccine Institute (IVI), an international organisation devoted to vaccines for global health, [today] announced a collaboration to accelerate the development of vaccines against emerging infectious diseases....”

Science insider – EXCLUSIVE: Controversial experiments that could make bird flu more risky poised to resume

Science insider

“Controversial lab studies that modify bird flu viruses in ways that could make them more risky to humans will soon resume after being on hold for more than 4 years. ScienceInsider has learned that last year, a U.S. government review panel quietly approved experiments proposed by two labs that were previously considered so dangerous that federal officials had imposed an unusual top-down moratorium on such research. One of the projects has already received funding from the National Institutes of Health’s (NIH’s) National Institute of Allergy and Infectious Diseases (NIAID) in Bethesda,
Maryland, and will start in a few weeks; the other is awaiting funding. The outcome may not satisfy scientists who believe certain studies that aim to make pathogens more potent or more likely to spread in mammals are so risky they should be limited or even banned. Some are upset because the government’s review will not be made public....”

Interestingly, this year’s Münich security report 2019 has nothing on global health security (at least if GHS is narrowly defined).

Global Fund Replenishment kick-off (Delhi, 8 Feb)

Global Fund - Global Partners Commit to Step Up the Fight Against AIDS, TB and Malaria


This was the press statement after the kick-off meeting in Delhi, last Friday.

“...Hosted by the Government of India, the Preparatory Meeting of the Global Fund’s Sixth Replenishment brought together governments, donors, technical partners and civil society groups in a demonstration of global solidarity to pursue Sustainable Development Goal 3, “health and well-being for all.” 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....”

“...France, which this year took over the presidency of the G7, will host the Global Fund’s Sixth Replenishment Conference in Lyon on 10 October 2019. The conference is aimed at raising funds to fight the diseases and build stronger systems for health for the next three years....”

“The Global Fund’s Sixth Replenishment Investment case, presented at the meeting in New Delhi today and available below, describes what can be achieved by a successful Replenishment, the new threats facing global health progress today, and the risks if we don’t step up the fight now.”

See also coverage in HPW - How The Global Fund Plans To Raise US$ 14 Billion To Meet Its Goals

“The Global Fund’s Sixth Replenishment target of at least US$14 billion represents an increase of US$1.8 billion, or 15 percent, over the US$12.2 billion raised during the Fifth Replenishment period from 2016-2018. “To achieve that increase, we actually require all of existing donors, existing small donors, new donors, the private sector. So we are in active dialogue with the full range of existing donors, new donors, potential donors and the private sector. Indeed, at the World Economic Forum meeting in Davos [Switzerland, in January], we issued a challenge to the private sector to mobilize at least a US$ 1 billion out of the US$ 14 billion,” Sands told Health Policy Watch.

... ... One promising development flagged by many speakers at the Delhi meet is increasing financial commitments by national governments. “All countries are stepping up domestic financing.
Ultimately, sustainable victory against these diseases and sustainable development of health systems is going to be done by governments,” Sands told Health Policy Watch....”

Read also in Xinhua news about how Sands hails the Fund’s health cooperation with China.

GFO - Civil society organizations push for a target of $18 billion for the Global Fund’s Sixth Replenishment

http://www.aidspan.org/node/4854

“Organizations representing civil society have renewed their call for a more ambitious target for the Global Fund’s Sixth Replenishment. On the occasion of the preparatory meeting for the replenishment, held on 7–8 February 2019 in New Delhi, India, the Global Fund Advocates Network (GFAN), communities and civil society called for a “bold” replenishment target of $18 billion. This is $4 billion higher than the $14 billion target announced by the Global Fund on 11 January.

“The CSOs said they were also concerned that the $46 billion projected for domestic funding for 2021-2023 represents a 48% increase compared to the $31.1 billion from domestic funding for the current period (2018-2020). The CSOs also noted that the majority of the projected $17 billion increase in total funding – from $66 billion in 2018-2020 to $83 billion in 2021-2023 – is expected to come from domestic funding. .... The CSOs questioned whether these expectations for domestic funding were realistic. “Many low-income countries continue to require international assistance for health to supplement low levels of resources budgeted for health,” the CSOs stated....”

“...In a related development, Ireland has announced that for the Sixth Replenishment it will increase its contribution by 50% (to €45 million from the €30 million it pledged for the Fifth Replenishment). The announcement was made at the African Leadership Meeting in Addis Ababa on February 9. The first country to pledge for the Sixth Replenishment, however, was Luxembourg, which announced a commitment of €9 million, up 11% from its Fifth Replenishment pledge.”

UK hosts GAVI replenishment in 2020


“The UK will host a major international conference in 2020 to raise funds for life-saving vaccinations for some of the world’s poorest children, International Development Secretary Penny Mordaunt announced today.” After Berlin, it’s now again the UK’s turn for the GAVI replenishment.

See also a GAVI press release.
UK Aid

Guardian - Boris Johnson backs call for multibillion cut to UK aid budget

“Calls for a multibillion-pound cut in the UK’s overseas aid budget and closure of the Department for International Development (DfID) as a separate Whitehall entity are set out in a new vision for a post-Brexit “global Britain” backed by the former foreign secretary Boris Johnson. Current definitions of aid spending would be broadened to include peacekeeping, and the BBC’s World Service would be expanded, as part of an effort to restore Britain’s ability to project soft and hard power. The paper argues the UK should be free to define its aid spending unconstrained by criteria set by external organisations, and its purpose expanded from poverty reduction to include “the nation’s overall strategic goals”. UK aid spending, set by law at 0.7% of gross national income, was £13.4bn in 2016. The proposals are being fed into a Foreign Office review on UK soft power post-Brexit headed by the foreign secretary, Jeremy Hunt....”

Anti-vaccination & Facebook

Guardian - Facebook under pressure to halt rise of anti-vaccination groups
https://www.theguardian.com/technology/2019/feb/12/facebook-anti-vaxxer-vaccination-groups-pressure-misinformation

“Facebook is under pressure to stem the rise of anti-vaccination groups spreading false information about the dangers of life-saving vaccines while peddling unfounded alternative treatments such as high doses of vitamin C. So-called “anti-vaxxers” are operating on Facebook in closed groups, where members have to be approved in advance. By barring access to others, they are able to serve undiluted misinformation without challenge. The groups are large and sophisticated. Stop Mandatory Vaccination has more than 150,000 approved members. Vitamin C Against Vaccine Damage claims that large doses of the vitamin can “heal” people from vaccine damage, even though vaccines are safe. Health experts are calling on Facebook to do more to counter these echo chambers....”

Read also (on the Conversation) - Why anti-vaccine beliefs and ideas spread so fast on the internet (by a few Stellenbosch scientists)

Measles

Guardian - Measles: WHO warns cases have jumped 50%
https://www.theguardian.com/society/2019/feb/15/measles-who-warns-cases-have-jumped-50
“The World Health Organization has warned that efforts to halt the spread of measles are "backsliding", with case numbers worldwide surging around 50% last year.”

“The UN health agency pointed to preliminary data showing that the disturbing trend of resurgent measles cases was happening at a global level, including in wealthy nations where vaccination coverage has historically been high. ... the agency said the data it has received so far showed that around 229,000 cases had already been reported, compared to 170,000 for 2017.....

“In Europe and other wealthy areas, meanwhile, experts blame the problem in part on complacency and misinformation about the vaccine. The resurgence of the disease in some countries has been linked to medically baseless claims linking the measles vaccine to autism, which have been spread in part on social media by members of the so-called “anti-vax” movement....”

See also UN News - Measles cases nearly doubled in a year, UN health agency projects

Launch global standards for safe listening devices

WHO - New WHO-ITU standard aims to prevent hearing loss among 1.1 billion young people

WHO

“Nearly 50% of people aged 12-35 years – or 1.1 billion young people – are at risk of hearing loss due to prolonged and excessive exposure to loud sounds, including music they listen to through personal audio devices. Ahead of World Hearing Day (3 March), the World Health Organization (WHO) and the International Telecommunication Union (ITU) have issued a new international standard for the manufacture and use of these devices, which include smartphones and audio players, to make them safer for listening.”

See also Health Policy Watch - New WHO-ITU Standard Released On “Safe Listening” To Prevent Hearing Loss

And for some info on the launching event itself, see HPW - WHO Rocks To The “Sound Of Life” At Launch Of WHO-ITU Safe Listening Standard

“ Grammy award-winning musician Ricky Kej performed a “Sound of Life” concert at the World Health Organization to help launch the first-ever global standard for safe listening devices, aimed at raising awareness and inspiring action to prevent sound-induced hearing loss.”  Ricky WHO?

Planetary Health

Guardian - Plummeting insect numbers 'threaten collapse of nature'
I bet you got this horror news via the world media this week: “The world’s insects are hurtling down the path to extinction, threatening a “catastrophic collapse of nature’s ecosystems”, according to the first global scientific review.”

“More than 40% of insect species are declining and a third are endangered, the analysis found. The rate of extinction is eight times faster than that of mammals, birds and reptiles. The planet is at the start of a sixth mass extinction in its history, with huge losses already reported in larger animals that are easier to study. But insects are by far the most varied and abundant animals, outweighing humanity by 17 times. ”

The analysis, published in the journal Biological Conservation, says intensive agriculture is the main driver of the declines, particularly the heavy use of pesticides. Urbanization and climate change are also significant factors... The world must change the way it produces food, Sánchez-Bayo said, noting that organic farms had more insects and that occasional pesticide use in the past did not cause the level of decline seen in recent decades. “Industrial-scale, intensive agriculture is the one that is killing the ecosystems,” he said. In the tropics, where industrial agriculture is often not yet present, the rising temperatures due to climate change are thought to be a significant factor in the decline. “

Guardian - Climate and economic risks 'threaten 2008-style systemic collapse'

Environmental and social problems could interact in global breakdown, report says

“The gathering storm of human-caused threats to climate, nature and economy pose a danger of systemic collapse comparable to the 2008 financial crisis, according to a new report that calls for urgent and radical reform to protect political and social systems. The study says the combination of global warming, soil infertility, pollinator loss, chemical leaching and ocean acidification is creating a “new domain of risk”, which is hugely underestimated by policymakers even though it may pose the greatest threat in human history... “This new risk domain affects virtually all areas of policy and politics, and it is doubtful that societies around the world are adequately prepared to manage this risk.””

“The IPPR (Institute for Public Policy Research) report, which launches a wider 18-month project on this topic, urges policymakers to grapple with these risks as a priority, to accelerate the restoration of natural systems, and to push harder on the “green new deal” transition towards renewable energy. In particular, it says, “the younger generations will need help in finding the energy and a sense of control that often eludes them as they begin to realize the enormity of inheriting a rapidly destabilizing world”.”

Guardian - Environmental and social problems could interact in global breakdown, report says


"The revival of the Green New Deal framework (first developed in a report published in 2008) and popularized by Alexandria Ocasio-Cortez and Justice Democrats in the US, is a huge advance for
green campaigners and, hopefully, for our threatened species... The Green New Deal demands major structural (governmental and inter-governmental) changes (not just behavioral change) in our approach to the ecosystem... developed on the understanding that finance, the economy and the ecosystem are all tightly bound together.”

In other Green New Deal related news, the Verge reported “The recently announced Green New Deal ... ... gives public health advocates a chance to confront an overlooked consequence of climate change: worsening mosquito-borne illnesses.”

UN News – UN announces roadmap to Climate Summit in 2019, a ‘critical year’ for climate action

“2019 is a critical year, the “last chance” for the international community to take effective action on climate change, General Assembly President Maria Espinosa said on Thursday, during a briefing to announce the UN’s roadmap to the Climate Summit in September.”

“...The General Assembly President walked the representatives of Member States through some of the key events of 2019, leading up to, and following, the Climate Summit. All of the events, she said, share two goals: a doubling of commitments and ambition at a national level, and ensuring the inclusion of diverse groups in the process of climate action.”

“...The Climate Summit will be followed by the first-ever High Level Political Forum on Climate Action, sponsored by the General Assembly on September 24. The year will be rounded off by the 2019 Climate Conference COP25, which will take place in Chile....”

NTDs

BMJ Global Health (Commentary) - Neglected tropical diseases and the sustainable development goals: an urgent call for action from the front line
A Addisu et al; https://gh.bmj.com/content/4/1/e001334

“The international community has pledged through the Sustainable Development Goals to eliminate neglected tropical diseases by 2030. Authors from 19 institutions around the world call for urgent reflection and a change in mind-set to garner support and hasten progress towards achieving this fast approaching target. They advocate for an empowering approach that will propel political momentum, milestones and targets for accountability, new science in drug development and increased funding particularly from G20 countries.”

Plos NTDs - China’s shifting neglected parasitic infections in an era of economic reform, urbanization, disease control, and the Belt and Road Initiative
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6345419/
A side effect of the Belt & Road initiative: «...In terms of emerging parasitic diseases, however, a significant downside of increased investments and trade in Africa has been an increase in imported parasitic infections including intestinal schistosomiasis (caused by Schistosoma mansoni), loiasis, African trypanosomiasis, cutaneous leishmaniasis, and falciparum malaria...”

For coverage, see Scidev.net - [China opens path to disease via Belt and Road trade route](https://www.scidev.net/agriculture/china-opens-path-to-disease-via-belt-and-road-trade-route-14205a)

“China eliminated several parasitic diseases over the last 20 years; There are signs of resurgence along Belt and Road trade route; Chinese workers returning from Africa and Asia import parasitic diseases...”

**One Health**

BMJ Global Health - Is the current surge in political and financial attention to One Health solidifying or splintering the movement?

J Spencer et al; [https://gh.bmj.com/content/4/1/e001102](https://gh.bmj.com/content/4/1/e001102)

One of the reads of the week.

“The global health field has witnessed the rise, short-term persistence and fall of several movements. **One Health**, which addresses links between human, animal and environmental health, is currently experiencing a surge in political and financial attention, but there are well-documented barriers to collaboration between stakeholders from different sectors. We examined how stakeholder dynamics and approaches to operationalising One Health have evolved further to recent political and financial support for One Health...”

Findings: “We found that recent attention to One Health at high-level political fora has increased power struggles between dominant human and animal health stakeholders, in a context where investment in collaboration building skills is lacking. The injection of funding to support One Health initiatives has been accompanied by a rise in organisations conducting diverse activities under the One Health umbrella, with stakeholders shifting operationalisation in directions most aligned with their own interests, thereby splintering and weakening the movement. While international attention to antimicrobial resistance was identified as a unique opportunity to strengthen the One Health movement, there is a risk that this will further drive a siloed, disease-specific approach and that structural changes required for wider collaboration will be neglected.”

**Lancet Letter on the concept ‘Global Syndemic’**

Lancet - The global syndemic of obesity, undernutrition, and climate change

The authors criticize how the recent Lancet ‘Global Syndemic’ Commission used the term ‘syndemic’, but also see some utility in it.

“The Lancet Commission’s interpretation of a global syndemic diverged from the way syndemic was first described by its architect, Singer. This divergence in the proposed concept of global syndemic is somewhat surprising given that The Lancet published a Series on syndemics in 2017;...”

“Although scientifically divergent from its original conception, thinking about obesity as a global syndemic might have some utility. ...” “Obesity exemplifies a pivotal syndemic problem that requires international-level policy interventions to curb the power and influence of multinational corporations, such as Big Sugar and Big Food, which unrelentingly target low-income populations. In this context, arguing for a global syndemic might serve as a political tool to propel positive alliances to take action against multinational corporations. ...”

Ebola DRC outbreak

Some reads from this week:

Cidrap News - Ebola treatment trials move to hot spot centers

“Doctors Without Borders (MSF) announced [today] that an ongoing trial of four experimental Ebola treatments will begin enrolling participants at treatment centers in Katwa and Butembo, the current hot spots in the Democratic Republic of the Congo’s (DRC’s) 7-month-long Ebola outbreak.”

Guardian - Ebola vaccine offered in exchange for sex, Congo taskforce meeting told

“An unparalleled Ebola vaccination programme in the Democratic Republic of the Congo has become engulfed in allegations of impropriety, amid claims that women are being asked for sexual favours in exchange for treatment. Research by several NGOs has revealed that a deep mistrust of health workers is rife in DRC and gender-based violence is believed to have increased since the start of the Ebola outbreak in August. The research, presented at a national taskforce meeting in Beni, follows calls by international health experts urging the World Health Organization to consider issuing a global alert in relation to the outbreak....”

The news report caused a lot of commotion, evidently, but it’s not entirely clear whether it’s true or fake news.

See the following tweet from Isaac Florence: “Huge twist: DRC Ministry of Health issues a statement claiming The Guardian deliberately misinterpreted an internal document and that their headline was false, and calls for retraction. Seems @theIRC are the group to prove who’s right, given they carried out the work.”
WHO expert advisory committee on Developing global standards for governance and oversight of human genome editing – membership announced

https://www.who.int/ethics/topics/gene-editing committee-members/en/

“The World Health Organization is pleased to announce the membership of the WHO Expert Advisory Committee on Developing Global Standards for Governance and Oversight of Human Genome Editing. The Committee will examine the scientific, ethical, social and legal challenges associated with human genome editing. The aim will be to advise and make recommendations on appropriate governance mechanisms for human genome editing. The Committee will first meet on 18-19 March in Geneva, to review the current landscape and discuss and agree the workplan for the coming 12-18 months....”

Check out the profiles of the members.

Global health governance & preparations UHC High-level meeting

Global Policy - Gridlock, Innovation and Resilience in Global Health Governance


“Global health governance is in many ways proving more innovative and resilient than other sectors in global governance. In order to understand the mechanisms that have made these developments possible, this article draws on the concept of gridlock, as well as on the additional theoretical strands of metagovernance and adaptive governance, to conceptualize how global health governance has been able to adapt despite increasingly difficult conditions in the multilateral order. The remarkable degree of innovation that characterizes global health governance is the result of two interrelated conditions. First, developments that are normally associated with gridlock in multilateral cooperation, such as institutional fragmentation and growing multipolarity, have transformed, rather than gridlocked, global health governance. Second, global health actors have often been able to harness the opportunities offered by three important pathways of change, namely: (1) a significant degree of organizational learning and active feedback loops between epistemic and practice communities; (2) a highly polycentric system of governance; and (3) the increased role of political leadership as a catalyst for governance innovation. These trends are discussed in the context of three case studies of significant political, social and health relevance, namely HIV/AIDS, the 2014 Ebola outbreak and antimicrobial resistance.”

Devex - 3 questions from the WHO board sessions


“In the lead up to the World Health Assembly in May, member states and civil society will demand answers from WHO on many of these issues, including details surrounding the organization’s internal reforms....”
1. What’s the future of WHO and civil society engagement? ... 2. Will WHO overcome its chronic budget woes? ... 3. What does success look like for the U.N. high-level meeting on UHC?

On the last issue: “…It took the whole week of meetings for the draft resolution in preparation for the high-level meeting on universal health coverage taking place in September to be finalized. But some members of civil society have expressed concerns that the meeting may fall short of ambition, and lack clear lines of accountability when it comes to mobilizing the necessary resources for UHC. Some continue to seek clarity on how to bridge current global health investments with UHC objectives.... Some have also expressed concerns over the United States representative’s comments during the board sessions about dissociating itself from the part of the document pertaining to sexual and reproductive health....”

NCD Alliance – Packed WHO Executive Board meeting sets next steps on NCDs, looks ahead to UHC HLM


The NCD Alliance reflects here on the last WHO EB meeting, focusing on the most relevant discussions for NCDs.

International Food Safety conference (Addis)

WHO - International push to improve food safety: International Food Safety Conference opens with call for greater global cooperation


“Greater international cooperation is needed to prevent unsafe food from causing ill health and hampering progress towards sustainable development, world leaders said at today’s opening session of the First International Food Safety Conference, in Addis Ababa, organized by the African Union (AU), the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO) and the World Trade Organization (WTO). A follow-up event, the International Forum on Food Safety and Trade, which will focus on interlinkages between food safety and trade, is scheduled to be hosted by WTO in Geneva (23–24 April). The two meetings are expected to galvanize support and lead to actions in the key areas that are strategic for the future of food safety.”

See also UN News - ‘Shared responsibility’ to stop 420,000 needless deaths from tainted food each year, UN, world leaders warn

“Each year, food contaminated with bacteria, viruses, parasites, toxins or chemicals cause more than 600 million people to fall ill, and 420,000 to die worldwide, prompting a call from world leaders on Tuesday for greater international cooperation to make the food chain safer.”
IMF & SDGs

IISD – IMF Estimates Spending Needed to Make Progress on SDG Implementation

“The IMF has estimated the additional amount that governments need to spend in order to make “meaningful progress” on the SDGs. Based on a 155-country study of countries at various stages of economic development, the report finds that low-income countries will need to spend a far greater percentage of GDP for this purpose than other countries. The authors recommend increasing tax collection as the first step, while acknowledging that, for low-income countries, this will not be sufficient to fill the financing gap.”

“The study was published in the Fund’s “staff discussion note” series. Titled, ‘Fiscal Policy and Development: Human, Social and Physical Investments for the SDGs’, the 45-page report argues that countries’ ability to achieve the SDGs will depend on their ability to increase spending on health, education and infrastructure. Based on a 155-country study of countries at various stages of economic development, the authors estimate that low-income countries will need to spend a far greater percentage of GDP for this purpose than other countries. They find that low-income countries will need to increase their annual spending in these areas by 15 percentage points of GDP, whereas emerging market economies will only need to increase their spending by four percentage points. They recommend that developing countries aim to increase their tax-to-GDP ratio by five percentage points of GDP in the next ten years....”

(ps: you find the publication (to be downloaded) at the bottom of this article).

Epilepsy

Lancet Editorial – From wonder and fear: make epilepsy a global health priority

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30360-5/fulltext

“Following International Epilepsy Day on Feb 11, The Lancet publishes a clinical Seminar about epilepsy in adults by Roland Thijs and colleagues. ...”

“Epilepsy must become a global health priority, and there lies an immediate imperative to maximise the quality of life for people with epilepsy until it is curable. A united research programme and global campaigns to prevent infections and head trauma that cause seizures, expand access to essential medicines and safe surgery, and defend the civil rights of people with epilepsy, wherever they live, are important steps in this direction.”
Journal articles of the week

Plos One – The impact of supplementary immunization activities on routine vaccination coverage: An instrumental variable analysis in five low-income countries

A Chakrabarti, K Grepin et al; https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0212049

“Countries deliver vaccines either through routine health services or supplementary immunization activities (SIAs), usually community-based or door-to-door immunization campaigns. While SIAs have been successful at increasing coverage of vaccines in low- and middle-income countries, they may disrupt the delivery of routine health services. We examine the impact of SIAs on routine vaccine coverage in five low-income countries.”

Findings? Cf a tweet – “Do vertical programs crowd out other health services? We investigated the impact of supplementary immunization activities on coverage of routine immunizations and find evidence that they do.”

Cambridge Core – in the Series ‘Elements in Public Policy’: Making Policy in a complex world

P Cairney et al; https://www.cambridge.org/core/elements/making-policy-in-a-complex-world/AACCCA55FEAEFBA971EE261BCAF38575

Interestingly, freely online available between 11 and 25 Feb!

“This provocative Element is on the ‘state of the art’ of theories that highlight policymaking complexity. It explains complexity in a way that is simple enough to understand and use. The primary audience is policy scholars seeking a single authoritative guide to studies of ‘multi-centric policymaking’. It synthesises this literature to build a research agenda on the following questions:1. How can we best explain the ways in which many policymaking ‘centres’ interact to produce policy?2. How should we research multi-centric policymaking?3. How can we hold policymakers to account in a multi-centric system?4. How can people engage effectively to influence policy in a multi-centric system?However, by focusing on simple exposition and limiting jargon, Paul Cairney, Tanya Heikkila, Matthew Wood also speak to a far wider audience of practitioners, students, and new researchers seeking a straightforward introduction to policy theory and its practical lessons.”

Lancet – Offline: AMR—the end of modern medicine?

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30367-8/fulltext

Horton covers the most recent joint LSHTM–Lancet Global Health Lab (on AMR), and says the world should be worried.
A paragraph that caught our attention: “... But perhaps AMR is also telling us something important about our society. Clare Chandler is a medical anthropologist who leads the LSHTM’s Antimicrobial Resistance Centre. She sees antibiotics as a symbol of modernity, and the threat of AMR is therefore a threat to modernity. But what is modernity? A mix, she suggested, of self-improvement, innovation, and technical fixes, all to enable and enhance productivity and profit. Although a “quick-fix” approach to AMR might be achieved through the tools of modernity, perhaps a post-modern approach is needed. In a post-modern era, can society be less defined by antibiotics? Ed Whiting (Director of Policy at the Wellcome Trust) framed AMR as neither a technical challenge nor an interpretive conundrum. As a former adviser to UK ex-Prime Minister David Cameron, he saw AMR as a political provocation. And the political and diplomatic dimensions of AMR have been too often disregarded. It will be a “hard lift”. There is no Global Fund for AMR. Although criticised when first proposed, Ed still believed that a Treaty on AMR held promise. A Treaty could galvanise political commitment and unlock much-needed financing....

WHO - Spending targets for health: no magic number: Health financing working paper No. 1


“Absolute levels of public funding are critical to UHC progress; however, health systems vary significantly in what they achieve for a given level of spending. In a new analysis of core health service coverage rates relative to public spending on health, in 83 LMICs, variation is particularly evident at levels below 40 PPP$ per capita (public). While a range of non-health system factors influence a country’s performance, this analysis demonstrates the importance of focusing not only on raising more revenues for health, but also on ensuring available funds are spent efficiently. ”

Blogs & mainstream media articles of the week

Andrew Harmer (blog) – Hans Rosling: the Gradgrind of Global Health?
https://andrewharmer.org/2019/02/11/hans-rosling-the-gradgrind-of-global-health/#more-605

Not entirely convincing, this blog, but well worth a read. “The problem I have with Rosling, as my reference to Dickens’ character Thomas Gradgrind unsubtly indicates, is his obsession with facts.....”

The Dickens quote: ““Now, what I want is, Facts. Teach these boys and girls nothing but Facts. Facts alone are wanted in life. Plant nothing else, and root out everything else. You can only form the minds of reasoning animals upon Facts: nothing else will ever be of any service to them. This is the principle on which I bring up my own children, and this is the principle on which I bring up these children. Stick to Facts, sir!” (Dickens, Hard Times. p1.)”

Harmer: “...Facts do exist in the world, of course (while I consider myself to be a constructivist, for me it’s not ‘ideas all the way down’). You can add up the ages of population x, and divide that number by the total population to derive an average age at point y. But, ultimately, all that that gives you is a number. And numbers out of context are a very dangerous thing....”
The need for alternative narratives

Guardian - Fightback against the billionaires: the radicals taking on the global elite


The read from (end of) last week. “When Rutger Bregman and Winnie Byanyima spoke out about taxes at Davos they went viral. They talk with Winners Take All author Anand Giridharadas about why change is coming.”

Excerpts:

“...I don’t know whether the left has been sleeping, but there has been a dominant narrative that has remained quite unchallenged in the media. This narrative suggests that there is no connection between the super-rich and abject poverty, that you can keep getting richer and richer, and this has nothing to do with people getting poorer. The idea of the narrative is so important. I think that what you both found yourselves in the middle of at Davos, and what I found myself in on my book tour over the last few months, and what politicians such as Alexandria Ocasio-Cortez have found themselves in the middle of, is the growing challenge to a kind of bullshit narrative around wealth and poverty, access and power; it’s completely wrong and fraudulent, and it’s now crashing down. There is a second narrative about how the world is getting better and better: people in India and China and elsewhere have been coming out of poverty, and the world is the best it’s ever been. Never mind the fact that we’re perhaps 50 years away from catastrophic climate change fuelled by greed. That narrative, too, has had a free ride in the press and culture, including on the left, until now. And then there is a final narrative of companies and billionaires – as long as they are doing good things, we don’t ask what else they do; as long as they are giving back, we don’t ask how they made their money. It’s like a mafia deal: no questions asked.

“... What Winnie pointed out very well in Davos is that most real wealth is actually created at the bottom, by the working and middle classes and at the top there is a huge amount of wealth destruction and exploitation. Entrepreneurs might use the language of entrepreneurialism and hard work, but if you really delve into their business models, you’ll find that they’re not contributing to the common good. They are destroying more than they create.

“... I want to give some examples of the conquest of language – words that everybody uses, not just plutocrats, but that end up doing the plutocrats’ bidding. One is “win-win”. That phrase sounds great. Who could be against win-win? But, in fact, win-win is a darkly powerful way of suggesting that the only kind of progress worth having is the kind that lets the winners win – in tandem, supposedly, with empowering others.

A couple more examples. Take “thought leader”. When you were both in Davos, you were surrounded by thought leaders, who are actually people who don’t say what they truly think: they are the ones who say nice things about the powerful and keep getting invited back.

Another instance is “doing well by doing good”: it sounds positive but it really is about putting the people who are trying to make money in charge of changing a status quo they have no interest in
changing. And then there are terms such as “social impact” and “social venture capital” and “impact investing”. They are ways of encouraging us not to use words like “power” and “justice” and “dignity”. They are an attempt to make us not speak about unions and taxes.

“I think most people now understand that this “There is no alternative” talk is bullshit. An understanding seems to be rising that it’s not about left v right or communism v capitalism any more, but about humanism v plutocracy.”

To tax or not to tax the rich more, that is the question

https://www.aljazeera.com/indepth/opinion/tax-tax-rich-question-190204114823237.html

“Thanks to Alexandria Ocasio-Cortez and Elizabeth Warren, the most important battle in American politics is finally on.” (and if it rains in America, you’ll also feel it in global health, sooner or later 😊)

Do check the paragraph on Michael Bloomberg.

Vox - Bill Gates tweeted out a chart and sparked a huge debate about global poverty
D Matthews;


Wonderful wrap-up analysis of the heated debate of the past few weeks.

“... over the course of the debate, the two sides’ positions appeared, at least to me, to converge substantially. …” “...The big differences, then, are how to slice and interpret these facts, and which political interests and narratives they serve....”

A few excerpts perhaps:

“...in some ways, Hickel’s response reflects the crux of the dispute between him and Roser. Roser — and most economic historians — do not view poverty as created but as the original state of humankind from its inception until the Industrial Revolution. It is a policy failure insofar as we finally have the tools to end it now and have not done so yet, but what we’re attempting to do is escape humanity’s natural, brutal conditions. Hickel sees things differently....”

“Hickel, and Pinker, too, aren’t interested merely in the granular disputes detailed above. They’re fighting about a narrative. These perceived political stakes are the main reason this fight has gotten so heated. But if we narrow in on the actual numbers that people across the debate can agree upon, there’s less disagreement than one might think. Just about everyone agrees life expectancy is up, education is more common, and poverty rates are down over the last three or four decades regardless of where you set the poverty line. And just about everyone agrees we have a lot further to go. ... ...I think the basic fact that we’ve made progress in recent decades is important. Politics and the global economy are dismal places, especially if you only see them through the lens of news coverage. It’s easy to become fatalistic. What I take from the progress against extreme
deprivation and poverty isn’t a sense that the mission is accomplished, or that Friedrich Hayek Was Never Wrong, but a sense that things can get better, and that trying isn’t hopeless. I hope Hickel, Roser, and Pinker alike can agree on that much.”

BMJ (blog) - Richard Smith: The most devastating critique of medicine since Medical Nemesis by Ivan Illich in 1975

BMJ blog;


“Seamus O’Mahony, a gastroenterologist from Cork, has written the most devastating critique of modern medicine since Ivan Illich in Medical Nemesis in 1975. O’Mahony cites Illich and argues that many of his warnings of the medicalisation of life and death; runaway costs; ever declining value; patients reduced to consumers; growing empires of doctors, other health workers, and researchers; and the industrialisation of healthcare have come true. There is a widespread feeling that medicine has lost its way, and Can Medicine Be Cured? The Corruption of Medicine, which has been published this month, describes the loss. “

“Unlike Illich, who believed that modern medicine counterproductively created sickness, O’Mahony does see what he calls a golden age of medicine that began after the Second World War with the appearance of antibiotics, vaccines, a swathe of effective drugs, surgical innovations, better anaesthetics, and universal health coverage for most of those in rich countries. It ended in the late 1970s, meaning that O’Mahony, who graduated in 1983 and is still practising, enjoyed little of the golden age. We are now “in the age of unmet and unrealistic expectations, the age of disappointment…. ”

Project Syndicate - How Foreign Aid Fuels African Media’s Payola Problem


“In many African countries, a dirty secret of journalism is that reporters earn most of their income from payments by their sources. And the dirtiest secret of all is that the international aid community is among the most prolific payers.”

Johns Hopkins magazine - The Perspective Changer: Bloomberg Distinguished Professor Jeremy Shiffman on Shaping the Global Health Agenda

JH magazine

“New Bloomberg Distinguished Professor Jeremy Shiffman views global health through a social science lens.”
Project Syndicate - How Can We Tax Footloose Multinationals?

“Apple, Google, Starbucks, and companies like them all claim to be socially responsible, but the first element of social responsibility should be paying your fair share of tax. Instead, globalization has enabled multinationals to encourage a race to the bottom, threatening the revenues that governments need to function properly.”

Stiglitz (a member of the Independent Commission for the Reform of International Corporate Taxation) has some ideas on how to tax them properly, while also paying attention to the “wellbeing of the more than six billion people living in developing countries and emerging markets”.

Duncan Green (blog) - Closing Civic Space: Trends, Drivers and what Donors can do about it

“I finally caught up with a useful May 2018 overview from the always excellent International Center for Not-for-Profit Law. Nothing life-changing, but a clear and concise summary of the origins of the problem and possible responses, based on some 50 contributions to a consultation by the Swedish International Development Cooperation Agency (Sida). Some highlights:...”

What are the new trends in terms of closing civic space, what are the drivers & origins, and what can donors do about it?

Global health events

IMF Pandemic symposium – What is our role?

This (IMF) event took place this week. Cfr some tweets:

“#IMF event to figure out what our role is in pandemics and AMR”

“At #IMF pandemic symposium @PeterASands says we need more global urgency to response to infectious diseases and that it’s critical to ensure that externally funded programs support in-country disease priorities @IMFnews”

“an epidemic exercise at #IMF today, helping audience consider the ways in which emergency funding might be mobilized”

“Discussion between #IMF and @WHO on their respective roles during a #pandemic. how can we improve the assessment of health and economic risks.”
“Very glad to be part of the #IMF symposium analyzing risks related to pandemics and AMRs. Good to have so much global economic expertise thinking through these issues today @IMFnews”

OAFLA to broaden its scope of work (and become OAFLAD)


“The Organisation of African First Ladies against HIV/AIDS (OAFLA) has announced that it is to expand its scope of work to incorporate a broader range of development issues affecting the continent. OAFLA has also changed its name, to the Organization of African First Ladies for Development (OAFLAD), and adopted a vision of “A developed Africa with healthy and empowered children, youth and women”. During its General Assembly, held in Addis Ababa, Ethiopia, on 11 February, the newly established OAFLAD endorsed its 2019–2023 strategic plan, which outlines the key thematic areas that the first ladies will be working on. These include a continued focus on reduction of new HIV infections and AIDS-related mortality, noncommunicable diseases, gender equality, women’s and youth empowerment, reproductive, maternal, newborn and child health, social security and social protection....”


“The G20 Health and Development Partnership invites you to join the launch of the report, “Healthy Nations Sustainable Economies: How Innovation Can Better Ensure Health For All” to discuss with key experts and policy-makers the concrete examples of the successes that have been achieved from investment and incentives in health innovation and how the G20 and associated multilaterals are essential to addressing the pressing global health challenges of our time. This report also highlights existing and new models for innovative and blended forms of financing that significantly supplement funds that are currently provided by the governments, the private sector and philanthropic organizations. With this report, the Partnership will pave the need to invest in human capital during the course of the G20 Presidency in Japan in 2019.”

Coming up – Africa Health 2019 (5-7 March, Kigali)

https://ahaic.org/


Check out the 10 reasons why you should attend Africa’s premier health conference.
Global governance of health

Eurodad - Call for fair and open World Bank President recruitment

Eurodad;

“More than 90 civil society organisations, and 40 prominent academics and politicians from around the world, have sent an open letter to the World Bank’s Board of Executive Directors demanding they stick to their pledge to hold an open, merit-based and transparent recruitment process for the next World Bank President....”

Global Policy - And yet it Moves: The Agenda against Inequalities in the G7 and G20


“Over the last years, inequality has climbed on top of the political agenda both in the G7 and G20, also as a response to the wide discontent against governments’ policies. However, discussions have developed along significantly different patterns. On one hand, the G7 managed to develop a joint understanding on the main drivers and on the domestic and global policies to tackle the multiple dimensions of inequality, with no country-specific commitment. On the other hand, G20 countries have taken up domestic policy commitments for greater inclusiveness, but they did not accomplish agreement on any common framework. Indeed, works can be further developed in both fora; however, the development of a multilateral policy-oriented framework on inequalities and inclusiveness in the G20 appears more pressing. Looking also at the G7 experience, this would require putting inclusive growth on top of the G20 Presidencies’ work plans, ensure a stronger political engagement by all members and tackle some of the persistent flaws in the G20 governance.”

UN Dispatch - Crowdfunding the Sustainable Development Goals

UN Dispatch;

“GoFundMe for the Sustainable Development Goals? It’s more feasible than you may think. A new study from the University of Oxford’s Said Business School says crowdfunding may be a viable strategy for financing the Sustainable Development Goals (SDGs).

... But the authors of this study say the UN should think like a startup and launch a crowdfunding platform, along the lines of Indiegogo or GoFundMe, specifically to raise money for projects that align with the SDGs....”
IISD - European Parliament Assesses SDG Governance Arrangements at EU, Country Levels


“The "good practices" study examines, at the country level: commitment and strategy for SDG implementation, monitoring and review; leadership and horizontal coordination; stakeholder participation; knowledge input through science-policy interface mechanisms, SDG budgeting, and impact assessments for sustainable development; and long-term perspective. It also discusses ways parliaments at the national and European levels have integrated the SDGs into their work, and interparliamentary collaboration. The study was presented during a public hearing on ‘The Remaining 12 years: EU Action Towards Achieving the 2030 Agenda for Sustainable Development’ in Brussels.”

CGD (blog) - Common Values, Common Rules: How Should DAC Countries Engage with China in International Development?

S Kyburz & Y Chen; https://www.cgdev.org/blog/common-values-common-rules-how-should-dac-countries-engage-china-international-development

Nice one.

“...A truly global international development regime should be based on shared values and common rules, while also respecting the wants and rights of recipient countries and societies. If the Development Assistance Committee (DAC)—the “traditional donors”—find common ground and build mutual trust with China, improved understanding and learning, and transparency, may follow. The DAC countries need to find the right balance between building a trusted partnership with China and calling for integrity from all partners. For traditional donors to engage more effectively with China, they first must understand China’s different approach to development....”

WEF (blog) - Our global system has spun out of control. Here's how to rebalance it

Klaus Schwab (organizer WEF forum Davos) ; https://www.weforum.org/agenda/2019/02/how-to-rebalance-our-global-system/

“technology has left many people behind”, seems to be one of the prevailing ideas here. My take: slick Klaus’ time is over. Time for others to ‘rebalance the global system’, I reckon.

Klaus’ view: “I believe we can spawn a new era of prosperity and relative peace if we manage to put in place a normative framework for global system change. Executed properly, this framework can
lead us from imbalance to balance, and from upheaval, nationalism and protectionism to a new era of globalization - Globalization 4.0. What would the norms for global system change look like? I propose the following seven...”

Resource - Open aid.be

https://openaid.be/en

“Which health cooperation projects are funded by Belgium, and where?”

Book - The Perils of Partnership: Industry Influence, Institutional Integrity, and Public Health


“Countless public health agencies are trying to solve our most intractable public health problems — among them, the obesity and opioid epidemics — by partnering with corporations responsible for creating or exacerbating those problems. We are told industry must be part of the solution. But is it time to challenge the partnership paradigm and the popular narratives that sustain it? In The Perils of Partnership, Jonathan H. Marks argues that public-private partnerships and multi-stakeholder initiatives create “webs of influence” that undermine the integrity of public health agencies; distort public health research and policy; and reinforce the framing of public health problems and their solutions in ways that are least threatening to the commercial interests of corporate “partners”. We should expect multinational corporations to develop strategies of influence — but public bodies can and should develop counter-strategies to insulate themselves from corporate influence in all its forms. Marks reviews the norms that regulate public-public interactions (separation of powers) and private-private interactions (antitrust and competition law), and argues for an analogous set of norms to govern public-private interactions. He also offers a novel framework to help public bodies identify the systemic ethical implications of their current or proposed relationships with industry actors. Marks makes a compelling case that the default public-private interaction should be at arm’s length: separation, not collaboration. He calls for a new paradigm that avoids the perils of corporate influence and more effectively protects and promotes public health. The Perils of Partnership is essential reading for public health officials and policymakers — but anyone interested in public health will recognize the urgency of this book.”
Devex - US launches women's economic development initiative, questions remain


Analysis of this new initiative, launched late last week. “U.S. President Donald Trump signed a national security presidential memorandum on Thursday officially launching the long-discussed White House women’s economic empowerment initiative — the Women’s Global Development and Prosperity initiative, or W-GDP. While the first government initiative of its kind was applauded by several aid advocates, it also raised a number of questions about how it fits into the administration’s broader foreign aid priorities, especially as the White House has repeatedly proposed cutting foreign aid budgets....”

“The initiative aims to reach 50 million women by 2025 through its work in three key areas... ... The only concrete funding announcement along with the launch of W-GDP is the creation of a $50 million Women’s Global Development and Prosperity Fund at USAID....”

A paltry sum so far, but let’s just call it “Value for money”, Trump-style 😊.

Devex - Weeks before Brexit, Europe ends aid funding for non-EU NGOs

Devex;

“British NGOs have received another blow to their fading hopes of securing European Union funding post-Brexit, after Brussels overturned the legal justification for funding humanitarian groups based outside the bloc. Media in Switzerland, which is not a member of the EU, reported this week that the European Commission’s humanitarian arm, ECHO, had written to 10 Swiss NGOs in December 2018, informing them that they would be cut off from funding. According to the letter, an internal review had found that the legal basis for funding NGOs outside the EU — Convention 124 of the Council of Europe — was now deemed insufficient....”

IISD - SDG Knowledge Weekly: Policy Coherence in the EU and Beyond

IISD;

“Reports released by the EC propose an operational method to identify trade-offs and co-benefits across the SDGs, take stock of progress on policy coherence for development, and consider scenarios on the EU’s path to achieving the SDGs. SEI partnered with UNEP to show how Colombia can holistically implement the SDGs, using a tool to visualize the connections across the SDGs and their targets. A paper jointly authored by staff from the German Development Institute and SEI explores
how the climate and development agendas pose challenges for implementation, while also providing opportunities for policy coherence.”

And a quick link:


“Ongoing conflict in Africa could exacerbate the magnitude and severity of food crises in five countries and regions that already have some of the world’s greatest emergency food needs, a new report has found. The analysis, presented to the U.N. Security Council last week by the Food and Agriculture Organization and the World Food Programme, highlighted areas in need of urgent food and livelihood assistance, including the Lake Chad Basin, Central African Republic, Democratic Republic of the Congo, Somalia, and South Sudan....”

ODI (Research report) - The role of National Immunisation Technical Advisory Groups in evidence-informed decision-making


“National Immunisation Technical Advisory Groups (NITAGs) are multidisciplinary groups of national experts who provide independent advice to policy-makers on issues related to immunisation and vaccines, based on evidence and the national context. The Global Vaccine Action Plan (GVAP) 2011–2020 and 2017 World Health Assembly resolution call on governments to establish and strengthen these advisory bodies, acknowledging their pivotal role in decision-making and in achieving national health goals. Although the number of NITAGs doubled between 2010 and 2016, accelerated progress is needed in order to meet the goal of a functional NITAG in all countries by 2020. This report presents the findings of a scoping exercise initiated by the Wellcome Trust and the World Health Organization to determine how different types of NITAGs could be supported in the coming years. It is written for organisations who are familiar with and considering supporting the next phase of NITAGs’ development, NITAG members, and national and global stakeholders with whom NITAGs engage.”

UHC

Economic and Political Weekly - Health in Interim Budget


Excellent analysis of the latest health budget iteration in India, by Jan Swasthya Abhiyan (India’s PHM branch).
“One of the challenges in international health care policy is the reduction of health inequalities. We study the case of a recent health care reform in Ecuador, based on a revised model of public provision and financing of comprehensive care. The policy challenged not only the health care system but also key determinants of health, seeking to grant access and reduce persistent inequalities in utilization of health care services. This study evaluates the progress made on the socioeconomic health inequalities before and after reforms, between 2006 and 2014....”

ADB & WHO team up to drive universal health coverage throughout the AP

“A Memorandum of Understanding (MOU) signed between the Asian Development Bank (ADB) and World Health Organization (WHO) in Manila last Friday (Feb 8) may one day result in universal healthcare throughout the region. The agreement will see the two organisations deepen their collaboration in supporting countries in Asia and the Pacific achieve universal health coverage (UHC) and better health for their populations. A core part of this overall collaborative agenda focuses on conducting joint policy analysis and research, teaming up on the production and sharing of knowledge products through seminars and conferences, and strengthening international and regional networks.”

* And a quick link on South-Africa: Presidency sets up NHI 'war room'!

Cfr a tweet by Rob Yates: “Great to see @CyrilRamaphosa setting up a “war-room” to implement PHC-led #UHC in South Africa”.

**Planetary health**

We kick off this section with an apt assessment from the NYT – “In the 21st century, environmental policy is economic policy.” (the piece is about the Green New Deal plan in the US)

**Health Promotion International - Planetary health in the Anthropocene**

“The idea that the Holocene is over and a new human-dominated geological epoch, the Anthropocene, is in progress has been widely discussed. The article aims to outline the published definitions and current patterns on the Anthropocene, highlighting an agenda of emerging risks, challenges and possibilities for the health of the world’s population in this new era. We performed a review on the complexities of planetary health in the Anthropocene...”

“...The burgeoning literature on health promotion and global public health talks about the anthropogenic forces, claiming a solid critical theory of action to confront, modify and reduce the deleterious effects of such forces. For that reason, the 23rd IUHPE World Conference on Health Promotion, scheduled to be held in New Zealand in 2019, emphasizes the theme ‘Promoting Planetary Health and Sustainable Development for All’. It recognizes that the current paradigm of economic unlimited growth and exploitation of limited natural resources is unfair and unsustainable, leading to geopopulational and temporal inequities between generations.”

Guardian - Buy organic food to help curb global insect collapse, say scientists


“Buying organic food is among the actions people can take to curb the global decline in insects, according to leading scientists. Urging political action to slash pesticide use on conventional farms is another, say environmentalists. Intensive agriculture and heavy pesticide use are a major cause of plummeting insect populations, according to the first global review, revealed by the Guardian on Monday. The vanishing of insects threatens a “catastrophic collapse of nature’s ecosystems”, the review concluded, because of their fundamental importance in the food chain, pollination and soil health.”

““It is definitely an emergency,” said Prof Axel Hochkirch, who leads on insects for the International Union for the Conservation of Nature, the global authority on the status of the natural world. “This is a real, global, dramatic problem.” “If you buy organic food, you make sure the land is used less intensively,” he said. “There are a lot of studies that show organic farming is better for insects than intensive farming. It is quite logical...”

Nature News - Landmark Australian ruling rejects coal mine over global warming

https://www.nature.com/articles/d41586-019-00545-8

““The case is the first time a mine has been refused in the country because of climate change.

And a few quick links:
Guardian - Critics attack secrecy at UN body seeking to cut global airline emissions

“A UN body tasked with cutting global aircraft emissions is covertly meeting this week for discussions dominated by airline industry observers. The environment committee of the International Civil Aviation Organisation (ICAO) meets on Monday in Montreal behind closed doors to discuss measures to reduce emissions from international aircraft…”

• ‘Alarm’ over climate change in US doubles in five years - poll

#Progress. Better late than never.

Infectious diseases & NTDs

Lancet Editorial – Russia's burgeoning HIV epidemic

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30359-9/fulltext

“While some countries in western Europe celebrate relative successes in the treatment and control of HIV, a burgeoning epidemic in the eastern part of the region poses a continued threat to progress. A report, published Feb 4, from the European Centre for Disease Prevention and Control underlines the inequality of treatment and care for people living with HIV in Europe and central Asia....”

HPW - Unitaid Calls For Proposals To Develop Technologies To Treat Malaria, HIV, TB


“Unitaid has launched two separate calls for proposals for the development of improved technologies to better diagnose and treat Plasmodium vivax malaria, and to more effectively treat HIV and its coinfections, including tuberculosis and malaria, in low and middle-income countries....”

Guardian - Measles outbreak in Philippines kills 70, with vaccine fearmongering blamed


“The Philippines is in the midst of a growing measles crisis, with at least 70 deaths, mainly of children, in the past month. In January, there were 4,302 reported cases of measles in the country, an
increase of 122% on the same period last year. The outbreak has been blamed on a backlash against vaccinations....”

Reuters - India takes 'big step' in AIDS fight with gay sex ruling: Global Fund chief

Reuters;

“No longer shamed as criminals, millions of LGBT+ people in India will be less at risk from HIV/AIDS following the legalization of gay sex, the head of a global health fund said on Thursday.” Peter Sands, that was, last week ahead of the GF replenishment kick-off meeting in Delhi, in an interview.

WHO Afro - WHO supports five countries to fight lassa fever outbreaks


“With five countries in Western Africa reporting outbreaks of Lassa fever, the World Health Organization (WHO) has scaled up its efforts to support the region’s response to the disease. While these outbreaks are occurring during the Lassa fever season in countries where the disease is endemic, the speed of escalation is of concern....”

Stat - What happened to bird flu? How a major threat to human health faded from view

H Branswell; Stat News;

“Just over a dozen years ago, a bird flu virus known as H5N1 was charting a destructive course through Asia, North Africa, and the Middle East, ravaging poultry in apocryphal numbers and killing 6 in 10 humans known to have contracted it. The overall human death toll was low — in the hundreds — but scientists and government officials feared that the virus could ignite a human pandemic reminiscent of the catastrophic 1918 Spanish flu. Emergency plans were drafted, experimental H5N1 vaccines were created and tested, antiviral drugs were stockpiled. And then ... nothing happened.

The virus continued to kill chickens and to occasionally infect and sometimes kill people. But as the years passed, the number of human H5N1 cases subsided. There has not been a single H5N1 human infection detected since February 2017. This is the good news. The bad news is that the situation could change in an instant....”
**AMR**

Scientific American - We're Not Using One of Our Best Weapons against Drug-Resistant Microbes

Seth Berkley: [https://blogs.scientificamerican.com/observations/were-not-using-one-of-our-best-weapons-against-drug-resistant-microbes/](https://blogs.scientificamerican.com/observations/were-not-using-one-of-our-best-weapons-against-drug-resistant-microbes/)

“New antibiotics will help, but vaccines are a more immediate, complementary solution.”

“Antimicrobial resistance (AMR) has been hailed as one of the biggest threats to humanity. The number of deaths caused by drug-resistant bacteria is expected to rise from 700,000 to 10 million a year by 2050. But while the challenges of developing new classes of antibiotics and reducing the use and misuse of existing drugs have dominated the headlines, there is a more immediate and complementary solution: vaccines. Vaccination not only prevents the spread of these bugs and prevents resistance from occurring, but it also significantly curtails the use of drugs every year by preventing infections in the first place.”

Seth Berkley (GAVI) gives some examples.

Reuters - Precious antibiotics still being used to boost animal growth: OIE


“Farmers in 45 countries still use antibiotics to boost animal growth, despite warnings from health experts and bans on the practice in many parts of the world, the World Organization for Animal Health (OIE) said on Thursday. Of 155 countries that reported data for 2015 to 2017 in an OIE update on use of drugs in livestock farming, 45 said antibiotics were given to animals to prevent infections and fatten them up. Among those, 12 countries said a “last resort” drug known as colistin is still being used as a growth promoter. The use of antibiotics to promote growth in healthy animals has been banned in Europe Union since 2006 and in the United States since 2017 because it fuels the development of dangerous drug-resistant superbug infections in people. The OIE report said that of the 45 countries reporting continued antibiotic use for growth promotion, 18 are in the Americas, 14 are in Asia and Oceania and 10 are in Africa....”

**NCDs**


With 4 priorities.

UNDP/WHO guidance note - Non-Communicable Disease Prevention and Control: A Guidance Note for Investment Cases


Cfr a tweet: “New @WHO @UNDP guidance on national NCD investment cases helps policymakers chart two different futures – one where #NCD burdens grow unimpeded, another where decisive action avoids lost health and productivity.”

Journal of Global Health – First Africa non-communicable disease research conference 2017: sharing evidence and identifying research priorities

K Juma et al; http://www.jogh.org/documents/issue201901/jogh-09-010201.htm

“...In recognition of the above gaps in NCD programming and interventions in Africa, the East Africa NCD alliance (EANCDA) in partnership with the African Population and Health Research Center (APHRC) organized a three-day NCDs conference in Nairobi. The conference entitled “First Africa Non-Communicable Disease Research Conference 2017: Sharing Evidence and Identifying Research Priorities” drew more than one hundred fifty participants and researchers from several institutions in Kenya, South Africa, Nigeria, Cameroon, Uganda, Tanzania, Rwanda, Burundi, Malawi, Belgium, USA and Canada. The sections that follow provide detailed overview of the conference, its objectives, a summary of the proceedings and recommendations on the African NCD research agenda to address NCD prevention efforts in Africa.”

Guardian - WHO warns of fake cancer drug made from paracetamol


We personally prefer Fake plastic trees.

“A global alert has been issued by the World Health Organization, warning patients, doctors and pharmacies of a fake cancer drug circulating in Europe and the Americas. The fake medicine is packaged to look like the cancer drug Iclusig, which contains the active ingredient ponatinib to treat adults with chronic myeloid leukaemia and acute lymphoblastic leukaemia. The labels are in English,
as if destined for use in the NHS. The boxes of 15mg and 45mg pills contain only paracetamol. The drug is expensive, priced at around £5,000 a pack in the UK in 2017 and currently around $13,500 – or $450 a pill – in the US.

CDC report – Tobacco Use By Youth Is Rising: E-cigarettes are the main reason

**CDC:**

“We had a considerable increase from 2017, which was driven by an increase in e-cigarette use. E-cigarette use increased from 11.7% to 20.8% among high school students and from 3.3% to 4.9% among middle school students from 2017 to 2018. No change was found in the use of other tobacco products, including cigarettes, during this time.”

Guardian (Longread) - Heineken claims its business helps Africa. Is that too good to be true?


“The Dutch beer giant likes to blow its own trumpet about the economic and social benefits it brings to Africa – but revelations of sexual harassment and low pay show a different picture.” By investigative journalist Olivier van Beemen (who wrote a book about the issue).

The Time Seems Now for a similar venture exploring AB In Bev’s track record in Africa. Maybe an idea for another investigative journalism consortium?

Vox - This Mediterranean diet study was hugely impactful. The science has fallen apart.


“Nutrition science is supposed to tell us how to eat. It’s in the midst of a crisis.” Read why.

See also a BMJ blog by H Bastian - A Mediterranean diet trial’s retraction and republication leaves a trail of questions.
Lancet - Clinical outcomes in patients with chronic hepatitis C after direct-acting antiviral treatment: a prospective cohort study

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32111-1/fulltext

Cfr the press release:

“The Lancet: Direct-acting antivirals reduce risk of premature mortality and liver cancer for people with chronic hepatitis C

The first prospective, longitudinal study investigating treatment of chronic hepatitis C with direct-acting antivirals finds that the treatment is associated with reduced risk of mortality and liver cancer, according to a study published in The Lancet. The research is the first to demonstrate the clinical effectiveness of direct-acting antivirals on the disease and suggests that they should be considered for all patients with chronic hepatitis C infection. ..."

And a quick link:

Stat News - 'We don’t have any data': Experts raise questions about Facebook’s suicide prevention tools

“Over the past few years, Facebook has stepped up its efforts to prevent suicide, but its attempt to help people in need has opened the tech giant to a series of issues concerning medical ethics, informed consent, and privacy. It has also raised a critical question: Is the system working? Facebook trained an algorithm to recognize posts that might signal suicide risk and gave users a way to flag posts. A Facebook team reviews those posts and contacts local authorities if a user seems at imminent risk. First responders have been sent out on “wellness checks” more than 3,500 times....”

Sexual & Reproductive / maternal, neonatal & child health

Reuters - Better breast cancer screening, treatments may have saved hundreds of thousands of lives over 30 years

Reuters:

“Over the last three decades, improved screening and treatments may have kept hundreds of thousands of women from dying of breast cancer, computer simulations suggest. Depending on the simulation, anywhere from 305,000 to more than 600,000 breast cancer deaths may have been averted, researchers reported in Cancer. Because no one knows how many women might have died..."
without advances in screening and treatment, the authors of the new study developed estimates of breast cancer trends based on information collected prior to 1990....

Guardian - Bloody brilliant: new emoji to symbolize menstruation welcomed


“The red blood droplet with a period-positive message is hailed as a step forward but some see it as a half-measure.”

AllAfrica - Angola Drops Homosexuality Ban - Will Rest of Africa Follow?


“Angola has removed the notorious "vices against nature" provision in its penal code, with the law now banning discrimination against people on the basis of sexual orientation. Mozambique has also decriminalized same-sex relationships, while South Africa is the only African country that allows same-sex marriage.”

Quick link:

Lancet Comment - Sponsorship of paediatric associations by manufacturers of breastmilk substitutes

“Is it right that paediatric meetings should be sponsored by manufacturers of formula milk? There has recently been criticism of an international conference run by the UK Royal College of Paediatrics and Child Health (RCPCH) in Cairo, Egypt, in January, 2019, that received sponsorship by manufacturers of breastmilk substitutes (BMS). On Jan 31, 2019, “in light of recent concerns raised by members”, the RCPCH stated “we have made the decision to suspend future funding agreements with formula milk companies pending a College review of our relationships with them”...

Access to medicines

IP-Watch - Malaysia Still Under Pressure To Make Hepatitis C Medicine More Expensive

“The government of Malaysia continues to face pressure from the United States pharmaceutical industry and potentially the US government to undo an action taken to make a key hepatitis C medicine more affordable in the country. Now Médecins Sans Frontières has weighed in to defend the government’s right to use a patent flexibility in global trade law that allows them to take such actions on behalf of their citizens....” “We would like to express our solidarity and support to the Malaysian government in continuing to reject any pressure from pharmaceutical corporations or their political allies, to reverse the government use license,” MSF said in a letter to the prime minister and ministers. ... “At issue is sofosbuvir by Gilead, marketed in the US as Sovaldi, where it became famous for costing $84,000 for one course. The drug is considered highly innovative and effective. Malaysia issued a compulsory licence on sofosbuvir in 2017. The Pharmaceutical Research and Manufacturers of America (PhRMA) this week urged the US Trade Representative’s office to put Malaysia in the category of the worst violators for not adequately protecting US intellectual property because it issued a compulsory licence allowing Malaysian government-linked labs to produce sofosbuvir cheaply for domestic patients. PhRMA made the request in its submission to the annual USTR Special 301 process.”

BMJ News – Two TB survivors challenge Janssen’s new bedaquiline patent in India

https://www.bmj.com/content/364/bmj.l663

News from late last week.

“Two tuberculosis survivors have opposed a patent application filed in India by Janssen Pharmaceutica, which they say could block generic versions of bedaquiline, a drug recommended for the treatment of multi drug resistant tuberculosis (MDR-TB), until 2027....”

See also MSF - tuberculosis survivors challenge Johnson & Johnson patent application in India.

“The international medical humanitarian organization, Doctors Without Borders/Medecins Sans Frontieres (MSF), is supporting the patent challenge, brought by Nandita Venkatesan from Mumbai, India and Phumeza Tisile from Khayelitsha, South Africa. Both women survived DR-TB but lost their hearing because of the toxicity of their treatments. They are now fighting to ensure that newer drugs like bedaquiline—which are safer and more effective—are made affordable and accessible to everybody with DR-TB so fewer people have to use painful and toxic alternatives....”

“...If granted, J&J’s monopoly on bedaquiline would be extended from 2023 to 2027, delaying entry of generics by four additional years. This strategy of “patent evergreening” through filing of additional, often unmerited, patents is commonly used by corporations to extend monopolies on their drugs beyond the standard 20 years. Preventing this patent barrier is expected to encourage TB drug manufacturers from India to enter the market with generics and supply bedaquiline at lower prices to national TB programs and treatment providers globally....”

http://www.ip-watch.org/2019/02/13/no-paying-rich-worlds-medicine-white-house/

“The Trump administration yesterday made some firm statements about reducing health care and drug prices for American consumers and making costs more transparent. The statements again appear to focus on other countries paying more for US-made drugs but also promotes generic drugs....”

HPW - New US Corporate Accountability Platform Takes Aim At High Drug Prices


“A new corporate accountability platform launched in the United States aims to hold companies accountable by inviting shareholders and consumers to vote on how companies should address issues of the public interest. As its inaugural issue, the platform takes aim at high drug prices....”

HPW – ‘Netflix’ Pricing Model Eases Australians’ Access To Expensive Hepatitis C Drugs


“An innovative five-year agreement between the Australian government and pharmaceutical companies, involving a lump sum payment of about US$ 766 million for an unlimited five-year supply of the most advanced Hepatitis C (HCV) drugs, has reduced the per-patient costs of these cutting-edge treatments by roughly 85%, according to a study today in the New England Journal of Medicine....”

Human resources for health

Bloomberg - Venezuelan Doctors Are an Unexpected Boon for Latin America’s Poor

Bloomberg
“An exodus of more than 22,000 physicians in the past five years is reshaping medicine in the region.” For instance, in Chile & Brazil.

**Miscellaneous**

Global Health Action (Editorial) - Nurturing *Global Health Action* through its first decade


The title says it all. Well worth a read, as it also assesses the ‘global health’ journal landscape evolutions over the past decade.

New Yorker – “Reverse innovation could save lives: why isn’t western medicine embracing it?


“Cheap and simple medical devices could improve performance and lower health-care costs, but first they have to overcome deeply rooted biases.” Nice read, with some good examples also.

Speri - Is Britain ‘undeveloping’ before our eyes? Part I & II

[http://speri.dept.shef.ac.uk/2019/01/29/is-britain-undeveloping-before-our-eyes-part-i/](http://speri.dept.shef.ac.uk/2019/01/29/is-britain-undeveloping-before-our-eyes-part-i/)

interesting read on the concept of ‘un-developing’, applied to the UK here.

“The pathologies characterising Britain’s emergence as the first ‘early developer’ may have accumulated to the point where they undermine its prospect of continuing development.”

By Speri – Sheffield Political Economy Research Institute.

“A different way of thinking is perhaps that Britain is actually at the end of a long cycle – of four hundred years or more – of capitalist development, with its pronounced post-imperial decline, first visible to others, if not necessarily its own economic and political elite, around half a century ago, now playing out fully. The pathologies that accompanied and have come to characterise its distinctive experience – which at one time facilitated industrial development and maintained it beyond formal colonialism in a context of lingering imperial power and a benign, Western-led, globalising international order – may now have accumulated to the point that they do not equip it
adequately for the rigours of today’s ‘global race’. Indeed, they may even actively undermine Britain’s prospect of continuing development. If this is true, Britain could again be first, albeit in a league table not of its choice! It could be the first of the ‘early developers’ to be forced to grapple with the implications of sustained ‘undevelopment’. This is defined here straightforwardly as the dismantling, rather than the building, of a viable, functioning political economy that satisfactorily serves its people…”

Read also part II.

Stat - University of California to be granted long-sought CRISPR patent, possibly reviving dispute with the Broad Institute

https://www.statnews.com/2019/02/08/the-university-of-california-gets-its-key-crispr-patent/

“It has taken nearly six years, detours for bitter legal challenges, and tens of millions of dollars in legal fees, but the foundational CRISPR-Cas9 patent for which the University of California applied in March 2013 will soon be granted, according to documents posted by the U.S. Patent and Trademark Office on Friday, throwing yet another monkey wrench into genome editing’s tangled IP landscape....”

IDMC (Internal Displacement Monitoring centre) - The ripple effect: economic impacts of internal displacement

IDMC:

“This thematic series focuses on measuring the effects of internal displacement on the economic potential of IDPs, host communities and societies as a whole.”

“....Using publicly available data, we estimated the financial impact of major displacement crises in eight countries: the Central African Republic, Haiti, Libya, the Philippines, Somalia, South Sudan, Ukraine, and Yemen....”

“... The average annual economic impact associated with internal displacement in these countries ranges from less than one per cent to 11 per cent of their pre-crisis GDP, mostly depending on the number of IDPs and the severity of the crisis.... ... In all countries, the highest financial burdens come from the impacts of internal displacement on livelihoods, housing and health. The costs and losses associated with security and education are generally secondary to these burdens, but are still significant. Crises that displace the highest number of people for the longest time result in the highest economic impacts.”
And a quick link (Nature News) - *Investors bet billions on health-care start-ups with paltry publication records* So if you want to make big bucks, forget about publishing in the Lancet & all that : )

**Emerging Voices**

Global Public Health - Struggles for the right to health at work in Colombia: The case of associations of workers with work-related illnesses


by Mauricio Torres (EV 2010).

Check out also Faraz Khalid (EV 2016 and now with WHO EMRO) ‘s new blog on HSG - How can Pakistan make the most of its sin tax proposal?

**Research**

Public Health (Editorial) - Travel – not without consequence


Editorial of a themed issue on global travel.

“...As our guest editors Dipti Patel and Hilary Simons point out, *global travel has repercussions*.... ... People travel for different reasons, and in this themed issue, we present a selection of articles that illustrate the changing traveller profiles....”

“... *As a final thought, the ability (and desire) to travel is increasingly an expectation of those who can afford it*. However, there are also environmental and climatic consequences that we may uncomfortably choose to ignore. Global travel has a carbon footprint that contributes to global warming and climate change. Most modes of transport generate some form of pollution that has direct health consequences: air pollution from vehicular emissions affects lung health and causes vascular diseases. *Stopping travel entirely is unrealistic, but there remains a vital public health need and challenge to alter public behaviour and to advocate for less travel and less polluting modes of travel*. Small changes in travel behaviour at the individual level cumulatively may bring considerable public health and planetary health benefits....”