IHP news 512 : International Women's Day, the 2nd Global Health 50/50 report & sweeping WHO reform

(8 March 2019)

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

Dear Colleagues,

This week, naturally, we'll spend a lot of attention to **International Women's Day**, with among others the release of the **second Global Health 50/50 report**, Equality Works, which revealed that most leading organisations active in global health still have a long way to go towards workplace gender equality (although some progress has been made). It's a ground-breaking **analysis of 198 global organisations active in health**, covering an estimated 4.5 million employees worldwide, with lots of killer stats revealing that the majority are failing to deliver on sexual harassment policies, gender pay gap reporting, and gender parity in leadership positions. Put differently, they are '**failing to walk the talk**' in the words of **Jacinda Ardern**, prime minister of New Zealand. Impressive and much-needed report. Below just one quick comment from my side.

In her foreword, Ardern says: "*If there's one sector that should set precedent, it is global health. The field stands for principles of rights, fairness and universality, and strives to achieve health for all – particularly the most vulnerable.*" She thus believes global health organisations can and should lead the way towards better wellbeing, by building fairer, more equal workplaces. While broadly agreeing with this stance, it's a slightly naïve view of global health, I'm afraid – as Global Health 50/50 made clear itself, in a way, by also listing the likes of **AB InBev, Coca-Cola and Heineken** as part of the "global health" organisations in the report (even among the ones hailed as 'having made significant improvements across a range of domains' 😊). If it were up to me, I'd kick them out from the list next year, if only from an 'integrated SDG health perspective' (*Peter Sands can tell you more about that*). I know they're probably "leveraging and harnessing" their abundant resources towards a better world and showcasing their superior delivery models in fancy "global health" PPPs, hence their inclusion in this report, but perhaps Global Health 50/50 also includes them to point out where "real power" lies in this world? See a poignant tweet from this week: "*Every time I look up the total program budget for the @WHO [*i.e. for 2 years*] and see that it's roughly equivalent to @CocaCola's total *ADVERTISING* budget ($4.4 billion to $4 billion), I feel my brain trying to self-combust.*"

With that wicked comparison with WHO's budget, we get to the **second big highlight** of the week: the official announcement by **WHO** of **the 'most wide-ranging reforms in the organisation's history'.** It seems a historical reform indeed, and first reactions have been rather positive in most corners. "*As the world has changed, WHO also has to adapt",* dr. Tedros said.

In other news from this week, the UK launched a **Global "period poverty" Fund** and taskforce on Monday to help all women and girls access sanitary products by 2050 and to tackle the stigma around menstruation. The **Africa Health Agenda International Conference** (AHAIC) took place in **Kigali (5-7 March)** (with among others the **launch of the African Women in Global Health Hub,** and

the **Strategic Purchasing Africa Resource Center (SPARC))**); we also noted a hard-hitting **MSF letter ahead of the CEPI Board meeting in Tokyo (7-8 March)** (*it seems that when real money is to be made, you can always count on 'the billionaire class' to take over* 😊; *but CEPI was quick to* *respond*); further disruption in the world of **scientific publishing**, the usual key publications and reports (with among others, a **WHO report on corruption & health systems**, and a report ahead of the G20 meeting later this year, by the **G20 Health and Development Partnership**). And no, the **Ebola outbreak response in the DRC** still isn't going well ... Last but not least, Horton wonders this week whether Global Health has "lost it".

On a merrier note, and nicely coinciding with this International Women's week, **Ilona Kickbusch** popped up again on Twitter. Twitter welcomed her back, as we all – cosmopolitan and less cosmopolitan followers - missed her. Judging from the amount of tweets in these first days, she also seems to have missed Twitter! :)

Enjoy your reading.

Kristof Decoster

Featured Article

Best spoof of the week: Trudeau Googles "how to keep cabinet gender parity if women keep leaving"

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

This year, International Women's Day (IWD) is a mixed one for us Canadians – in the world of global health policy and practice, we are heralded as a beacon for global health leadership on women, and for highlighting Canadian women's leadership in global health.

The ethos of feminism espoused by the current government was demonstrated at the outset—Prime Minister Justin Trudeau started out with the first gender-balanced cabinet in Canada, a national inquiry into the gender-based violence of indigenous women, and finally, a feminist ODA policy. The gender wage gap in Canada has shrunk, and the federal child care benefit scheme is believed to have led to a reduction in child poverty. All of this has been welcomed by Canadians, women and men, from all backgrounds.

BUT.

On this IWD, I have a visceral reaction to the political drama surrounding the conduct of the Prime Minister's Office and its efforts to prevent the prosecution of a private sector firm. A parliamentary inquiry is in progress at the time of writing, with several key people resigning from their posts as a result of this affair.

Two highly respected Canadian cabinet ministers, both women, have resigned in the last couple of weeks, citing concern about the integrity of the justice system and their own ethical responsibilities. During a sensitive time in women's leadership internationally, where women's rights and empowerment are often seen as a direct attack on power structures, all this begs the question whether the current political upheaval has a gendered nuance to an issue of values and ethics. Is it possible that women are pushing back at the way politics, with its backdoor deals, is played out?

Highlights of the week

Major changes at WHO

As WHO reported itself, on Wednesday, "*WHO announced the most wide-ranging reforms in the Organization's history to modernize and strengthen the institution to play its role more effectively and efficiently as the world's leading authority on public health. The changes are designed to support countries in achieving the ambitious "triple billion" targets that are at the heart of WHO's strategic plan for the next five years: one billion more people benefitting from universal health coverage (UHC); one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being.*"

Bruce Aylward (advisor of Tedros) **& the transformation team** have been quite important in this process.

As this is a knowledge management newsletter, we won't try to reinvent the wheel here. We'll just flag here **the must-reads** among **the news reports, coverage & analyse**s on this major transformation of WHO, formally announced by dr. Tedros & regional directors (jointly) on Wednesday to showcase 'WHO's Oneness'.

WHO (press release) - WHO unveils sweeping reforms in drive towards "triple billion" targets

https://www.who.int/news-room/detail/06-03-2019-who-unveils-sweeping-reforms-in-drive-towards-triple-billion-targets

Good overview of the reforms, from WHO itself. Start by reading this.

Coverage & analyses

Devex - New WHO structure revealed (by **J L Ravelo** – absolute must-read – includes the new WHO headquarters structure) "*WHO has just revamped its senior management. It is also added new divisions and departments and with these, a slew of new positions*."   (PS: among others, there are SDH & Health Promotion Departments now 😊)

HPW - [WHO Announces "Most Wide-Ranging Reforms In Organization's History"](#) (excellent coverage & analysis – must-read)

NYT - [W.H.O. Chief Plans to Reorganize a Vast Bureaucracy](#) (recommended coverage, with focus on **push to increase staff mobility of WHO**)

*"A fundamental problem — tension between regional offices and the headquarters in Geneva — cannot be fixed by fiat. Still, **staffers are set to move around the globe."** The World Health Organization on Wednesday announced a long-awaited restructuring intended to streamline the agency — and strongly hinted that it intended to shake up some staffers' resistance to change…."*

*"One change that was only briefly touched on in the speech could be truly disruptive to a staid agency that employs 7,000 people. It was **a new "mobility program"** that will be "a key criterion for career progression." … Some experts have long advocated that the W.H.O. imitate the United Nations Fund for Children or UNICEF, which frequently rotates its staff around the world, making them more familiar with local problems and disrupting power bases…."*

- The die-hards among you might want to reach **Tedros (& regional directors')** [joint speech](#) in full. And the new [WHO headquarters leadership team](#).

Global Health 50/50 report: Equality Works

https://globalhealth5050.org/2019-report/

See this week's intro. You find the **press-release** [here](#).

*"Ground-breaking analysis of 198 global organisations active in health… … **reveals that the majority are failing to deliver on sexual harassment policies, gender pay gap reporting, and gender parity in leadership positions. Launched in Ethiopia** by the country's first female president, H.E. Sahle-Work Zewde, **the second Global Health 50/50 Report, Equality Works, shows that few of the world's top global organisations active in health are achieving gender equality for their employees**. This is despite more than a year's worth of news headlines detailing widespread gender-based discrimination in workplaces around the world. **The report exposes pay gaps; lack of policies on parental leave, sexual harassment and flexible working; and a systematic absence of women in leadership roles.** "Coming to light in the #MeToo era, the findings of this groundbreaking report prove that the fight for gender-equality is far from won. **Global health organisations are failing to walk the talk." said Jacinda Ardern**, Prime Minister of New Zealand. "…"*

Still, **there's been some progress** (though not nearly enough). The report zooms in more organisations than last year, and also added a few areas/dimensions compared to last year.

Check out the key findings, and make sure you go through the whole report!

As a reminder, "*Global Health 50/50 is an independent initiative created to advance accountability and action for gender equality in global health housed by the University College London Centre for Gender and Global Health. The 198 organisations in the study include United Nations bodies, bilateral and multilateral development institutions, philanthropic organisations, non-governmental organisations, faith-based organisations, public-private partnerships, the private sector, and academic journals and their parent companies.*"

Apparently, in a next edition also **academic institutes** will be included.

Excellent **coverage in HPW** - [Global Health Agencies Face Yawning Gaps In Gender Equality – New 50/50 Report](#)   (with key messages, and also the take from Sarah Hawkes & Kent Buse on a number of the findings).

Great **coverage** also on **Devex** (**J L Ravelo**) (specifically focusing on sexual harassment policies in global health organisations) - [In the era of #AidToo, global health is short on sexual harassment policies](#).

International Women's Day

Some reads related to IWD, some of them published ahead of the Day.

Guardian - Only six countries in the world give women and men equal legal work rights

https://www.theguardian.com/global-development/2019/mar/01/only-six-countries-in-the-world-give-women-and-men-equal-legal-rights

"*If you're a woman and want to be on an equal footing with men, it's best to live and work in Belgium, Denmark, France, Latvia, Luxembourg or Sweden. The World Bank, which has tracked legal changes for the past decade, found these were the only countries in the world to enshrine gender equality in laws affecting work. The bank's women, business and the law 2019 report, published this week, measured gender discrimination in 187 countries. It found that, a decade ago, no country gave women and men equal legal rights.*"

I should probably refrain from saying 'Belgium, 12 points!' 😊.

Speaking of Medicine (blog) – Overcoming inaction and increasing access to safe abortion care: MSF experience

[Plos Med;](#)

"*On International Womens Day, Claire Fotheringham, Manisha Kumar, and Catrin Schulte-Hillen of Médecins Sans Frontières discuss recent efforts to improve access to safe abortion care worldwide.*"

UN News - Break taboo around menstruation, act to end 'disempowering' discrimination, say UN experts

https://news.un.org/en/story/2019/03/1034131

"A group of seven United Nations rights experts issued a clarion call on Tuesday to break the taboo around menstrual health for women and girls that persists in many parts of the world and take concrete action to end "disempowering" discrimination."

*"Persistent harmful socio-cultural norms, stigma, misconceptions and taboos around menstruation, continue to lead to exclusion and discrimination of women and girls", said the **independent human rights experts, ahead of International Women's Day** on 8 March. Despite recent campaigns by women to challenge menstruation taboos and increasing attention to the issue of menstruation in the media, research, policy-making, and cultural discussion, they underscored the need for "more efforts to address challenges faced by women and girls"….*

Links:

- **The Conversation -** #MeToo isn't big in Africa. But women have launched their own versions

*" … is Africa part of this global movement against sexual violence? **In her assessment of transnational activism in Africa, author Titilope Adayi, indicates that the global dimension of #MeToo has centred on the involvement of certain countries such as the US, the UK, France, India and China**. There's been virtually no mention of Africa or the Middle East**. But the visibility of #MeToo makes it easy to overlook the very powerful campaigns against sexual violence that go on in Africa. Most are happening outside the digital space**…."*

- **The Conversation** - How alcohol companies are using International Women's Day to sell more drinks to women.
- **UN News** - Women still struggle to find a job, let alone reach the top: new UN report calls for 'quantum leap'   *" Women's job opportunities have barely improved since the early 1990s, UN labour experts said on Thursday, warning that female workers are still penalized for having children and looking after them. Released on the eve of International Women's Day, celebrated on 8 March, the **International Labour Organization (ILO) report** found that **1.3 billion women were in work in 2018, compared with two billion men – a less than two per cent improvement in the last 27 years**…."*
- **UN News** - Women's empowerment 'essential to global progress' says Guterres, marking International Day.
- **FP** - Celebrating #MeToo's Global Impact *"In countries around the world, progress defies the backlash."*

End Period Poverty

Thomson Reuters Foundation - UK launches global fund to help end 'period poverty' by 2050

https://www.reuters.com/article/us-britain-women-period/uk-launches-global-fund-to-help-end-period-poverty-by-2050-idUSKCN1QL007

"Britain launched a global "period poverty" fund and taskforce on Monday to help all women and girls access sanitary products by 2050 and to tackle the stigma around menstruation. … … The government pledged to give 2 million pounds to organizations working to end period poverty globally, and has also earmarked 250,000 pounds to create a taskforce of government departments, charities and private enterprises to tackle the issue…."

AHAIC conference in Kigali (5-7 March)

https://ahaic.org/

"The Africa Health Agenda International Conference 2019 [took] place this week in Kigali, Rwanda, from 5th to 7th March. It [served] as a platform to foster new ideas and home-grown solutions to the continent's most pressing health challenges, with a focus on achieving universal health coverage (UHC) in Africa by 2030."

Some reads & news bits:

- **Elsevier** - Q&A: Amref leader on why universal health coverage is crucial for Africa

Published ahead of the conference: "**Dr. Githinji Gitahi**, Group CEO of **Amref Health Africa, talks about Africa's unique path to UHC and what to expect at #AHAIC2019."**

" From March 5 to 7 in Kigali, Rwanda, Amref Health Africa and the Rwandan Ministry of Health are convening for the Africa Health Agenda International Conference (Africa Health 2019 – #AHAIC2019 Africa Health 2019) – a platform to foster "new ideas and home-grown solutions" to the most pressing health challenges in Africa, with a focus on achieving UHC in Africa by 2030.

"Africa Health 2019 is viewed as a key opportunity to map a pathway from commitment to action and to build momentum for UHC among policymakers, civil society, technical experts, innovators, thought leaders, academics and youth leaders. The event is a milestone in the run-up to the UN high-level meeting on UHC in September, where the global commitment to UHC will be galvanized through a political declaration agreed upon by UN member states…."*

Well worth a read.

Excerpt: "…***This is why I have been advocating for a seventh building block of health systems in addition to the current six building blocks*** *used by WHO to describe health systems – one that*

incorporates communities and citizen needs. Therefore, UN member states should put communities at the forefront of the political declaration in September…."

- **Daily Trust** - Universal Health Coverage: Rwanda urges African govts to fund healthcare

"Rwanda's Minister of Health, Dr Diane Gashumba, has called on Africa's heads of governments to collaborate towards healthcare financing."

"Speaking at the opening ceremony of the confab, co-hosted by Amref Health Africa and Rwanda's Ministry of Health, she said, "Investing in Universal Health Coverage (UHC) is one of the smartest investments a country can make." She added: "In the past two decades, African countries have displayed commendable leadership in furthering the UHC agenda across the continent…."

called UHC one of the smartest investments a country can make, praised African leadership on UHC in the last 2 decades, and urged heads of state to keep up the momentum.

- **Jean Kagubare** (deputy director Global Primary Health Care systems, at the **Gates Foundation)**: Africa: Three Promising Pathways to Universal Health Coverage in Africa

"…We are now at a critical moment in Africa's health care journey.
From Botswana to Kenya to South Africa, countries across the continent are considering or enacting unprecedented health reforms. The coming months and years are a crucial window to see if countries can make good on their promises, beginning at tomorrow's Africa Health Agenda International Conference in Kigali. … … The conversations in Kigali [will be] key to uniting the African community ahead of the first-ever United Nations High-Level Meeting on Universal Health Coverage in September, when Heads of State from around the world will gather in New York to chart a course toward achieving universal health coverage."…"

"While every country's path to universal health coverage will look different, I am excited about three key approaches: using data to guide improvements, leveraging new technologies to expand access to care, and making better decisions about where to spend resources…."

- **Devex** - *Achieving UHC in Africa requires support for most vulnerable, experts say* Coverage.

Excerpts :

"On Tuesday, as the second biennial Africa Health Agenda International Conference kicked off in the rainy hills of Kigali, Rwanda, some 1,500 health advocates representing more than 40 countries learned from the successes and setbacks posed by universal health coverage, or UHC, programs in countries such as Rwanda and Kenya. … … Providing an affordable option for Africa's poorest will be a determining factor whether countries will achieve Sustainable Development Goal 3, which is to "ensure healthy lives and promote well-being for all" by 2030, explained Githinji Gitahi, CEO at Africa's largest health development organization, AMREF Health Africa. "Financial protections for the vulnerable is embedded into what universal health coverage means by definition, which is a concept that overall looks at how to provide quality health services to people without them struggling to afford it, he told journalists at a press conference. Eleven million Africans are pushed into poverty every year due to medical expenses, according to the World Health Organization. … …

*"At **the conference, African ministers of health, WHO officials, NGOs, innovators, youth, and civil society representatives emphasized that achieving UHC would not only require increased access for marginalized populations and heightened financial support from both governments and public-private partnerships**. It would also require **improved health service quality and ways to hold governments and health providers accountable to citizens**. Experts called on government leaders to **take local action on prior commitments made**, including the 2016 Tokyo International Conference on African Development signing of the Universal Health Coverage in Africa Framework for Action and the 2001 Abuja Declaration adoption where governments pledged to allocate 15 percent of national budgets to improving…"*

Some other news we want to flag from AHAIC:

- Tweet: *"We've **officially launched the @WHO guidelin**es to assist national governments, as well as national & international partners to improve the design, implementation, performance & evaluation of **#CHW programmes in Africa**. "* For the **Guidelines**, see [here](#).
- March 7: the Closing Ceremony was the **official launch of the Women in Global Health African Regional Hub #WGHAfrica**   https://ahaic.org/session/plenary-vii/
- Official [launch of SPARC (Strategic Purchasing Africa Resource center).](#)

*"The **Strategic Purchasing Africa Resource Center (SPARC)** is a new resource hub aimed at strengthening strategic purchasing capacity in Sub-Saharan Africa by connecting existing regional expertise and matching it with country demand to make better use of resources."*

Migration & health

Lancet Global Health - Effects of non-health-targeted policies on migrant health: a systematic review and meta-analysis

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30560-6/fulltext

Cfr a **Lancet (GH) Press release**:

*"The Lancet Global Health**: Restrictive migration policies contribute to poor migrant health in high-income countries. Too often non-health-related policies leave migrants facing worse health situations, and governments must honour their humanitarian obligations to provide health for all***

*Restrictive entry and integration policies are having an adverse effect on the health of migrants in high-income countries, according to the **most comprehensive assessment of the impact of general migration policies on migrant health**, published in **The Lancet Global Health** journal.*

*The systematic review and meta-analysis, synthesising all the available evidence from the scientific literature, finds that **international migrants facing restrictive policies such as temporary visa status, detention, and reduced access to welfare are less likely to use general health services (hindering individual and public health), and are at greater risk of poor mental health and dying prematurely***

*from any cause compared with native populations. The authors say that efforts to improve the health of migrants **would benefit from adopting a 'Health in All Policies' perspective**, which considers the health effects of all migrant-orientated policies, and embracing a human-rights framework that emphasises the rights of migrants under international law. …"*

Check out also the related **Lancet Global Health Comment** [Adverse health effects of restrictive migration policies: building the evidence base to change practice.](#)

Thankfully, earlier this week, the EU (Commission) [declared the migration crisis officially 'over'.](#) (Guardian) #ahum

*"The European commission has declared the migration crisis over, as it sharpened its attack on "fake news" and "misinformation" about the issue. Frans Timmermans, the European commission's first vice-president, said: "**Europe is no longer experiencing the migration crisis we lived in 2015**, but structural problems remain."…"*

You really don't want to know how the EU got to this migration 'deliverable', at our borders & deep in Africa ☹.

Hopes rise for Aids cure after bone-marrow transplant rids man of HIV

https://www.theguardian.com/society/2019/mar/05/aids-cure-hopes-rise-bone-marrow-transplant-hiv?CMP=twt_gu

*"**A cure for Aids is a step closer, scientists believe, after a bone marrow transplant that has left a London patient HIV-free for 18 months**. The success in London, 12 years after Timothy Brown, the so-called Berlin patient, underwent a similar transplant, was hailed as a key moment in the long hunt for a cure. "**Although it is not a viable large-scale strategy for a cure, it does represent a critical moment in the search for an HIV cure**," said Anton Pozniak, the president of the International Aids Society. "These **new findings reaffirm our belief that there exists a proof of concept that HIV is curable. The hope is that this will eventually lead to a safe, cost-effective and easy strategy** to achieve these results using gene technology or antibody techniques."…"*

See also **the Guardian** - [London patient becomes second man to be cleared of Aids virus.](#)

As always, wait & see, I guess…

World Hearing Day (March 3)

UN News - 'Once lost, hearing doesn't come back': World Health Organization warns on World Hearing Day

https://news.un.org/en/story/2019/03/1033992

*"Many people live with unidentified hearing loss, often failing to realize that they are missing out on certain sounds and words. To address this problem, **the World Health Organization (WHO) is urging people on this year's World Hearing Day, held on March 3, to check their hearing**. Worldwide, some 466 million people have disabling hearing loss, and the WHO estimates that by 2050 that figure will almost double, affecting one in 10 people. The cost of unaddressed hearing loss is believed to be around US$ 750 billion. …"*

*"**To mark World Hearing Day 2019, WHO has launched a new mobile and web-based app called "hearWHO**," which allows people to check their hearing regularly, and intervene early in case of hearing loss. It can also be used by health workers to screen people in the community, and refer them for diagnostic testing if they fail the screening…."*

Planetary Health

Guardian - Youth climate strikers: 'We are going to change the fate of humanity'

https://www.theguardian.com/environment/2019/mar/01/youth-climate-strikers-we-are-going-to-change-the-fate-of-humanity

*"**Students issue an open letter ahead of global day of action on 15 March**, when young people are expected to strike across 50 nations."*

UN News - Time to see air pollution as a human rights threat: U.N.

http://news.trust.org/item/20190304211714-efuzt/

*"**Air pollution has long been an environmental and health problem - but now it should now be viewed as a human rights issue as well, according to the U.N. special rapporteur on human rights and the environment.** Air pollution is leading to 7 million premature deaths a year around the world, including 600,000 among children, David Boyd said. "To put that 7 million figure in context, that's more deaths every year than the combined total of war, murder, tuberculosis, HIV, AIDs and malaria," the U.N. expert told the Thomson Reuters Foundation in an interview. "It's a global health crisis that really needs to be addressed. **Air pollution violates the rights to life, to health, the rights of the child, and also violates the right to live in a healthy and sustainable environment**," he said. But **clear solutions to the problem exist, he said in a report to the Human Rights Council in Geneva** Monday, laying out a range of steps governments can take to cut air pollution…."*

See also **UN News** - [Air pollution, the 'silent killer' that claims seven million lives a year: rights council hears](#)

"***Shifting to renewable energy could save up to 150 million lives by the end of the century*** *amid concerns that six billion people regularly inhale air "so polluted that it puts their life, health and well-being at risk", a **UN-appointed independent rights expert said on Monday**.*"

A few analyses by De-growth experts on the New Green Deal

They aren't fully convinced, as the New Green Deal has too much of 'Green Growth' in it.

Stan Cox - [That Green Growth at the Heart of the Green New Deal? It's Malignant](#)

Jason Hickel, in the Guardian - [Climate breakdown is coming. The UK needs a Greener New Deal](#)

- Finally, a quick link:

Lancet Letter - [Legislate for carbon net zero by 2030](#).

"*On Nov 29, 2018, the UK Health Alliance on Climate Change, of which the Climate and Health Council, BMJ, and The Lancet are members, sent a letter to the UK Prime Minister saying that for the preservation of both planetary and human health, the UK must become carbon net zero before 2050.* ***Given the recent warning from Sir David Attenborough of the risk of civilisational breakdown, and the increasingly forceful statements from the Intergovernmental Panel on Climate Change (IPCC), it is clear that the climate crisis has reached a new level of severity. To forestall the planetary catastrophe that Attenborough and the IPCC predict, the UK must take the lead, set an international example, and become carbon net zero by 2030.*** *We therefore call on the UK Government and parliament to legislate for the UK to be carbon net zero by 2030, and to work with institutions across the country to ensure that this goal is achieved.*"

Boston Review Forum – Forum of 'Economics for Inclusive Prosperity'

This will be a **Forum** now, dedicated to 'Economics for Inclusive Prosperity', **with regular contributions.**

Among others, we quite enjoyed **Alice Evans'** [Economics after neoliberalism: we need stronger trade unions and corporate accountability.](#)

CEPI Board meeting (7-8 March, Tokyo)

https://cepi.net/about/whoweare/

Stay tuned for the **Board meeting summary** [here](#).

As a reminder, via CEPI's website: "…*CEPI was founded in Davos by the governments of Norway and India, the Bill & Melinda Gates Foundation, the Wellcome Trust, and the World Economic Forum. …* **CEPI has secured $750 million toward its $1billion funding target**, *with multi-year funding from Norway, Germany, Japan, Canada, Australia, the Bill & Melinda Gates Foundation, and Wellcome.* **CEPI has also received single-year investments from the governments of Belgium and the UK.** *The European Commission foresees substantial financial contributions to support relevant projects through its mechanisms….*"

This was the main controversy ahead of the Board meeting:

Cidrap News - MSF questions affordable access to CEPI-supported vaccines

http://www.cidrap.umn.edu/news-perspective/2019/03/msf-questions-affordable-access-cepi-supported-vaccines

"*Doctors Without Borders (MSF) yesterday sent an [open letter](#) to the Coalition for Epidemic Preparedness and Innovations (CEPI) expressing concerns about recent revisions to its equitable access policy that it says weakens guarantees that countries can buy vaccines developed with CEPI support at an affordable price. In a [statement](#) today, CEPI said its commitment to access hasn't changed, but the earlier draft of the policy was overly prescriptive and has been a barrier to potential partners….*"

"**MSF sent the letter to CEPI ahead of its board meeting in Tokyo, slated for Mar 7 and 8, and the letter was signed by Joanne Liu, MD, MSF's international president, and Els Torreele, PhD, executive director of the MSF Access Campaign**. *The group has been instrumental in pushing for affordable access to vaccines, waging a 7-year campaign that led to lower-priced pneumococcal conjugate vaccine (PCV) for developing countries that incorporate it into their childhood vaccination campaigns.* **CEPI was founded in 2017 in the wake of West Africa's Ebola outbreak as a novel way to fund and speed the development of new vaccine candidates against emerging infectious diseases, especially three priority ones: Middle East respiratory syndrome coronavirus (MERS-CoV), Nipah virus, and Lassa virus.** *It is supported by the governments of Norway, Germany, India, Japan, Belgium, Canada, and Australia, plus groups including the Bill & Melinda Gates Foundation, Wellcome Trust, World Economic Forum, Medical Research Future Fund, and European Commission.* **So far, CEPI has funded 21 vaccines, and its investments have totaled $350 million over the past year**…."

Scientific Publishing – A tipping point?

Nature News - Huge US university cancels subscription with Elsevier

[Nature news](#)

News from late last news. "*University of California and Dutch publisher fail to strike deal that would allow researchers to publish under open-access terms.*" Could be a **game-changer/tipping point**.

See also **Vox** - [The costs of academic publishing are absurd. The University of California is fighting back.](#)

In other news on scientific publishing, related to **innovation in peer review**, see [Tracker is a boon for innovation in peer review](#) (Nature) *"Nature welcomes a registry that supports experiments to improve refereeing."*

And for the latest, see also **Science** - [A report about Plan S's potential effects on journals marks a busy week for the open-access movement](#)

" ...***Many journals aren't prepared to meet the requirements of Plan S***, *the proposal largely by European funders to require grantees to publish articles that are immediately open access, a **report from a science publishing analytics company** says....*"

Vaccines, anti-vaccine movement & social media platforms

Foreign Policy - The World's Many Measles Conspiracies Are All the Same

Laurie Garrett; https://foreignpolicy.com/2019/03/06/the-worlds-many-measles-conspiracies-are-all-the-same/

Must-read. Cfr some tweets:

*"It's not just measles. It's bigger and more problematic. The ever-wise @Laurie_Garrett with a very sharp **overview of the rise of anti-vax sentiment in the US and around the world**."*

*"**All** #measles & #vaccine conspiracy theories & movements **boil down to the same thing - abrogation of the social contract.**"*

*""**Vaccination isn't just an individual choice; it's a social contract entered into by the public and its government."**"*

Guardian - Shock rise in global measles outbreaks 'disastrous' for children, UN warns

[Guardian;](#)

News from late last week. "***Cases of childhood measles are surging to shocking levels around the globe, led by 10 countries that account for three-quarters of the rise***. *Amid warnings of "disastrous consequences" for children if the disease continues to spread unchecked, **a worldwide survey by the UN children's agency, Unicef, said 98 countries around the globe reported a rise in measles cases in 2018 compared with 2017....**"*

Vox - Pinterest, Facebook, and YouTube are cracking down on fake vaccine news

https://www.vox.com/2019/3/1/18244384/measles-outbreak-vaccine-washington

"*But it's not clear how much influence social media has over parents refusing vaccines for their kids.*"

" "*The conversation around vaccines emphasizes social media more than the evidence can support,*" said Brendan Nyhan, a professor of public policy at the University of Michigan who studies vaccine misinformation. "Would parents come up with some other reason not to vaccinate their kids [without misinformation on social media]? We don't know."…"   (see also Laurie Garrett's analysis in Foreign Policy).

See also **FT** - **Facebook aims to crack down on vaccine misinformation**.

A few more links related to Amazon & vaccines:

Anti-vaccine movies disappear from Amazon after CNN Business report   (CNN)

Guardian - Revealed: AmazonSmile helps fund anti-vaccine groups

Guardian - No link between autism and MMR, affirms major study

https://www.theguardian.com/society/2019/mar/04/no-link-between-autism-and-mmr-affirms-major-study?CMP=share_btn_tw

You probably got this via the media already.

"**The measles, mumps and rubella vaccine does not cause autism, according to a major study carried out in an attempt to reassure growing numbers of vaccination-doubters, as measles outbreaks surge**. *Doubts about MMR were sown by the gastroenterologist Andrew Wakefield, who hypothesised in 1998 that it was linked to autism….*"

Check out the new **study,** by Danish researchers, in The Annals of Internal Medicine.

Not sure the anti-vaxx movement will listen much, though.

Lancet Editorial – Canada's mandatory vaccination reporting plans

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30511-2/fulltext

"*An outbreak of measles in Vancouver, BC, Canada, has prompted new considerations about mandatory vaccination and reporting as tools to manage outbreaks and increase vaccination coverage… … But mandatory reporting is not a panacea, says Althea Hayden, medical health officer in Vancouver. … The longstanding practice in Canada and the USA of linking vaccine uptake strategies to schooling should be reconsidered. Many contemporary outbreaks are started by*

unvaccinated travellers. Authorities might need to consider requiring vaccination for passports, as Argentina has announced, and for entry requirements, as with yellow-fever vaccination."

Lancet - India and Pakistan: a plea for sanity

Z A Bhutta, R Horton et al ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30534-3/fulltext

"***Once again, India and Pakistan stood at the brink of war over Kashmir, and have only just begun to tone down the posturing and threats. With nuclear weapons uncomfortably close at hand, almost 2 billion people in the region face the risk of nuclear catastrophe****. For well over three decades now, multiple simulations and projections have suggested that an India–Pakistan nuclear escalation could lead to millions of deaths in the region, rivalling past great famines. The consequences of a nuclear exchange of any magnitude could affect generations to come. **Kashmir has proved an especially intractable political predicament for the two countries.** As Arundhati Roy wrote in her 2017 novel, The Ministry of Utmost Happiness, the confrontation over Kashmir is "a perfect war—a war that can never be won or lost, a war without end"…."*

""***The threat of war is a matter of urgent public health concern. Health workers have a duty to speak out and plead for peace****."*

Lancet: Offline: Has global health lost it?

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30490-8/fulltext

Confession: I'm not a big fan of Kishore Mahbubani's discourse. But I do share most of Horton's analysis of implications for global health, after he read Mahbubani's book, 'Has the West lost it?'

"*…What does Mahbubani's analysis mean for global health? First, western global health elites must reappraise their history. They must reflect on, understand, and come to terms with their colonial legacies, the consequences of their wars, and the adverse effects of their political and economic dominance. Second, based on that historical reappraisal, western approaches to global health must be radically rethought. We should be preparing for a near future in which centres of economic, political, and people power will shift from the West to the Rest. Third, strong and effective multilateral institutions will become increasingly important for managing this new world. The West should be investing in multilateral health institutions, ensuring that their leadership and governance is truly international (which currently it is not). Fourth, the hegemony of the white Anglo-American male in global health must come to an end. Finally, global health initiatives, processes, and events must prioritise voices outside the traditionally dominant western elites. It is painful to be confronted with the truth about yourself. It is painful to give up power and privilege. But for all those working in global health, it's time we listened to Mahbubani. Because global health has indeed truly lost it.*"

We should listen to some of Mahbubani's ideas, but not to all, I'd say.

The G20 Health & Development Partnership – Report: Healthy Nations, Sustainable Economies

https://www.ssdhub.org/healthy-nations-sustainable-economies/

Cfr coverage of this new report in the **Telegraph:** New funding models for health urgently needed, experts warn

"*Finance ministers must use their "political firepower" to help tackle some of the most pressing health challenges* such as obesity and tuberculosis. According to a **report from the G20 Health and Development Partnership** - a global coalition of charities, businesses and academics - **the world is failing to invest in the fight against ill health, with countries at risk of being left behind**. And unless finance ministers "take ownership" of efforts to develop new financing models, both the human and economic repercussions will be huge, the report warns…." "Between now and 2030, deaths from noncommunicable diseases will double in G20 countries, while infectious diseases like tuberculosis are becoming drug resistant," said Alan Donnelly, convener of the G20 Health and Development Partnership. "**We need more concerted activity for research and development to tackle this existential crisis. This is no longer just an issue for health ministers, it is now an issue for heads of government and for finance ministers because of the threat to the global economy as well as to humanity.** It **calls for innovative solutions to funding health**, arguing that ill health could cost the world billions in treatment and lost productivity, with estimates suggesting that the global cost of a moderately severe or severe pandemic would be US $570 billion, or 0.7 per cent of global income.*

… The report recommends new models to overcome the so-called "10-90" gap, where less than 10 per cent of world health resources benefit developing countries, which experience more than 90 per cent of infectious diseases…."

"The partnership is presenting the report to the heads of government finance and health ministers in advance of the joint G20 health and finance ministers meeting in Japan in June. "

See also the FT - Diseases pose global economic growth threat, G20 warned

Corruption & health systems

WHO/ UK Aid - Integrating a focus on anti-corruption, transparency and accountability in health systems assessments

https://www.who.int/gender-equity-rights/knowledge/focus-on-anticorruption-transparency-accountability-health-syste/en/

One of the must-reads of the week. "*Corruption in the health sector has high costs both in terms of lives lost and financial resources wasted. Recognizing the importance of this issue, WHO Member States and development partners are working to prevent and control corruption. As part of this efforts, it is critical to advance a more coherent approach towards mainstreaming anti-corruption efforts into work to strengthen and repurpose health systems towards universal health coverage. The goal of this work is to support the efforts of WHO Member States to prevent corruption through*

*greater transparency and reinforced accountability mechanisms in their health systems. To concretely support these efforts, **this document proposes new ways to approach health systems assessment to help diagnose corruption risk areas and help countries to decide which ant-corruption, transparency and accountability approaches should be deployed in response**.*"

The **Background of this report**: "*In the 2018–2019 biennium, the World Health Organization (WHO) is advancing work on strengthening anti-corruption, transparency and accountability in health systems. This workstream is a partnership of the **Health Systems Governance and Financing and the Gender, Equity and Human Rights teams of WHO headquarters, supported by other collaborating partners** with expertise and interest in promoting transparency and accountability mechanisms in health systems. One activity within this workstream focuses on **improving and integrating further guidance on good governance, accountability, transparency and anti-corruption in assessment frameworks, measures and policy guidance used in health systems strengthening towards universal health coverage….***"*

In other corruption & global health related news, check out **Premium Times** - [Global Fund for Health: How seven African countries squandered millions of foreign aid](#)

World Bank leadership update

Devex - Lebanon withdraws World Bank nominee under pressure

https://www.devex.com/news/lebanon-withdraws-world-bank-nominee-under-pressure-94410

"***Lebanon has withdrawn its nomination of Ziad Hayek to be the next World Bank president. Hayek told Devex on Monday the Lebanese government made its decision because of "pressure" from other governments.** "I received some bad news today that the Lebanese government has withdrawn my nomination, but I'm continuing to fight on, still hoping that another party might nominate me instead," Hayek told Devex. "There was pressure on the Lebanese government from other governments to withdraw my nomination," he said….*"

Not good. But see also [Reuters](#) for a bit more info on this story (and perhaps another perspective). "A*n official with Lebanon's finance ministry confirmed that the nomination had been withdrawn before it was registered by the World Bank's nominating committee, adding: "there was no American pressure or other (pressure)." The same official said some parts of the Lebanese government – which includes nearly all of Lebanon's rival political factions - wanted to nominate Hayek, but others did not. In the end, the finance ministry decided not to proceed with a candidate viewed as having little chance of winning, the official said…..*"

Meanwhile, in a **Washington Post** Op-ed, some high-level insiders/observers (John Podesta among others) said **WB directors should reject David Malpass**, Trump's pick for WB chief, (as he's unqualified according to their own criteria). And 'empower developing nations to shape the future'.

CGD note - A Short-Sighted Vision for Global Britain

CGD note; https://www.cgdev.org/publication/short-sighted-vision-global-britain

By **Owen Barder** et al.

"*There has been a resurgence in calls to reconsider the cross-party consensus in the UK on foreign aid and development. The main political parties are all committed to spending 0.7 percent of gross national income on aid, to using the internationally agreed definition of aid, and to maintaining a separate government department to administer the majority of this aid, led by a Cabinet Minister. In their recent report, Global Britain: A Twenty-first Century Vision, Bob Seely MP and James Rogers lay challenge to these long-established pillars of UK development polic*y. In this note, *we consider some of the questions they raise and suggest alternative answers….*"

Cfr a **tweet by Ilona Kickbusch**: "*Time for in depth review of #ODA ideologies and how they are shifting - including consequences for #globalhealth*"

In other UK/Brexit related news, **Nature News** reported UK considers post-Brexit research fund open to world.

"*The UK government is considering creating an international research fund to fill a gap left by the loss of prestigious European Union funding after Brexit. Adrian Smith, director of the Alan Turing Institute in London, will lead a "major" project with the research community to look at establishing such a fund, UK science minister Chris Skidmore told a parliamentary science committee on 5 March. He said that such a fund, if established, would be open to international as well as British scientists….*"

African Union Development Agency

Q&A: The African Union Development Agency takes shape

https://www.devex.com/news/q-a-the-african-union-development-agency-takes-shape-94339

"*As part of ongoing institutional reforms at the African Union, the **implementing arm of its development strategy — formerly known as the New Partnership for Africa's Development Planning and Coordinating Agency, or NEPAD — is transforming into the African Union Development Agency, or AUDA**. AUDA will continue NEPAD's overall mandate of transforming Africa through enhanced knowledge sharing, partnerships, and resource mobilization, along with promoting high-impact projects that align with the AU's overall continental development frameworks, but will also expand on this agenda, AUDA-NEPAD CEO Ibrahim Mayaki told Devex.*

"*Our main focus now as a development agency will be to move to the formulation of development tools that can strengthen the capacity of all African stakeholders to better execute priority development projects," Mayaki said. **Drafted at the 2018 AU summit as part of larger institutional and financial reforms championed by then-Commissioner Paul Kagame, AUDA officially adopted its mandate and launched at the 2019 AU summit earlier this month**. Mayaki said the*

transformation will allow the Johannesburg-based body to improve its effectiveness and efficiency in delivering AU development policies and programs across its 55 member countries. Devex spoke with Mayaki to learn more about the ongoing changes…."

Indonesia has set up an international development agency

Cfr a tweet:

*"Today I learned that **Indonesia has set up an international development agency the DGPDSSC, Directorate General of Public Diplomacy and South-South Collaboration** (what a name!). Glad to see even LMIC taking lead on development."*

"New" Foundations

Fondation Botnar

https://www.fondationbotnar.org/

With **focus on secondary cities** ("a missing area in most international development thinking and planning"), AI & digital innovation for the global public good, … acting as a catalyst **to improve the health and wellbeing of children and young people in growing urban environments.**

For more on this relatively new Foundation, and its focus, see Improving urban health through digital innovation (by **CEO Stefan Germann**)

Helen Clark Foundation set up to tackle big issues of the day

https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12209318

This one is completely new. *"Former [New Zealand] Prime Minister Helen Clark is set to launch her own foundation for independent research into major issues of the day, including **climate change and drug policy reform…."***

African Heads Of State Endorse Continental Medicine Regulator

https://www.healthpolicy-watch.org/african-heads-of-state-endorse-continental-medicine-regulator/

News related to the AU meeting from early February: *"The African content is one step closer to its first medicine and health super-regulator. **The treaty to establish an African Medicine Agency***

(AMA), meant to govern medical product regulation for the entire continent, was endorsed by the African Union Heads of State and Government on 11 February, according to a press release following the 32nd AU Summit in Addis Ababa, Ethiopia. Once the treaty is ratified by the national governments of at least 15 of the 55 African Union member states, the AMA will formally come into being as the continent's regulatory body…."

Ebola DRC – Beyond 900… & fierce criticism of control effort by MSF

Cidrap News - Ebola total tops 900 in DRC, with 7 new cases today

http://www.cidrap.umn.edu/news-perspective/2019/03/ebola-total-tops-900-drc-7-new-cases-today

Recent update of the situation. "*Today the Democratic Republic of the Congo's (DRC) ministry of health confirmed there are now officially 907 cases of Ebola in an 8-month long outbreak in the country's North Kivu and Ituri provinces, reflecting 10 new cases in 2 days…."*

See also **the Telegraph** - https://www.telegraph.co.uk/news/0/slow-burn-crisis-ebola-will-take-months-resolve/

"*The Ebola outbreak in Democratic Republic of Congo **may not be brought under control until the end of this year, a senior UK government official has warned**…."*

MSF - Ebola response failing to gain the upper hand on the epidemic

https://www.msf.org/ebola-response-failing-gain-upper-hand-epidemic-democratic-republic-congo

"**Seven months into the largest ever Ebola outbreak in the Democratic Republic of the Congo (DRC), the Ebola response is failing to bring the epidemic under control in a climate of deepening community mistrust, Médecins Sans Frontières (MSF) said at a press conference in Geneva today**."

Excerpts of this (dire) MSF press conference (**7 March):**

"…**The use of police and armed forces to compel people to comply with health measures against Ebola is leading to further alienation of the community and is counterproductive to controlling the epidemic**. *Using coercion for activities such as safe burials, tracking of contacts and admission into treatment centres discourages people from coming forward and pushes them into hiding. … **… The Ebola response must take a new turn**. Choices must be given back to patients and their families on how to manage the disease. Vaccination for Ebola must reach more people, and more vaccines are needed for this. Other dire health needs of communities should be addressed. And coercion must not be used as a tactic to track and treat patients, enforce safe burials or decontaminate homes. … … "Ebola is a brutal disease, bringing fear, and isolation to patients, families and health care providers," said **Dr Joanne Liu**. "**The Ebola response needs to become patient and community centred. Patients must be treated as patients, and not as some kind of biothreat**."*

See also **Stat News** - [Doctors Without Borders fiercely criticizes Ebola outbreak control effort](#)

"The international president of Doctors Without Borders issued a scathing analysis on Thursday of the efforts to control the 7-month-old Ebola outbreak in the Democratic Republic of the Congo, saying the community hostility that is undermining the work is the fault of the response, not the people in the region. And Dr. Joanne Liu, who was in the affected area of DRC last week when two MSF-run Ebola treatment centers were destroyed by fire, said continuing the current approach — with ramped-up security — is unlikely to end the outbreak, which is already the second largest on record. …"

NEJM (Perspective) - An Epidemic of Suspicion — Ebola and Violence in the DRC

https://www.nejm.org/doi/full/10.1056/NEJMp1902682#.XIBPw0VEFkQ.twitter

Must-read. Cfr tweet: "***Very interesting Perspective piece in @NEJM from an @MSF team leader in the DRC #Ebola response unpacks the community resistance*** *the response is facing in trying to halt transmission in North Kivu."*

Funding situation DRC outbreak

Cidrap - [World Bank OKs funds](#)

News from late last week.

*"… **The World Bank said** yesterday **it has approved up to $80 million in grants and credits**. The World Bank support follows an urgent request from World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus, PhD, earlier this week for $148 million to support the Ebola response in the DRC. … … **Of the $80 million in support from the World Bank, $60 million is in grants and credits through the International Development Association, a fund for low-income countries. Also, a $20 million grant was approved by the Pandemic Emergency Financing Facility (PEF**), specialty bonds that were launched in 2017 to streamline surge funding to developing countries facing pandemic threats. The financing tool was created by the World Bank along with Japan, Germany, and Australia. According to the World Bank statement, the group approved the PEF grant within 3 days of receiving a request from the DRC government. Half will be released immediately to fund the frontline response, with the rest released within a month or sooner, as needed. **The first PEF funds were tapped in May 2018 during the DRC's previous Ebola outbreak in Equateur province**. …"*

This week, **the Wellcome Trust** also announced new support – "[*Wellcome is making **£2 million** available to the World Health Organization (WHO) and the government of the Democratic Republic of Congo (DRC), to support vaccine research as part of the emergency response to the Ebola outbreak there.*](#) "

NYT on traditional healers & Ebola outbreak

NYT - [Diagnoses by Horn, Payment in Goats: An African Healer at Work](#)

"On a continent wracked with epidemics, millions turn to traditional healers. In rural Uganda, not far from the Ebola zone, an herbalist describes his practice."

Excerpts:

*"**Across the African continent, according to the World Health Organization, there are about 80 times as many traditional healers as there are medical doctors**. Millions of Africans consult healers but, studies suggest, usually do not admit it if they see doctors, too. … … **In Congo, doctors now fighting Ebola believe that many of their patients first get infected while visiting such healers**. They may arrive at the home of someone like Mr. Muriisa with malaria, or even a cough or other minor problem, but then end up lying next to someone with undiagnosed Ebola. … … **In the 2014 West African outbreak, which infected more than 11,000 people, the death of a prominent healer was a crucial "super-spreader event," linked to over 300 cases. T**hat healer, who lived in rural Sierra Leone, died after catching the virus from one of her patients. Hundreds of relatives and admirers came from many miles away for her funeral and helped wash her body, which was presumably teeming with virus…."*

Check out also the related **NYT Insider piece** - [What Our Reporter Has Learned From Traditional African Healers](#) (Donald McNeill Jr)

*"… The term "witch doctor" is pejorative, but it captures something that "traditional healer" conceals. **There are actually two schools of African medicine: those who rely on herbs and those who remove spells.** Or who, if they have evil hearts, will cast them for money. … … Western doctors working in Africa need to understand how differently their patients view disease*. …" And they should treat them with respect instead of disdain, asking to work together and teaching them good (safe) practices, if possible.

NEJM - A Longitudinal Study of Ebola Sequelae in Liberia

https://www.nejm.org/doi/full/10.1056/NEJMoa1805435?query=featured_home

It looks as if Ebola can persist way longer in semen than thought. Check out this new study.

The authors also recommend that WHO's recommendation (*WHO currently says that a person can be considered Ebola-free if semen is tested every three months until two consecutive tests are negative*) is reevaluated.

And a **quick link**:

Stat News - **[CDC director](#)** [planning to travel to DRC as country battles Ebola outbreak](#)

Economist – Leader: the new scramble for Africa

https://www.economist.com/leaders/2019/03/07/the-new-scramble-for-africa

"*This time, the winners could be Africans themselves.*"

After the first (colonialism) & second scramble (Cold War) for Africa, *"… **A third surge, now under way, is more benign**. Outsiders have noticed that the continent is important and becoming more so, not least because of its growing share of the global population (by 2025 the un predicts that there will be more Africans than Chinese people). **Governments and businesses from all around the world are rushing to strengthen diplomatic, strategic and commercial ties. This creates vast opportunities. If Africa handles the new scramble wisely, the main winners will be Africans themselves**.*

*"**The extent of foreign engagement is unprecedented** (see [Briefing: a sub-Saharan seduction](#)). …"*

So there are **more choices than ever for African leaders**. But this also has (potential) disadvantages. The Economist has four pieces of advice for Africans (and their leaders) to make the most of the new 'scramble for Africa'.

Children with disabilities – Most Left Behind?

UN News - 93 million children with disabilities 'among the most likely to be left behind': UN rights chief

https://news.un.org/en/story/2019/03/1034011

"***States should do more for an estimated 93 million children with disabilities who are "among the most likely to be left behind** and the least likely to be heard", UN High Commissioner for Human Rights, Michelle Bachelet, said on Monday.*"

Largest ever HIV prevention trial

LSHTM - 'Test and Treat' reduces new HIV infections by a third in southern Africa communities

[LSHTM press release;](#)

"*Results from largest ever HIV prevention trial suggest strategy could make a significant contribution to controlling epidemic.*"

"**New HIV infections in southern Africa could be reduced substantially by offering entire communities voluntary HIV testing, and immediately referring those who test positive for HIV**

*treatment in line with local guideline*s, *according to* **new research presented at the Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle,** *USA. The* **HPTN071 (PopART) trial** *found that* **new HIV infections were 30% lower in communities where this intervention was introduced alongside offering other proven HIV prevention measures to those who tested negative,** *compared to communities that received standard care. The* **randomised study involving around one million people in Zambia and South Africa was led by researchers at the London School of Hygiene & Tropical Medicine (LSHTM) and Imperial College London**. *The study found that a similar decline in new HIV infections was not seen in communities where those who tested positive were offered immediate treatment from the beginning of the study. Analyses are under way to explain this puzzling outcome. ..."*

USAID [welcomed the results.](#)

Blueprint for a Market-Driven Value-Based Advance Commitment (MVAC) for Tuberculosis (consultation draft)

CGD - The World Needs Better Drugs for TB. We Have a Proposal—and We Need your Feedback

R Silvermann; https://www.cgdev.org/blog/world-needs-better-drugs-tb-we-have-proposal-and-we-need-your-feedback#.XH6UT-3SO5E.twitter

"*...* ***Recent policy announcements by MIC (Middle-Income Countries) governments***, *however, suggest* **they are eager to engage with global health initiatives, including the TB R&D agenda**. *This opens a* **window of opportunity for establishing a new partnership model** *whilst also setting up Health Technology Assessment institutions for assessing the value for money for the healthcare spend in these countries*. ***Over the past year, the Center for Global Development and the Office of Health Economics have been building out a new innovation model to seize this opportunity and bring better TB drugs to market***. *We call it the "Market-Driven, Value-Based Advance Commitment," or* **MVAC** *for short ... ... The MVAC builds on the Advance Market Commitment (AMC) model previously used in global health, but with several important improvements. Most importantly, the MVAC is driven by MIC demand rather than donor contributions; informed by countries' own willingness to pay rather than a single, "cost-plus" price; and allows pharmaceutical companies to reap higher revenues from a more effective product*. ***The MVAC model is intended to serve as a bridge between the dysfunctional status quo and a more sustainable and effective R&D ecosystem***—*one which more closely emulates the positive characteristics of HIC markets for healthcare products and opens up potential markets to MICs' home-grown innovative industry.*

The **MVAC blueprint is a work in progress, but today we're pleased to share a preliminary draft**. *...* "

You find the **preliminary blueprint** [here.](#)

CRISPR

Nature - China to tighten rules on gene editing in humans

[Nature news.](#)

"In the wake of the gene-edited-baby scandal, scientists and institutions could face tough penalties for breaking the rules."

Stat News - China creating national medical ethics committee to oversee high-risk clinical trials

[Stat News](#)

(gated) *"**A powerful new national medical ethics committee, which will approve all clinical trials involving high-risk biomedical technologies, is at the center of a regulatory shakeup Chinese authorities are planning in the aftermath of the widely condemned "CRISPR babies" experiment**, STAT has learned. The technologies that will be regulated by the ethics committee are often new and are deemed risky either because of safety or moral concerns. **They will include not only gene editing, but also cloning, cell therapy, xenotransplantation, mitochondrial replacement, and nanotechnology."***

For the (likely) background of all this new Chinese government regulation, see **Vox** - [CRISPR babies: the Chinese government may have known more than it let on.](#) …

Some papers & journal articles of the week

Plos Med - Health system performance for people with diabetes in 28 low- and middle-income countries: A cross-sectional study of nationally representative surveys

[Plos Med;](#)

"Using individual participant data from a large cohort study, Jennifer Manne-Goehler & colleagues reveal poor healthcare provision for diabetes patients in 28 LMICs."

SS&M - Armed conflict and maternal health care utilization: Evidence from the Boko Haram Insurgency in Nigeria

A Chukwuma et al ;
https://www.sciencedirect.com/science/article/abs/pii/S0277953619301285?dgcid=rss_sd_all

Highlights: « *The Boko Haram Insurgency (BHI) reduced maternal health care use in Nigeria. The adverse effects of the BHI on access extended beyond the Northeastern region. The effects of BHI on access were larger closer to the location of attacks*. »

Special issue Global Public Health - Analysing power and politics in health policies and systems; Guest Editors: Radhika Gore and Richard Parker

https://www.tandfonline.com/toc/rgph20/14/4?nav=tocList

Check out **the Editorial** first - [Analysing power and politics in health policies and systems](). Most papers were already published before, online.

Global Policy - An Assessment of Grant-based Multilateral Funding Flows from 2014 to 2016

J McArthur et al; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12653

"***This paper presents a global snapshot of how all countries, plus the Bill & Melinda Gates Foundation, allocated approximately $63 billion per year across 54 major multilateral organizations during the 2014–16 period**. We assess direct funding to United Nations and non-UN organizations to **examine three key questions**. First, how much does each funder contribute to each organization? Second, what is the relative importance of each funder to each organization? Third, how do funding allocations compare to objective benchmarks like share of donor country income, share of world income and share of world population? **We find that a small number of countries provide a majority of total funding and a small number of organizations account for a majority of total resources received**. Only a handful of countries are the top funders to at least one organization, but a variety of mid- and smaller-sized economies play larger relative roles in some smaller organizations. Estimating funders' flows across organizations allows for assessment of their revealed preferences among multilateral priorities and enables comparison against objective benchmarks for burden-sharing. **To our knowledge, this is the first study to provide a comprehensive mapping of all countries' recent annual grant funding across the majority of large multilateral institutions**.*"

Blogs & mainstream articles of the week

Devex - Opinion: 7 issues gaining momentum in global health

J Luis Castro; https://www.devex.com/news/opinion-7-issues-gaining-momentum-in-global-health-94393

Focus on the **NCD conversation** & trends here. "…*As global attention to public health issues continues to gain momentum in 2019, here are **seven issues and trends that will be critical to shaping the conversation on NCDs**:…*" (1) Air pollution will be addressed as a driver of NCDs and climate action; (2) Taxes on unhealthy commodities will be key to financing NCD control; (3) Calls for urgent action to improve food and nutrition will be front and center; (4) Cities will continue to be laboratories for NCD prevention strategies; (5) Momentum for alcohol control will grow; (6) Access to medicine will remain contentious; (7) Debate on reducing commercial influence on health policies will heat up.

OECD Development matters - Are gender norms the new magic bullet in development?

https://oecd-development-matters.org/2019/03/05/are-gender-norms-the-new-magic-bullet-in-development/

By **C Harper (ODI).**

"*The terms **gender** and **social norms** have become **increasingly used in development discourse**. They focus on the core of discrimination: people's attitudes and behaviours as held and enacted by individuals, as housed in social institutions, and as codified in formal and informal laws. These attitudes and behaviours push women and girls to the margin of society, leaving them disempowered and often impoverished. But changes in these social and cultural rules are not simply cosmetic; social norms are being actively contested and changed, and these changes have the potential to endure and make a real difference. However, changing norms, or the rules underpinning discriminatory attitudes and behaviours in our daily lives, can face difficulties on multiple fronts. For one, **norm change can look dangerously like a magic bullet for fixing social problems**. As work on norm change grows in popularity in the development sector, these efforts risk overlooking the complexity of what works to change norms and the multi-level nature of change that is required. At the same time, others see norm change as too challenging. Efforts to change norms can be difficult, highly political and risk provoking backlash. **So is it worth trying to address norms? And if so what action is required?** …*"

IHP (blog) - Engaging citizens for evidence-informed health policies in Lebanon

Olivia Biermann (EV 2018), Rana Saleh et al; http://www.internationalhealthpolicies.org/engaging-citizens-for-evidence-informed-health-policies-in-lebanon/

"*In evidence-informed policy-making, there has been an increasing focus on involving those who are potentially affected by policies in the policy-making process. While at the **Knowledge to Policy Center (K2P) (American University of Beirut, Lebanon**), I spoke to Rana Saleh (Advocacy and Evidence Lead Specialist at K2P) on her work on citizen engagement. **She provided me with insights into why citizen engagement is important for health policy, what could be learned about the topic from the literature, and how K2P made citizen engagement a reality in Lebanon**.*"

CGD (blog) - Exaggerating Multinational Tax Avoidance Does Not Help Africa

Maya Forstater; https://www.cgdev.org/blog/exaggerating-multinational-tax-avoidance-does-not-help-africa

"***Matti Kohonen of Christian Aid holds out the enticing prospect that African countries could collect an additional 1.5 percent of gross domestic product in tax if only big multinationals would stop dodging**. The problem is that **this estimate is (still) based on wishful thinking**. Multinational corporations should pay tax, but the scale of potential revenues depend on underlying levels of investment and profitability in a country….*"

Forstater argues we shouldn't exaggerate (the size of) multinational tax avoidance (in Africa), and concludes:

"...*The absolute value of revenue losses for low-income countries from multinational corporate profit shifting is likely to be much smaller than popular perception. For example, Tørsløv, Wier and Zucman's calculations for India put the gross surplus of all foreign firms at around $15 per capita, suggesting tax revenues at stake are a couple of dollars per person per year. Mick Keen highlights that the experience of efforts to enhance domestic resource mobilisation suggests we should be distrustful of fads. "The fundamental strengthening of revenue collection will be largely a matter of persistent and unspectacular effort." Promoting spectacular hopes for gains from international action on multinational corporations risks undermines the persistent and unspectacular effort of policymakers and tax authorities (and of international action to assist them), as well as undermining the morale of citizens to pay tax*."

Oxfam (report) – Off the Hook: Notorious tax havens to be let off the hook in EU's blacklist review

https://www.oxfam.org/en/pressroom/pressreleases/2019-03-07/notorious-tax-havens-be-let-hook-eus-blacklist-review

"*European finance ministers look set to give nine of the world's worst tax havens a clean bill of health when they publish their first annual review of the EU tax haven blacklist at a meeting in Brussels next week. New analysis by Oxfam reveals that the Bahamas, Bermuda, the British Virgin Islands, the Cayman Islands, Guernsey, Hong Kong, the Isle of Man, Jersey and Panama are likely to be de-listed entirely by the EU. Some of them were at the centre of recent tax scandals highlighted by the Paradise Papers and Panama Papers*...."

Meanwhile, **Euractiv** reported Member states reject Commission's blacklist of money launderers. "*EU member states rejected on Thursday (7 March) the European Commission's blacklist of countries unwilling to cooperate in the fight against money laundering and terrorism financing, as they blamed the EU executive of not being transparent during the drafting process*." #ahum

Duncan Green (blog) - What are the consequences of the shift from a two hump to a one hump world?

https://oxfamblogs.org/fp2p/what-are-the-consequences-of-the-shift-from-a-two-hump-to-a-one-hump-world/

Must-read. On the three consequences of the shift to a one-hump world.

Duncan explains his idea: "... *It uses a simple pair of graphs on global income distribution to start thinking through how the 'aid and development' sector is changing, or resisting change. **The starting point is that we have moved from a two hump to a one hump world...**"* In, say, 1974 we lived in a two hump world (North & South), now we live in a one hump world.

"*North-South is no longer a particularly useful view of the world, (with the partial exception of sub-Saharan Africa). That's the point brilliantly made by Hans Rosling. But what else follows from the shift? I see three trends, each of which is being resisted by the status quo ante*.... "

They are: **Inequality; the localization of politics; a shift to common challenges**.

Jason Hickel (blog) – How bad is global inequality, really?

https://www.jasonhickel.org/blog/2019/3/1/global-inequality-from-1980-to-2016

Hickel reinterprets Branko Milanovic's famous elephant graph (by rendering it in absolute terms, not relative gains): "*It's not an elephant graph anymore. It's **a boomerang**.*"

Brookings 'Future Development' (blog) - Closing Africa's health financing gap

O Ogbuoji et al; https://www.brookings.edu/blog/future-development/2019/03/01/closing-africas-health-financing-gap/

This blog features insights from the recent Stories from Africa seminar series at Duke University. Well worth a read.

"*…We think that progress towards achieving the SDGs for health can still be made in Africa with the adoption of **four straightforward**—i.e., simple, not easy—**steps to encourage efficiency**….*"

You might also want to read another **Brookings blog - I**s trade with India changing Africa's health care landscape?

Bloomberg - Smaller Countries Are Becoming the Healthiest

https://www.bloomberg.com/news/articles/2019-03-04/global-wellness-rankings-these-are-the-best-places-to-live

"*Rankings of global health, wealth and happiness are increasingly placing big countries with booming economies at the back of the line….*"

Guardian – Revealed: populist leaders linked to reduced inequality

https://www.theguardian.com/world/2019/mar/07/revealed-populist-leaders-linked-to-reduced-inequality?CMP=share_btn_tw

"***Populists on left and right have closed gap between rich and poor - but also eroded freedoms**.*"

"***Populist presidents and prime ministers are associated with significant reductions in economic inequality across the world,** according **to groundbreaking research that will challenge the assumption that populism only has negative consequences**. However, the research by political scientists and economists also found that governments run by populist leaders are correlated with declines in the quality of elections, a loosening of constraints on executive power, and a sometimes dramatic fall in press freedom….*"

Global health events

(Re-watch) Informational Webinar on HL Meeting on UHC

https://www.youtube.com/watch?v=xXd4kj7X3T8&feature=youtu.be

You can re-watch this. By **Simon Wright & Eliane Monteforte.**

"*A **webinar hosted by the Civil Society Engagement Mechanism for UHC2030**, to answer the questions: What is the UN HLM on UHC (scheduled for September 23, 2019) and why is it important for civil society? How can civil society advocate at the country level to ensure the HLM has a strong outcome?*"

Coming up: Book launch - Global Health Governance: The Power of Law (26 March, Graduate Institute, Geneva)

Graduate Institute;

Panel discussion with **Suerie Moon** et al. "*There is growing awareness among scholars and policy-makers about the influence of public health considerations on the design and implementation of multiple international legal regimes. Yet, talk of "global health law" as a distinct field of international law is challenged by extreme fragmentation and conflicts or overlaps between different legal regimes. A holistic reflection, both on the operation of specific international legal regimes and on general principles and concepts underlying the role of health as a normative value in international law, is much needed. **This panel discussion coincides with the publication of the first systematic research publication on global health and international law**. Academic experts will present their insights on their respective contributions to the book and will reflect on the future research agenda for this complex and burgeoning field of scholarship.*"

Coming up: The second Africa Health Forum - Achieving Universal Health Coverage and Health Security in Africa: The Africa we want to see   (Cabo Verde, 26-28 March)

https://www.africanews.com/2019/03/04/the-second-africa-health-forum-achieving-universal-health-coverage-and-health-security-in-africa-the-africa-we-want-to-see/

"*The Government of Cabo Verde and the World Health Organization Regional Office for Africa will jointly host The **Second WHO Africa Health Forum** on the theme : **Achieving Universal Health Coverage and Health Security in Africa: The Africa we want to see**. The Forum is scheduled to take place in Praia, Cabo Verde from **26 - 28 March 2019**….*"

Coming up - WHO-Led Fair Pricing Forum Registration Opens (11-13 April, Jo'burg)

https://www.healthpolicy-watch.org/who-led-fair-pricing-forum-registration-opens/

" *Registration has begun for a **closed-door gathering allowing governments and stakeholders to hold open discussions about a fairer pricing system for medical products, led by the World Health Organization.** The **second meeting of the Fair Pricing Forum, this time in South Africa**, comes as debates over drug pricing and access rise ever higher in developing and developed countries alike. The **second Fair Pricing Forum will take place in Johannesburg on 11-13 April.** Details including registration information and the draft agenda are available here on the WHO website….*"

Coming up: Inaugural WHO Partners Forum (Stockholm, 9-10 April)

https://www.who.int/news-room/events/inaugural-who-partners-forum

"*The Inaugural WHO Partners Forum is the first of a series of conversations with partners to help WHO meet the strategic goals laid out in its Thirteenth General Programme of Work (GPW13) for 2019-2023.* Participants will meet from 9 to 10 April 2019 in Stockholm, Sweden.

The Inaugural WHO Partners Forum aims to: Highlight the impact WHO has had on global health in recent years; Encourage support from WHO partners to improve the quality and quantity of resources required to implement GPW13 and achieve the health-related SDG targets through a longer-term collaboration; and Consider innovations and lessons learned from participant experience to strengthen partnerships and to make WHO financing more efficient and effective*.*"

"*The Forum will bring together up to 250 participants, including representatives of Member States, intergovernmental organizations and relevant non-State actors (academic institutions, civil society organizations, philanthropic foundations and private sector entities), upon invitation….*"

Launching soon: WHA Guide

http://whaguide.com/

Your guide to the 72nd World Health Assembly. "***WHA Guide is a crowdsourced calendar of official and side events taking place alongside the World Health Assembly (WHA) from 20-28 May 2019 in Geneva, Switzerland.*** *Whether you're looking to find the WHA events that interest you most or promote an event of your own, let WHA Guide be your go-to resource…*"

Worth flagging: **Public Health and Global Governance of Alcohol**   (Melbourne)

Global governance of health

Strategic Health Diplomacy - Health Diplomacy Bulletin #25: Former PEPFAR Director Dybul Calls for Doubling-Down on Commitment to Fight HIV/AIDS as Country Partners Take More Responsibility for Funding

http://strategichealthdiplomacy.com/2019/02/shd-25-former-pepfar-director-dybul-calls-for-doubling-down-on-commitment-to-fight-hiv-aids-as-country-partners-take-more-resonsibility-for-funding/

Recommended read. "*In a **wide-ranging interview** with Global Health Diplomacy, **Mark Dybul**, the physician who headed both PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria said that **the struggle against HIV/AIDS is at a critical stage: "**Now is the time to double-down and see it through, giving countries time to fund the programs on their own. If we do not, if we take our foot off the pedal now, the epidemic will come roaring back and then there will not be enough money to get back just to where we are today. Who wants to be responsible for that?"…"*

Among others, he's quite optimistic about PEPFAR's indigenous partners taking over a greater share of the burden in their countries, and he also thinks Peter Sands (GF boss now) is doing a great job.

GAVI - Gavi signs new cooperation agreement with Japan International Cooperation Agency

https://www.gavi.org/library/news/statements/2019/gavi-signs-new-cooperation-agreement-with-japan-international-cooperation-agency/

"*Gavi, the Vaccine Alliance and the Japan International Cooperation Agency (JICA) will work together to boost vaccine coverage and improve health systems in the world's poorest countries following the signing of a **new Memorandum of Cooperation….**"*

Stat News - FDA Commissioner Scott Gottlieb to resign

https://www.statnews.com/2019/03/05/fda-commissioner-scott-gottlieb-to-resign/

"*Scott Gottlieb, the commissioner of the Food and Drug Administration, will resign in one month, the Trump administration announced Tuesday. Gottlieb had served as FDA chief since May 2017…."*

*"During nearly two years at the helm of the FDA, **the agency approved generic drugs in record numbers, and Gottlieb put a focus on sparking the development of new drugs and regulating e-cigarettes…."***

*"**Gottlieb's exit would be seen as 'positive' for the tobacco industry,** said one analyst. He laid down plans in the autumn for sweeping measures to curb the 'disturbing' trend for young people to become addicted to nicotine…"*

See also **FT** - [Scott Gottlieb to step down as head of FDA](#)

FT - [Tobacco/Scott Gottlieb: going up in smoke](#) "Promising a crackdown is not so great if you quit before it happens".

Stat - [Scott Gottlieb's sudden resignation will give biotech a panic attack](#)

Stat - [With Gottlieb's resignation, the Trump administration loses its backroom whisperer on Capitol Hill](#) " ***The Trump administration just lost its most effective health policy salesman.*** *Scott Gottlieb, the charismatic FDA commissioner who announced this week he will step down in about a month, was **better than any other administration official at selling key Trump administration policies — particularly those related to lowering prescription drug prices — on Capitol Hill**, lawmakers and aides in both parties told STAT…*

NYT – Studies of Deadly Flu Virus, Once Banned, Are Set to Resume

https://www.nytimes.com/2019/03/01/health/bird-flu-pandemic.html

See also a previous IHP Newsletter (on this news, first reported in Science). *"The [US] government will allow research on bird flu that had been halted over safety concerns. But officials have not publicly announced the decision nor explained how it was made…."*

*"**The lack of information about the decision and how it was made have provoked outrage from some scientists, who oppose the research because they say it could create mutant viruses that might cause deadly pandemics if they were unleashed by lab accidents or terrorism**. The research sparked worldwide fears when it was first revealed in 2011…."*

Equinet Editorial – The price of life – WHO's efforts to justify health protection

Leslie London et al ; http://www.equinetafrica.org/newsletter/current

"In the same month that it reaffirmed the 1978 Alma Ata Declaration's commitment to "the fundamental right of every human being to the enjoyment of the highest attainable standard of

*health" in its October 2018 Declaration of Astana, **the World Health Organisation (WHO) launched, with much fanfare and hubris, its "first investment case"** for 2019-2023, as a proposal that could "save up to 30 million lives". **Despite the rhetoric of the Astana Declaration, the WHO appears to be in a political moment where it is under pressure to justify, in economic terms, its existence as a global governance structure for health**. To convince the doubting reader, the investment case promised "economic gains of US$ 240 billion" as the return to be made on increasing annual country contributions by US$10 billion to enable the WHO to meet its annual budget of US$14 billion…."*

It's a sentiment we share with London.

Chatham House (Expert Comment) - Reconciling Counterterrorism and Health Care in Conflict Zones

R Dayoub; https://www.chathamhouse.org/expert/comment/reconciling-counterterrorism-and-health-care-conflict-zones

"A recent decision to suspend funding of health authorities in a jihadist-controlled area in Syria exposes a weakness in international counterterrorism measures and jeopardizes access to crucial health services."

USAID – Greater than the Sum of its Parts: Blended Finance Roadmap for Global Health

https://www.usaid.gov/cii/blended-finance

This Roadmap (by USAID's Center for Innovation and Impact (CII)): "**Presents a blended finance roadmap** as a practical resource to help USAID, other donors, and partners identify blended finance opportunities to achieve health goals; Identifies different types of blended finance instruments and how USAID can support their design, development, and implementation; Features country deep dives and illustrative blended finance instruments in **India and Tanzania**, demonstrating how this roadmap can be applied in global health across different country archetypes."

"…*The six-step roadmap was tested in three country deep-dives—India, a **transition archetype**; Tanzania, a **strengthen archetype**; and Liberia, a **build archetype**—illustrating the flexibility and utility of blended finance across health financing contexts*. …"

A bit funny to see 'archetypes' (invented by the ancient Greeks) pop up in a fancy new roadmap on blended financing …

IISD - SDG Knowledge Weekly: Finance and Crowdfunding for the SDGs

IISD;

"*The Inter-agency Task Force on Financing for Development released the **advance unedited version** (as of 1 March) of its 2019 Financing for Sustainable Development Report. … ….*"

"*The 2019 IATF report version of 1 March 2019 pays special attention to SDGs 4 (quality education), 8 (decent work and economic growth), 10 (reduced inequalities), 13 (climate action) and 16 (peace, justice and strong institutions), all of which will be reviewed at this year's session of the UN High-level Political Forum on Sustainable Development (HLPF) in July*. The report also features **chapters on the main areas of the Addis Ababa Action Agenda (AAAA),** including: domestic public and private resources; international development cooperation; trade as an engine of development; debt and debt sustainability; systemic issues; science, technology and innovation; and data, monitoring and follow-up, in addition to a thematic chapter on integrated national financing frameworks. Each chapter is the focus of an informal technical briefing taking place this week. **Key messages from the report point to:** continued underfunding of the SDGs; new or increasing risks around economic growth, debt and climate change; shifts in sentiments on multilateralism and a need to recommit to the AAAA; and the importance of countering behavior that focuses on short-term actions and incentives….*"

Guardian - Michael Bloomberg: former New York mayor will not run for president in 2020

https://www.theguardian.com/us-news/2019/mar/05/michael-bloomberg-president-2020-trump

"*The 77-year-old, one of the richest men in the world, revealed his decision on Tuesday not to join the crowded Democratic field – currently at 16 candidates – but pledged to pour his vast wealth into the resistance movement against Donald Trump….*"

Sensible decision. Not very fond of the Democratic party veering to the Left, he's rumoured to support Joe Biden.

Twitter Controversy on PMAC awards (Bangkok)

Cfr a tweet by **Asha George**: "*despite strong support by PMAC for PHM, social justice, political economy, **most of the awards go to clinical medicine or clinical public health** @JesseBump*"

http://www.princemahidolaward.org/nomination-procedures/

Jesse Bump replied: "***The conference and the award are organized by different groups. There can be dissonance**. In 2019, the award was for research on Gleevec, a high-cost, patented cancer drug, developed primarily with public money. The conference was on "The Political Economy of NCDs."*"

PHM - PHA4: report, key issues and demands

https://phmovement.org/pha4-report-key-issues-and-demands/

Account of the **4th People's Health Assembly** in Dhaka.

UHC

Book - The Road to Universal Health Coverage Innovation, Equity, & the New Health Economy

Edited by **J Sturchio, I Kickbusch** et al; https://www.amazon.com/Road-Universal-Health-Coverage-Innovation/dp/1421429551

*"In The Road to Universal Health Coverage, Jeffrey L. Sturchio, Ilona Kickbusch, Louis Galambos, and their contributors explore the **ways in which the private sector is already helping countries achieve universal health coverage**. Stressing the many positive aspects of UHC developments, the book focuses on the **new health economy** and the sometimes controversial dimensions of the private sector helping countries achieve UHC. Theoretical chapters are complemented by a series of case studies that explore the myriad ways in which private sector actors are already addressing UHC…."*

Advances in Public Health - Universal Health Coverage in Bangladesh: Activities, Challenges, and Suggestions

https://www.hindawi.com/journals/aph/2019/4954095/

By EV 2010 **Taufique Joarder** et al.

Stat News - The Atul Gawande health care company finally has a name: Haven

https://www.statnews.com/2019/03/06/atul-gawande-company-name-haven/

*« …**the health care company formed by Amazon, Berkshire Hathaway, and JPMorgan Chase & Co. has a name — Haven** — and will **focus on** improving access to primary care, lowering prescription drug costs, and making insurance benefits easier to understand, the joint venture announced Wednesday. …"*

*« … **The company said it will remain a nonprofit focused solely on serving the 1.2 million employees of the company,** but eventually **hopes to create models** for improving care that might apply more broadly to other companies and patients…."*

- Finally, a tweet from **Ilona Kickbusch** (now with UHC 2030 (steering committee co-chair) as you know), pointing out the importance of **framing UHC more as a social contract**.

"***In our #UHC discussions could we state more clearly that it is about a social contract?*** *It is much more than a poverty reduction strategy* - *it reflects a principle of how we organise our societies*."

Planetary health

IISD - Geoengineering at UNEA-4: Why the SDGs Require a Governance Debate Based on Precaution, Rights and Fairness

L Fuhr (Heinrich Böll Foundation); IISD;

"*Geoengineering threatens global peace and security, and some technologies have significant potential to be weaponized**. Research – and common sense – demonstrate clearly that the SDGs are overwhelmingly in conflict with geoengineering and its effects, particularly in being contrary to strengthening resilience and adaptive capacity to climate-related hazards and natural disasters, food security, sustainability and safety**. When governments at UNEA-4 discuss a resolution on geoengineering, they need to ensure that they build on the existing consensus decisions of other UN bodies on that matter**. Setting aside the **false promise of geoengineering** and focusing on both accelerating the energy transition and truly protecting and restoring our ecosystems so that they can act as carbon sinks, is the safest and surest way to confront the climate crisis*."

Guardian - 22 of world's 30 most polluted cities are in India, Greenpeace says

https://www.theguardian.com/cities/2019/mar/05/india-home-to-22-of-worlds-30-most-polluted-cities-greenpeace-says?CMP=share_btn_tw

"***Twenty-two of the world's 30 worst cities for air pollution are in India, according to a new report, with Delhi again ranked the world's most polluted capital***. *The* ***Greenpeace and AirVisual analysis*** *of air pollution readings from 3,000 cities around the world found that* ***64% exceed the World Health Organization's annual exposure guideline for PM2.5 fine particulate matter*** *– tiny airborne particles, about a 40th of the width of a human hair, that are linked to a wide range of health problems. Every single measured city in the Middle East and Africa exceeds the WHO guidelines, as well as 99% of cities in south Asia and 89% in east Asia.* ***Since many cities, particularly in Africa, do not have up-to-date public air quality information, the actual number of cities exceeding PM2.5 thresholds is expected to be much higher,*** *the report authors said.* "

Cfr a **tweet from Robert Marten**: "**Are Asian cities the most polluted? Or are these cities simply doing a better job of measuring air pollution**?"

Vox - Forget cars. We need electric airplanes.

https://www.vox.com/2019/3/1/18241489/electric-batteries-aircraft-climate-change

"The race is on to build batteries big enough for planes to fly on clean electricity."

But **still decades away** for fully electric airliners. So for the time being, we'll have to think of something else. As in: cutting flying drastically, taxing it heavily (*especially for billionaires* :), etc).

And a quick link:

Guardian - Heatwaves sweeping oceans 'like wildfires', scientists reveal

*"**The number of heatwaves affecting the planet's oceans has increased sharply**, scientists have revealed, **killing swathes of sea-life** like "wildfires that take out huge areas of forest"…."*

Infectious diseases & NTDs

HPW – Short Regimen For TB Found To Be Safe With New First-Line HIV Drug

https://www.healthpolicy-watch.org/short-regimen-for-tb-found-to-be-safe-with-new-first-line-hiv-drug/

*"In what is being called by supporters as an "important moment" for tuberculosis (TB) control, **a new study found that "a shorter regimen to prevent TB can be safely co-administered with dolutegravir (DTG)**—the first-line drug to treat HIV in many high-burden TB countries," according to a release. **The study was presented yesterday at the Conference on Retroviruses and Opportunistic Infections (CROI).** The full **press release** is available here…."*

WHO – Statement of the Twentieth IHR Emergency Committee Regarding the International Spread of Poliovirus

https://www.who.int/news-room/detail/01-03-2019-statement-of-the-twentieth-ihr-emergency-committee

From last week. Summary of the outcomes & recommendations from the latest meeting of the Emergency Committee under the International Health Regulations regarding the **international spread of poliovirus**. *"The Committee unanimously agreed that the risk of international spread of poliovirus **remains a Public Health Emergency of International Concern (PHEIC)** and recommended the extension of Temporary Recommendations for a further three months."*

LSTM (news release) - Typhoid vaccine may protect against other infections

https://www.lstmed.ac.uk/news-events/news/typhoid-vaccine-may-protect-against-other-infections

"*New research by Liverpool School of Tropical Medicine (LSTM) and the University of Liverpool (link is external) shows that **vaccination with weakened strains of Salmonella may also protect against other infections. The researchers hope that the findings could impact vaccination strategy in the developing world**, where infectious diseases are common and where broader protection could potentially save many lives….*"

Global Health Newswire – Forecasting mosquitoes global spread

Global Health Newswire;

"*…In Nature Microbiology, a large group of international collaborators combined these factors into **prediction models that offer insight into the recent spread of two key disease-spreading mosquitoes — Aedes aegypti and Aedes albopictus**. The models forecast that **by 2050, 49 percent of the world's population will live in places where these species are established** if greenhouse gas emissions continue at current rates….*"

Check out the **new mapping tool** (you might already want to inform real estate chaps as well 😊). The new mapping tool can pinpoint within a 25-kilometer area where mosquitoes carrying deadly diseases are likely to spread.

And the authors hope for the following: **"… global surveillance and control efforts that aim to mitigate the spread of chikungunya, dengue, yellow fever and Zika viruses must consider the so far unabated spread of these mosquitos**…." So they see this as a tool to help public health officials plan where to target treatment and eradication efforts.

But see **Vox** for coverage - Zika, dengue, and yellow fever are about to get much worse

"*Urbanization, transportation, and climate change are rapidly expanding mosquito habitats. That's bad news.*"

AFP - Survivor antibody clears path for new Ebola vaccine

AFP;

"*An antibody taken from an Ebola survivor has been found to target all three human strains of the virus and could eventually lead to an all-purpose vaccine against the killer disease, scientists said Monday….*"

Cidrap - Study highlights early pregnancy Zika microcephaly risk

http://www.cidrap.umn.edu/news-perspective/2019/03/study-highlights-early-pregnancy-zika-microcephaly-risk

"Zika infection in early pregnancy raise the risk of microcephaly 17 times, the study says."

*"During Brazil's Zika outbreak, microcephaly cases were much higher in the country's northeastern tip than in other regions, raising questions about other possible cofactors, but a new analysis today of multiple databases found no suspicious red flags. **The study also confirms the Zika-microcephaly link, finding that women infected with Zika during the early stages of pregnancy are 17 times more likely to have a child with the condition compared with uninfected pregnant women**. An international team of researchers based at the London School of Hygiene and Tropical Medicine published its findings in Plos Medicine. "*

BMJ News - Philippines to charge Sanofi staff and government officials over dengue vaccine

https://www.bmj.com/content/364/bmj.l1088

*"**Philippine government prosecutors who investigated an aborted school immunisation campaign with Sanofi Pasteur's dengue vaccine Dengvaxia have found probable cause for criminal indictment in Sanofi staff and government officials**. A total of 20 people will face a charge of reckless imprudence resulting in homicide relating to the deaths of 10 children, the Philippine Department of Justice announced. This includes a former health secretary, nine health department officials, officials of the country's Food and Drug Administration and its Research Institute for Tropical Medicine, and six Sanofi employees….*"

- And **via Stat News** :

*"**BARDA** awards $10 million to company **developing Marburg virus vaccine**"*

*"**Public Health Vaccines just received $10 million from the federal Biomedical Advanced Research and Development Authority to develop a vaccine to protect against Marburg virus.** The vaccine was designed by and licensed from the Public Health Agency of Canada, employing the same approach as the Ebola vaccine currently being used in the Democratic Republic of the Congo. No licensed vaccine for the disease exists today. Even though it has been more than a dozen years since there has been a large Marburg outbreak, the virus can be as deadly as Ebola, a related disease. …*

AMR

Transactions of the Royal Society of Tropical Medicine and Hygiene (Editorial) - Antimicrobial resistance: learning lessons from antiparasitic, antibacterial and antimycobacterial drug resistance in low-income setting

C J M Whitty; https://academic.oup.com/trstmh/article/113/3/105/5304754?searchresult=1

"…***The debate in high-income countries often ignores the realities of tackling antimicrobial resistance in developing countries and, in particular, the severe limitations imposed by a lack of access to formal health care***. *Different organisms dominate health, with different drug–microbe combinations and different behavioural and economic drivers. There is very little in common between controlling methicillin-resistant Staphylococcus aureus in a surgical intensive care unit in Europe and controlling the spread of drug-resistant Salmonella Typhi in a community in Africa, although both are antibiotic resistance. The burden of infectious disease is much higher and the peak age of vulnerability to serious infection is (currently) different, with the burden greatest in children in low-income countries and older adults in high-income settings. Critically, two interventions that are central to high-income responses (restricting antimicrobials to prescription by registered practitioners only and paying more for new antibiotics) are problematic in low-income settings, where the poorest, who globally have the heaviest burden of infection, already have significant financial barriers to accessing formal health care. People used to dealing with high-income problems (which centre on antibiotics) historically underestimate antimalarial and other antiparasitic resistance, and policies in many low-income settings often underestimate antibiotic resistance and nosocomial transmission. This is compounded by very sparse information on drug resistance rates and patterns in many low-income settings, especially in Africa. **There is therefore often more potential cross-learning from different diseases in the same income setting**.*"

*"It is possible to group together sets of problems and examine how different fields are tackling them. **This editorial concentrates on resistance to antiparasitic, antibacterial and antimycobacterial drugs in low-income settings…**"*

HPW - Mixed Global Progress On Use Of Antibiotics In Animals: OIE Report

https://www.healthpolicy-watch.org/mixed-global-progress-on-use-of-antibiotics-in-animals-oie-report/

"*There continues to be positive progress on controlling the use of antimicrobials in animals in countries, according to a **recent report** **of the World Organisation for Animal Health (OIE),** which is linked to the rise in human antimicrobial resistance. But more countries need to take action and better data is needed from many, the report found, as efforts will continue….*"

Wellcome - Vaccines work – for superbugs too

Ed Whiting; https://wellcome.ac.uk/news/vaccines-work-%E2%80%93-superbugs-too

"There's a vital set of tools to help us tackle the threat of superbugs that we're not using to their full potential. Vaccines." Interesting blog, also with a view on the **next GAVI replenishment** in the UK.

*"**Wellcome recently commissioned a report to identify the role vaccines could play for the bacteria the World Health Organization has recommended as the most urgent priorities in terms of drug resistance.** Our report found that **for many pathogens there could be huge value in developing a vaccine. … … On 26 February, UK Health Secretary Matt Hancock opened a joint All-Parliamentary meeting on vaccines for antimicrobial resistance and re-emphasised the UK's commitment to addressing the threat of superbugs**. The UK government's 20-year vision for antimicrobial resistance rightly recognised a role for vaccines, and we're keen to work with them to make this ambition a reality.*

*For example, the CARB-X partnership, which we have supported as a founder member (recently joined by the UK government), has also been funding vaccines for superbugs alongside funding for new antibiotics. … … **We want to see other partners across industry and civil society factor in the possible impact that a vaccine could have on AMR when they make decisions about which vaccines to invest in – and want this to be part of the conversation when the UK hosts the funding replenishment conference for GAVI next year**. We would also like to see the value of vaccines for antimicrobial resistance recognised by their inclusion in AMR National Action Plans by countries around the world. …"*

Medical Xpress - Researchers develop genetic test to detect antimicrobial resistance

https://medicalxpress.com/news/2019-03-genetic-antimicrobial-resistance.html

*"Researchers at American University have **developed a new, highly sensitive rapid genetic test** that can **determine whether bacteria carries a gene that causes resistance to two common antibiotics used to treat strep throat and other respiratory illnesses**. The scientists show that the new method works as accurately as culture-based methods but gives results in minutes, not hours or days. The research has been published in **BMC Infectious Diseases**…."*

NCDs

Reuters - Exclusive: Philip Morris paid for India manufacturing despite ban on foreign investment – documents

Reuters;

*"**Philip Morris International Inc has for years paid manufacturing costs to its Indian partner to make its Marlboro cigarettes, circumventing a nine-year-old government ban on foreign direct investment** in the industry, internal company documents reviewed by Reuters showed…."*

*"**The Indian government in 2010 prohibited foreign direct investment (FDI) in cigarette manufacturing,** saying the measure would enhance its efforts to curb smoking. Restricting foreign investment leaves cigarette manufacturing largely in the hands of domestic players, and is supposed to prevent any foreign-funded expansion. … … Philip Morris, though, stayed in India and used another route, according to company documents dated between May 2009 and January 2018. **A year before the FDI ban, it struck an exclusive deal with India's Godfrey Phillips to locally manufacture the world-famous Marlboro cigarettes**. Ever since then, Godfrey has publicly acted as a **contract manufacturer of Marlboro cigarettes in India**, while Philip Morris's majority-owned local unit acts as a wholesale trading company and promotes the brand. But **dozens of internal company documents** - including invoice bills, legal agreements, e-mails and accounting statements - **show Philip Morris has for years indirectly paid costs related to Marlboro cigarette manufacturing in India…**."*

Lancet Letters on Global Health and Cancer

A number of people reacted to Horton's "cri de coeur" on the inexplicable indifference to cancer in low-income and lower middle-income countries (LLMICs) from a while ago. Do read here, here and here. Some say the picture (& future) is not all that gloomy.

HRB Open Research - Time for complete transparency about conflicts of interest in public health nutrition research

M Hennessey, M McKee, P Rundall et al; https://hrbopenresearch.org/articles/2-1/v2

*"We are **a group of researchers and academics** with decades of experience in the protection and promotion of public health. **We are writing to raise our concerns about how conflicts of interest are reported in public health nutrition research.** We highlight examples of why it is important to accurately declare such conflicts, as well as providing examples of situations in which conflicts of interest have been inadequately reported. We call on researchers, and others, to be transparent about conflicts of interest in research. Journal editors in particular have an important responsibility in fully understanding how conflicts of interest can impact on research findings and interpretations. They need to agree and adopt clear guidelines on conflicts of interest and ensure that authors abide by these to facilitate trust in the scientific process and the credibility of published articles."*

BMJ Feature - Questions over future of global diabetes group as founding members resign

https://www.bmj.com/content/364/bmj.l995

"While the numbers of people with diabetes worldwide soar, the organisation at the forefront of the global fight against the disease is tearing itself apart. Melanie Newman investigates"

*"For almost 70 years, the **International Diabetes Federation (IDF)** has led global efforts to combat diabetes. But **its work has been so seriously undermined by internal conflict and the resignation of four founding members that its supporters are now questioning whether the organisation will survive."***

Excerpt: *"… An umbrella organisation of more than 200 diabetes associations from some 160 countries, IDF's activities have ranged from lobbying the United Nations to initiatives such as Life for a Child, which helps children with diabetes in lower income countries to access treatment. Raising sufficient funds has been a challenge, and the institution has been dogged by accusations of cosiness with the drug industry. Now, after conversations with dozens of people from inside and outside the IDF and having seen some of the relevant documents, **The BMJ can reveal widespread disquiet about the organisation's governance under current president, Nam Cho (from Korea), and his predecessor, Shaukat Sadikot (from India**). Both men have made or tried to make highly contentious changes to IDF activities, programmes, and staffing since 2016. In the past few years, national diabetes associations from the UK, France, Netherlands, and Denmark have all cut ties with the federation. The German association is monitoring the situation "very closely." **Mostly recently, the leadership has attempted to remove elected board members**—including Cho's planned successor, Andrew Boulton, professor of medicine at Manchester University—and to take control of Life for a Child away from its longstanding operator and funder, Diabetes New South Wales. **Other controversial changes include the federation's withdrawal from the Non-Communicable Diseases Alliance, a** high level lobbying organisation founded by Ann Keeling, a former IDF chief executive…."*

UN News - Recreational cannabis poses 'significant' health challenges to youth: drugs control body

https://news.un.org/en/story/2019/03/1034061

*"The **UN-backed International Narcotics Control Board (INCB)** warned on Tuesday that **poorly regulated medical cannabis programmes could step-up the "recreational" use of the drug while diminishing public concern over its harmful effects. "***

*"Legalization of cannabis for recreational purposes, as seen in a small number of countries, represents not only a challenge to the universal implementation of the treaties and the signatories to the treaties, but also a significant challenge to health and wellbeing, particularly among young people", INCB President Viroj Sumyai said, following the publication of the body's **latest Annual Report. The report**, coinciding with the 50th anniversary of the independent drugs control board, **details the risks and benefits of the medical and scientific use of cannabis and cannabinoids**. …"*

You find the **report** here.

Stat News - FDA approves esketamine, the first major depression treatment to reach U.S. market in decades

https://www.statnews.com/2019/03/05/fda-approves-esketamine-antidepressant/

"*The Food and Drug Administration on Tuesday approved esketamine, the first major depression treatment to hit the U.S. market in decades and a new option for patients who haven't responded to existing therapies.* Esketamine — developed by Johnson & Johnson and delivered as a nasal spray — was tested in combination with oral antidepressants in patients with what's known as treatment-resistant depression. The drug is related to ketamine, a common anesthetic that's sometimes misused recreationally. Many experts have hailed esketamine as a critical option for patients in dire need of new treatments — particularly because it might work faster than existing antidepressants…."

Sexual & Reproductive / maternal, neonatal & child health

NSWP launches new global mapping of sex work laws

https://www.nswp.org/news/nswp-launches-new-global-mapping-sex-work-laws

"*NSWP has launched a new map of sex work laws around the world, featuring information on laws used to regulate and criminalise sex work in 221 countries and regions.   This map brings together information on laws which affect sex workers through the criminalisation of the sale and purchase of sexual services, and the facilitation, management or organisation of sex work, as well as other laws used to regulate sex work such as mandatory health checks and travel restrictions….*"

Human Resources for Health

Human Resources for Health - Never again? Challenges in transforming the health workforce landscape in post-Ebola West Africa

B McPake et al ; https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-019-0351-y

"*The 2013–2014 West African Ebola outbreak highlighted how the world's weakest health systems threaten global health security and heralded huge support for their recovery. All three Ebola-affected countries had large shortfalls and maldistribution in their health workforce before the crisis, which were made worse by the epidemic. This paper analyzes the investment plans in Liberia, Sierra Leone, and Guinea to strengthen their health workforces and assesses their potential contribution to the re-*

establishment and strengthening of their health systems. The analysis calculates the plans' costs and compares those to likely fiscal space, to assess feasibility…."

Results: "*Health worker-to-population density targets per 1000 population for doctors, nurses, and midwives are only specified in Liberia (1.12) and Guinea's (0.78) investment plans and fall far short of the regional average for Africa (1.33) or international benchmarks of 2.5 per 1000 population and 4.45 for universal health coverage. Even these modest targets translate into substantial scaling-up requirements with Liberia having to almost double, Guinea quadruple, and Sierra Leone having to increase its workforce by seven to tenfold to achieve Liberia and Guinea's targets. Costs per capita to meet the 2.5 per 1000 population density targets with 5% attrition, 10% drop-out, and 75% employment rate range from US$4.2 in Guinea to US$7.9 in Liberia in 2029, with projected fiscal space being adequate to accommodate the proposed scaling-up targets in both countries.*"

Access to medicines

IP Watch – Will US Drug Pricing Politics Change Intimidation Practices Globally?

Fifa Rahman (board member NGOs at Unitaid) ; http://www.ip-watch.org/2019/03/05/will-us-drug-pricing-politics-change-intimidation-practices-globally/

"***The global health world, particularly as concerns skyrocketing drug prices and patent abuse, is in a unique space in time****. …*" While the Trump administration is still bullying the rest of the world (including in multilateral organisations), on these issues,

"*… **at home in the United States, there is a clear shift in paradigm on these issues. A number of legislative instruments have been introduced in the Senate and the House to address exorbitant drug prices.** … … A number of 2020 Democratic Presidential Candidates including Sanders, Warren, Klobuchar, and Harris have made statements on the exorbitant prices set by the pharmaceutical industry. … "*

"*… **For decades, translating domestic US intellectual property into global norms has been high on the political agenda.** Access to US markets was made contingent upon countries adopting US standards on intellectual property. Countries around the world are sorted into the USTR's Special 301 'naughty list' for countries that contravene its own standards on intellectual property, and this includes if they don't provide the monopolies that the United States does for its own pharmaceuticals. … …*

"*…Drawing from these examples – **could we see a shift in paradigm on traditional US hegemonic and bullying behaviour on drug pricing with a Democratic President post-2020?...**"*

She concludes: "***While it is too early at this stage to make conclusive predictions on US drug pricing diplomacy post-2020, there are hopeful indications of a diplomatic shift, contingent upon who***

wins the 2020 elections. Countries and entities facing pressures from US agencies to accede to commitments that could further put medicines out of reach, or to cut back on legal mechanisms and sovereign rights to protect public health, would be wise to take stock and potentially delay accession to prevent unreasonable and long-lasting tradeoffs. They would also be wise to improve their bargaining position by building coalitions with developed nations – for example via support of the Italian resolution on drug pricing transparency at the World Health Assembly – or via non-health manoeuvres such as reducing dependency on US trade or military expertise, so as to avoid needing to make intellectual property or public health concessions."

Some quick links:

Bloomberg - [Cheaper Insulin Is a Big Victory for Patients](#)

News from the US: " *…Eli Lilly & Co. announced that it's launching an authorized generic version of its best-selling insulin Humalog and that the list price of the drug – the pre-discount sticker price of the medicine – will be 50 percent lower than the current prescription brand…*"

Reuters - [New cancer-causing toxin found in recalled blood pressure pills](#)

"U.*S. health regulators said on Friday a **third cancer-causing toxin was found in some blood pressure pills recalled by India's Hetero Labs Ltd** a day earlier, adding to a **global recall of commonly used drugs to treat hypertension**…*"

Miscellaneous

Lancet World Report – Some major donors criticised at UN Yemen pledge meeting

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30538-0/fulltext

"*US$2·62 billion were pledged towards the humanitarian crisis in Yemen, but aid groups fault some donors for contributing to conflict and obstructing assistance. John Zarocostas reports.*"

Devex - Brexit causes staffing headache for aid groups

https://www.devex.com/news/brexit-causes-staffing-headache-for-aid-groups-94390

"*European staff working at NGOs in the United Kingdom say they are worried about their future as the country gears up to leave the European Union, while aid organizations struggle to prepare for potential disruption amid ongoing political uncertainty….*"

Devex – Brexit: How NGOs can prepare for exchange rate volatility

https://www.devex.com/news/brexit-how-ngos-can-prepare-for-exchange-rate-volatility-94367

"*A no-deal Brexit could see the British pound drop significantly. Experts tell Devex how NGOs can manage their funds at a time of uncertainty.*"

WB Working paper – Are Public Sector Workers in Developing Countries Overpaid?

http://documents.worldbank.org/curated/en/398361551117216050/pdf/WPS8754.pdf

"*This paper examines the public sector wage premium using nationally representative household surveys from 91 countries. The public sector generally pays a wage premium compared to all private sector salaried employees, but the size of the premium is sensitive to the choice of the private sector comparator and varies considerably by worker characteristics. For most countries, the average premium disappears when the public sector is compared to only formal sector private employees, especially when controlling for occupation. The public sector wage premium is higher for women and low-skilled workers. In contrast, highskilled public sector employees are most often paid the same as their private sector counterparts or may even pay a penalty for working in the public sector. Consistent with this, the public sector premium is greater for employees with less education, those working in lower paid occupations, and those whose earnings fall in the lower part of the conditional earnings distribution. Across countries, the wage premium is only weakly associated with countries' level of development. These findings nuance the existing consensus that public sector workers tend to enjoy a significant wage premium over their private sector counterparts, and that this premium is especially large in low-income countries.*"

Oxfam (blog) - A primate brain in a human world: Evolutionary biology and social change

S Bock; https://oxfamblogs.org/fp2p/a-primate-brain-in-a-human-world-evolutionary-biology-and-social-change/

Guest post from **Sebastian Bock**, among others on **Dunbar's number** – 150, for human beings. "*brain size was clearly correlated with group size of a specific species of primates. That correlation became known as "Dunbar's number". For humans, that number is around 150.*" Based on that, he says **we're biologically well equipped to deal with relatively small "commons problems", but (much) less to big commons problems**.

Bock arrives at this conclusion:

"*Prehistorical tragedy of the commons problems were often solved (or avoided) by the first shame campaigns in history. Maybe today we need to reinvent the tradition of shame campaigns,*

*adjusted to work for much bigger commons. One way of doing so would be to **take a closer look at peer groups**. New research by Robin Dunbar has found that even in the age of Facebook, "the size and range of online egocentric social networks, indexed as the number of Facebook friends, is similar to that of offline face-to-face networks". Of course we know many more people, but the size of group of people who are close enough to really have an influence on us seems to not have changed. This suggests that the same mechanisms are still at work, and it might be worth thinking about ways of using them better. **Rather than just looking at how power is distributed in the formal power structures we are used to, be they in government or in business, we ought to spend more time looking at the informal structures surrounding those in power**. Identifying the **informal peer groups, the groups where shame works as a governance mechanism**, might allow us to translate the big commons problems we currently struggle to solve into small commons problems that we are biologically better equipped to deal with."*

New Internationalist - Networked but commodified: digital labour in the remote gig economy

https://newint.org/features/2019/02/28/networked-commodified-digital-labour-remote-gig-economy

*"Research by Alex J. Wood, Mark Graham and others shows **how gig economy platforms commodify labour in Southeast Asia and Sub-Saharan Africa.**"*

Excerpts:

*"…**In a new research paper**, based on years of research in Southeast Asia and Sub-Saharan Africa, **we document how the gig economy is contributing to the further commodification of work, and why that isn't good news for workers**. Platforms are used by clients in rich countries to purchase the labour of workers in the Global South, aim to offer an 'on-demand' workforce made up of 'online freelancers' and 'contractors.' In order to provide this on-demand workforce these platforms seek to treat labour the same as the commodities bought and sold on digital marketplaces. This means allowing clients to end workers' contracts at any time without notice, and to 'fire them on the spot.'*

… Thus the absence of protective labour regulations is a key rationale of these platforms. … … Moreover, as these workers lived in countries with little public provision of healthcare, the framing of workers as freelance contractors also meant that few workers could access adequate healthcare.

The CEO of the major platform we interviewed, further explained that the Internet combined with rampant underemployment in the Global South had, in his view, lead to a positive driving down of pay: There are 7.1 billion people on the planet, there are 2.4 billion people on the Internet… They're what I call "PHDs", poor, hungry, driven… They're willing to work on any sort of job, right, a lot harder than maybe you or I are, for less money…"

BMC blog - Dear authors – *BMC Medicine* responds to authors' wish list

http://blogs.biomedcentral.com/bmcblog/2019/03/05/dear-authors-bmc-medicine-responds-authors-wish-list/

"*In January 2019, to mark the new year,* **Dr. Madhu Pai conducted an informal survey on Twitter to ask researchers to put together an author wish list, addressed to medical journal editors**. *Being the flagship medical journal of the BMC Series, and having worked with Madhu previously, BMC Medicine felt that a thoughtful response was warranted.* **His author wish list had many salient points, for which we felt our responses could help to de-mystify the peer review process. Below the wishes (in bold) are the responses from the editorial team at BMC Medicine**…."

Emerging Voices

HS Governance Collaborative - Goran Zangana, Health systems academic and activist, Iraq

https://hsgovcollab.org/en/voices/activism-and-power

Neat profile of **Goran Zangana** (EV 2016).

Research

SS&M - The politics of institutionalizing preventative health

J Bosswell et al; https://www.sciencedirect.com/science/article/pii/S0277953619301248

« *Prevention is an attractive idea to policymakers in theory, particularly in health where the burden of spending and care is increasingly taken up by complex and chronic conditions associated with lifestyle choices. However, prevention in general, and preventative health in particular, has proven hard to implement in practice.* **In this paper, we look to one tangible legacy of the recent rise of the prevention agenda: agencies with responsibility for preventative health policy**. *We ask how this form of* **institutionalizing preventative health** *happens in practice, and what consequences it has for the advancement of the prevention agenda.* **We draw on qualitative data to compare the trajectories of newly formed agencies in Australia, New Zealand and England**. *We find that* **building and maintaining legitimacy for such agencies may come at the expense of quick progress or radical action in service of the prevention agenda**. »

BMJ Global Health Analysis – Investing in health R&D: where we are, what limits us, and how to make progress in Africa

V Simpkin et al; https://gh.bmj.com/content/4/2/e001047

"*Global research and development (R&D) pipelines for diseases that disproportionately affect African countries appear to be inadequate, with governments struggling to prioritise investment in R&D. **This article provides insights into the sources of investment in health science research, available research capacity and level of research output in Africa**. The African region comprises 15% of the world's population, yet only accounted for 1.1% of global investments in R&D in 2016. There were substantial disparities within the continent, with **Egypt, Nigeria and South Africa contributing 65.7% of the total R&D spending.** In most countries of the Organisation for Economic Co-operation and Development, the largest source of R&D funding is the private sector. **R&D in Africa is mainly funded by the public sector, with significant proportions of financing in many countries coming from international funding.** Challenges that limit private sector investment include unstable political environments, poor governance and corruption. **Evidence suggests various research output and research capacity limitations in Africa when considering a global context**. Metrics that reflect this include university rankings, number of researchers, number of publications, clinical trials networks and pharmaceutical manufacturing capacity. Within the continent there are substantial regional disparities**. Incentivising investment is crucial to foster current and future research output and research capacity. This paper outlines some of the many commendable initiatives under way.** Innovative and collaborative financing mechanisms can stimulate further investment. Given the vast inequalities across Africa in R&D, strategies need to reflect the different capacities of countries to address this disparity.*"

Implementation Science - Building capacity for Public Health 3.0: introducing implementation science into an MPH curriculum

R Ramaswamy et al; https://implementationscience.biomedcentral.com/articles/10.1186/s13012-019-0866-6

"*Many public health programs fail because of an inability to implement tested interventions in diverse, complex settings. The field of implementation science is engaged in developing strategies for successful implementation, but current training is primarily researcher-focused. To tackle the challenges of the twenty-first century, **public health leaders are promoting a new model titled Public Health 3.0 where public health practitioners become "chief health strategists" and develop interdisciplinary skills for multisector engagement to achieve impact.** This requires broad training for public health practitioners in implementation science that includes the allied fields of systems and design thinking, quality improvement, and innovative evaluation methods. **At UNC Chapel Hill's Gillings School of Global Public Health, we created an interdisciplinary set of courses in applied implementation science for Master of Public Health (MPH) students and public health practitioners**. We describe our rationale, conceptual approach, pedagogy, courses, and initial results to assist other schools contemplating similar programs.*"

Health Research Policy & Systems - Using narratives to impact health policy-making: a systematic review

R Fadlallah et al ; https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0423-4

"There is increased interest in using narratives or storytelling to influence health policies. **We aimed to systematically review the evidence on the use of narratives to impact the health policy-making process….**"

"…*We synthesised the findings narratively and presented the results stratified according to the following stages of the policy cycle: (1) agenda-setting, (2) policy formulation, (3) policy adoption, (4) policy implementation and (5) policy evaluation. Additionally, we presented the knowledge gaps relevant to using narrative to impact health policy-making….*"

"…*The existing evidence base precludes any robust inferences about the impact of narrative interventions on health policy-making….*"

Third World Thematics (Introductory article of a Collection) - Studying the state: a Global South perspective

E Nicholls;
https://www.tandfonline.com/doi/abs/10.1080/23802014.2018.1575769?journalCode=rtwt20#.XHzmWmyai1s.twitter

"*This introductory article presents an overview of the collection. It places its importance in relation to relevant literature and critically highlights the importance of and contributions to each of the articles in this collection. **The introduction also stresses the importance of continuing to study the state, particularly from the perspective of the Global South**. This entails looking at the state both as an real "thing" as an object of theory. The Introduction emphasizes the **polycentric understanding of the state that the collection adopts and** the diversity and complementarity between the articles presented. Above all the Introduction highlights the relevance, importance and originality of the collection of articles as a whole and as individual pieces of scholarship*."

Health Research Policy & Systems - Blending integrated knowledge translation with global health governance: an approach for advancing action on a wicked problem

K M Plamondon & J Pemberton; https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0424-3

"*The persistence of health inequities is a wicked problem for which there is strong evidence of causal roots in the maldistribution of power, resources and money within and between countries. Though*

*the evidence is clear, the solutions are far from straightforward. **Integrated knowledge translation (IKT)** ought to be well suited for designing evidence-informed solutions, yet current frameworks are limited in their capacity to navigate complexity. **Global health governance (GHG)** also ought to be well suited to advance action, but a lack of accountability, inclusion and integration of evidence gives rise to politically driven action. Recognising a persistent struggle for meaningful action, we invite **contemplation about how blending IKT with GHG could leverage the strengths of both processes to advance health equity…."***

Their conclusion: *"Integrated learning between these two fields, adopting principles of GHG alongside the strategies of IKT, is a promising opportunity to strengthen leadership for health equity action."*

Health Research Policy & Systems - How have researchers defined and used the concept of 'continuity of care' for chronic conditions in the context of resource-constrained settings? A scoping review of existing literature and a proposed conceptual framework

L Meiqari et al ; https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0426-1

*"Within the context of the growing burden of non-communicable diseases (NCDs) globally, there is limited evidence on how researchers have explored the response to chronic health needs in the context of health policy and systems in low- and middle-income countries. Continuity of care (CoC) is one concept that represents several elements of a long-term model of care. **This scoping review aims to map and describe the state of knowledge regarding how researchers in resource-constrained settings have defined and used the concept of CoC for chronic conditions in primary healthcare**…."*