

# IHP news 513 : Global health policy news from Nairobi, Accra, Addis, New York, Geneva, Seattle, London ... (and the journals)

(15 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 was once again a busy week, and not just in the UK parliament. In **Nairobi**, the 4<sup>th</sup> session of the [UN Environment Assembly](#) took place. The meeting started in a very sad way for the reasons you know, but also touched upon global health/planetary health themes ( with the report [GEO6](#), ‘**Healthy Planet, Healthy People**’, but also discussions starting on the **governance of geoengineering**). Today the **Global Climate Strike for Future** happens [all over the globe](#), while it seems we’re [on the verge of irreversible warming](#). Other highlights from this week include the [AfHEA conference in Accra](#), themed ‘Securing PHC for all: the foundation for making progress on UHC in Africa’; a **global health security meeting in Addis Ababa** to discuss how to enable national public-health institutions to keep emerging and re-emerging infectious disease in check; a brand new [WHO global influenza strategy](#); important **discussions on global tax reform** (taking place at the OECD) and **access to medicines**; new Lancet (Global Health) **publications on adolescent & mid-childhood health trends, C-sections in Africa** and the [link between democracy and adult health](#) (*I have a hunch the last word hasn’t been said on this...*); a new (worrying) [UNAIDS report](#); dr. Tedros expressed [cautious optimism](#) on the **Ebola DRC outbreak**; experts & the Lancet **assess the WHO reform** announced last week. And oh yeah, in between tweeting, watching ‘Fox & Friends’ & other industrious ‘Executive Time’, **Trump** also proposed a new - trademark horrific/cruel – **budget**, and not just for global health.

We also learnt this week about [BirthStrikers](#) (*a movement of women linked to ‘Extinction Rebellion’, who have decided not to procreate in response to the coming ‘climate breakdown and civilisation collapse’, conveying in this way the urgency of the situation*). I guess a male equivalent for such movement would be to never ever watch Premier League/Champions League football again 😊. At an ITM seminar we heard from a colleague who just returned from the **2019 CROI conference** (Conference on Retroviruses and Opportunistic Infections) in Seattle about the increasing “**condom crisis**” in many countries’ HIV prevention, and the need for more collaboration between the HIV prevention & SRHR communities. Maybe it’ll happen at the [Nairobi summit on ICPD25 in November, 25 years after Cairo?](#)

On a side note, earlier this week, a really informative and entertaining **Longread in the Guardian**, [What animals can teach us about politics](#) by **Frans de Waal**, (again) hammered home the message that human beings are a **hierarchical species**, when push comes to shove. As he put it, “...*the twin driving forces behind human politics [are] leaders’ lust for power and followers’ hankering for leadership. Like most primates, we are a hierarchical species, so why do we try to hide it from ourselves?*” Exactly. Even if not fully comparable, there’s so much we can learn from our little (& big) brothers & sisters in the forest, so perhaps we shouldn’t just rely on bottom-up initiatives, civil

society movements & technocratic recipes to try to tackle the many wicked challenges of this century, but also push (and require from) our leaders at all levels to be real “role models” and thus ‘lead’, whether it’s on planetary health (*Kim Jong-un might be on to something, with his preference for trains*), the condom crisis (*I leave it up to your imagination what that might imply for ads featuring Putin, Trump, Xi et al*), or the NCD, AMR & gender equity battles. Sadly, the current crop of wicked leaders, in democracies and non-democracies alike, also tells you something about our species.

Enjoy your reading.

Kristof Decoster

## Featured Article

### Celebrating International Women's Day in London

Deepika Saluja (IHP resident)

My recent visit to London gave me a somewhat “homely feeling”. I came across plenty of South Asians in the city, bumping into an Indian/South Asian almost every 200-300 meters, and frequently overhearing conversations in Hindi, my native language. London is a busy city with lots of tourists, and full of foreign students, many of whom come to study in the city in the hope for a better future (*although I assume they have at least heard about Brexit* 😊). In some ways, I found London to be a more sophisticated version of Mumbai – a city where people are always in a rush. As a vegetarian, I was pleasantly surprised to see [free vegetarian food stalls](#) (called [Krishna Lunch](#)) set up by Hare Krishna at different points across the University of London, a very noble deed indeed, especially for the homeless people sleeping on the streets.

I was in London on an official visit which began with attending a session on decolonizing the curriculum at the **London School of Economics**, where the panel discussed their experiences and understanding of how skewed the academic system is towards the white elites, in a number of ways, ranging from the curriculum to jobs, scholarships, publications, forms of knowledge production, to even the everyday experiences of racism in public spaces. The panel was chaired by Prof. Alcinda Honwana (Centennial Professor at LSE), who said that universities should not be static or ‘ideological zombies’, rather they need to be the sites of subversion and rebellion, they must critique and debate, challenge the existing power relationships and re-center the knowledge production process. A master’s student from the audience raised an interesting question on the role students like her, who come to London for a relatively short term (1-2 years), could play in decolonizing the curriculum. Dr. Lyn Ossome from the panel responded beautifully: *“Be yourself and the contradictions will emerge in the classrooms and the streets and your daily interactions with people around you. You deal with it, and that’s how you can begin your contribution. You need to acknowledge the reality first. Decolonizing has a lot to do with acknowledging the reality rather than talking in a vacuum.”*

Thanks to [Gorik Ooms](#), whom many of you IHP readers will have heard of, I also got the opportunity to attend a few sessions at the **London School of Hygiene & Tropical Medicine**, from its Masters Course on Globalization and Health. The discussions ranged from the inclusion of the right to health in the Universal declaration of human rights, to the huge global economic cost (~USD 16 trillion) of mental disorders, to how Ebola is framed more as a security threat and a political crisis than as a global health problem. I also attended a fascinating seminar - [Ideology over theory: World Bank policy on user charges for health care, 1978–1993](#). All in all, I got a small flavor of London as a global health hub in these few days across the Channel.

However, the key highlight of my visit to the UK capital was [International Women’s Day 2019 \(IWD 2019\)](#), with this year’s theme, #BalanceforBetter – the better the balance, the better the world: calling for a more gender balanced world, as you might have guessed. While gender equality/equity is increasingly discussed and addressed, there is one day when this issue gets more attention than the other 364 days of the year, i.e. 8<sup>th</sup> March- IWD. On this day, several gender related conversations are ignited again and some interesting and eye opening stats are released. Just one example: [“If gender parity were theoretically reached, \\$28 trillion would be added to the global economy by 2025”](#), according to a study by McKinsey.

Multiple sessions and events took place throughout the week on IWD 2019 (and its overall theme) in different areas and streams. I managed to attend a few of them and below I will share what I learnt by taking part in those sessions. Most sessions included panels where women from different fields, age groups and ethnicities reflected on their respective journeys and struggles to deal with the currently skewed and gender-imbalanced world. It was interesting, though perhaps also a bit sad, to see that (just) [one of the panels](#) I attended included a male panelist. Gender equity isn’t just about female emancipation – it is about fair and equal chances amongst all the sexes. Neither gender equality, nor equity can be achieved without the engagement of all.

The panels discussed a wide range of barriers women face at the workplace, not the least of which is the age-old challenge of the household and family, largely being a woman’s responsibility. Many discussions revolved around sharing and understanding the internal inhibitions women deal with (like how to deal with hatred and criticism, the biggest barriers to become a leader, how to answer questions/comments on body shaming etc.), but they also highlighted their sources of strength and support that help them realize their goals and dreams, the skills and characteristics required to succeed, their limiting beliefs and how to overcome them. An issue pointed out by virtually all panels was the high prevalence of the ‘imposter syndrome’ amongst women as compared to men. For example, two panelists from different panels referred to their feelings of self-doubt for being called to speak on the panel: “I am being invited to speak on the panel, has someone cancelled? I must be a back-up plan for them”. It was highlighted that women experience negative self-perception and under-confidence all the time, ‘I am not good enough’, ‘have I done it right’ etc. There are also often people around us who try to pull us down, who deliberately make us doubt ourselves. Just a personal example perhaps: when I got admitted for a PhD program at India’s most prestigious school, IIM Ahmedabad, my colleagues said, oh you must have been lucky; one person literally came to me and said he had dreamed of my selection process, “seeing” in his dream that the jury showed mercy to me and so I got admitted. Gosh! We, women, need to get rid of such toxic people from our lives and we need to strengthen our beliefs in our own selves and capabilities, this is what will prove such bullies wrong. Too many of us women continue to seek validation from others and often forget what we really deserve. We need to stop doing that.

A very interesting exercise was conducted during the [IWD 2019 Future Leaders Forum](#) (organized by [The Sister-Sister Network](#) that aims to provide leadership training to women from different fields in the UK) on how to deal with the feelings of self-doubt. Every person has two selves to deal with a situation, a “negative and disparaging self” which will always display negative feelings towards everything (and certainly oneself), as in ‘I am feeling ugly today’, ‘I shouldn’t have volunteered for that’, ‘I am feeling anxious, I shouldn’t go for that session’, always radiating negative energy all around. And then you have a “wise self”, which tries to find something positive in every situation. ‘I look good today’, ‘Good that I went for that session, I got to know about women’s leadership’, ‘it’s okay, everything will be alright’, ‘what’s the worst that could happen, I will get an experience’. In this exercise, they asked a volunteer to reflect on a situation and understand what her negative and wise selves would say to her, and how easy and sensible it is to choose the wise self. So the lesson is: whenever you get overpowered by your negative self, always go check what your wise self has to say in that situation, and you will be surprised to see that your nerves calm down and you feel the positive vibes around. Whenever in confusion, always listen to your wise self! (*not sure it works for men too!* 😊)

Another very interesting exercise at the Future Leaders Forum was carried out by [Mark Francis](#), the Director of a Leadership Training program, [@Uspire](#). He made us meditate for a few minutes to help us imagine and visualize our future, under the assumption that it is impossible to fail. The impossibility of failure was the key. All too often, we limit our imagination to the possibilities of success that we can foresee (or not). I felt that organisations and institutes should often conduct such sessions reminding people of their potential and the sheer power of imagination, pushing their boundaries, because often we get so engrossed in our work and family life, that we forget what we really are capable of.

Last but not least, like the [10-year challenge that recently went viral on social media](#), it is important to reflect on the journey for gender equality along similar lines. Where were we 10 years ago, advocating for gender equality? Yes, we are advocating for it right now, and we will still be doing so in 10 years from now, as progress is often incremental and slow. Make no mistake, we are fighting against deeply ingrained beliefs and patriarchal ways of governing the world. Achieving a gender-balanced world will require a massive paradigm shift and participation from each and every one of us in our own little ways like breaking the stereotypes when raising our girls and boys, teaching them about equality and respect towards women, instilling the confidence in our daughters to focus on their inner beauty rather than their outer appearances, becoming role models for our children and most importantly supporting other men and women who stand up for these causes. I did my good IWD deed of the long weekend by briefly (*ahum, 10 minutes*) taking part in the [Women’s Strike in London](#) on the eve of International Women’s day, organized in solidarity for women’s rights and equality across the world.

I will leave you with this rather interesting panel question: which one will be achieved first, the end of global warming or gender equality? While we have [only 12 years to avoid climate change catastrophe](#) (and some say even less), it will take us around [108 years to close the global gender gap](#), according to the Global Gender Gap Index 2018 (by the World Economic Forum) - and many think even that won’t suffice.

Let’s prove them wrong!

## Highlights of the week

### United Nations Environment Assembly (Nairobi, 11-15 March) & other planetary health news

Human health in dire straits if urgent actions are not made to protect the environment, warns landmark UN report

[UN environment press release](#);

*“The most comprehensive and rigorous assessment on the state of the environment completed by the UN in the last five years was published today, warning that damage to the planet is so dire that people’s health will be increasingly threatened unless urgent action is taken. The report, which was produced by 250 scientists and experts from more than 70 countries, says that either we drastically scale up environmental protections, or cities and regions in Asia, the Middle East and Africa could see millions of premature deaths by mid-century. It also warns that pollutants in our freshwater systems will see anti-microbial resistance become a major cause of death by 2050 and endocrine disruptors impact male and female fertility, as well as child neurodevelopment. **But the report highlights the fact that the world has the science, technology and finance it needs to move towards a more sustainable development pathway, although sufficient support is still missing from the public, business and political leaders who are clinging to outdated production and development models...**”*

For the **Sixth Global Environmental Outlook** (GEO-6) see [here](#).

Excellent **coverage** of the report in HPW - [Health Savings Of Reduced Air Pollution “Dwarf” Cleanup Costs, Says UN Report](#)

*“The report highlights studies published in the scientific press last year estimating that the health benefits of reducing air pollution would be 1.4 to 2.5 times greater than the costs of mitigation. Savings between 2020 and 2050 would be in the range of US\$54.1 trillion, as compared to costs of US\$22.1 trillion, in some scenarios cited. UN Environment’s GEO-6, entitled “**Healthy Planet, Healthy People**,” warns that “damage to the planet is so dire that people’s health will be increasingly threatened unless urgent action is taken,” and it notes that the world is not on track to meet SDG targets by 2030 or 2050, according to a press release...”*

See also UN News - [Humanity ‘at a crossroads’ as damage to planet poses growing risk to health, UN environment agency warns](#)

HPW - [Global Health Benefits Of Reaching Climate, Environment Targets Could Be US\\$ 54.1 Trillion – Says UN Report](#)

## HPW - United Nations Environment Assembly Touches Key Global Health Themes

<https://www.healthpolicy-watch.org/united-nations-environment-assembly-touches-key-global-health-themes/>

Analysis published ahead of the meeting in Nairobi. *“The Assembly, which brings together environment ministers and policymakers worldwide, [will] reflect on some critical global health themes over the course of its week-long meeting, culminating in Wednesday’s launch of a new Global Environment Outlook (GEO-6) “Healthy Planet, Healthy People.” Side events also are touching upon targeted health issues, such as impacts of uncontrolled waste burning and dumping; discussing plans by Africa to simultaneously clean up air pollution and climate pollutants; and reporting on how Beijing has sharply reduced exceedingly high levels of health-harmful air pollution in the past five years. ...”*

## Guardian - Sharp rise in Arctic temperatures now inevitable – UN

[https://www.theguardian.com/environment/2019/mar/13/arctic-temperature-rises-must-be-urgently-tackled-warns-un?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/environment/2019/mar/13/arctic-temperature-rises-must-be-urgently-tackled-warns-un?CMP=Share_iOSApp_Other)

Meanwhile it appears we’re already on the verge of irreversible warming.

***“Sharp and potentially devastating temperature rises of 3C to 5C in the Arctic are now inevitable even if the world succeeds in cutting greenhouse gas emissions in line with the Paris agreement, research has found. Winter temperatures at the north pole are likely to rise by at least 3C above pre-industrial levels by mid-century, and there could be further rises to between 5C and 9C above the recent average for the region, according to the UN. Such changes would result in rapidly melting ice and permafrost, leading to sea level rises and potentially to even more destructive levels of warming. Scientists fear Arctic heating could trigger a climate “tipping point” as melting permafrost releases the powerful greenhouse gas methane into the atmosphere, which in turn could create a runaway warming effect. “What happens in the Arctic does not stay in the Arctic,” said Joyce Msuya, the acting executive director of UN Environment. “We have the science. Now more urgent climate action is needed to steer away from tipping points that could be even worse for our planet than we first thought.” The findings, presented at the UN Environment assembly in Nairobi on Wednesday, give a stark picture of one of the planet’s most sensitive regions and one that is key to the fate of the world’s climate....”***

## Guardian - Resource extraction responsible for half world’s carbon emissions

<https://www.theguardian.com/environment/2019/mar/12/resource-extraction-carbon-emissions-biodiversity-loss>

***“Extractive industries are responsible for half of the world’s carbon emissions and more than 80% of biodiversity loss, according to the most comprehensive environmental tally undertaken of mining and farming....”***

## Nature News – Geoengineering debate shifts to UN environment assembly

<https://www.nature.com/articles/d41586-019-00717-6>

“Countries [will] discuss whether to commission a study of technologies to blunt the effects of climate change.”

Meanwhile, **the Elders** (via **Ban Ki Moon**), called on the international community to agree on a rigorous (inclusive, multilateral) governance framework for geoengineering, and to put it in place without delay. See [Governing Geoengineering](#).

Meanwhile, for some of the latest on geoengineering, see the Guardian - [Radical plan to artificially cool Earth's climate could be safe, study finds](#)

## Lancet Planetary Health (Comment) - Communicating the health of the planet and its links to human health

J Gupta et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(19\)30040-3/fulltext#.XlkD1bYYS4g.twitter](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(19)30040-3/fulltext#.XlkD1bYYS4g.twitter)

*“The Rockefeller Foundation–Lancet Commission on planetary health in 2015 argued that although human health has improved dramatically between 1950 and 2010, this gain was accompanied by unprecedented environmental degradation that now threatens both human health and life-support systems. The sixth Global Environment Outlook (GEO-6)—Healthy Planet, Healthy People—a report adopted by 193 countries in March, 2019, reinforces this message by showing how the state of the environment has further deteriorated with increasing consequences for human health. GEO-6 goes beyond single-issue assessments (eg, climate change) ... .. and health assessments of specific risks to assess the state of the environment, policies, and outlooks for the future in an 800-page report ... .. **Here, we integrate and focus this information to convey the subtitle of the report: Healthy Planet, Healthy People (figure). ... .. GEO-6 assesses the different earth system components (air, land, freshwater, oceans, and biodiversity) but considers each separately. Here, we integrate knowledge on the health of the planet and humans across these components and rank the impacts....”***

“...We conclude that **biodiversity is the worst affected component**, followed by air, oceans, freshwater, and land...”

## One Planet Summit (Nairobi, 14 March)

<https://www.oneplanetsummit.fr/en>

Starring Emmanuel Macron. Need I say more 😊.

## Access to medicines

### Guardian - Fake drugs kill more than 250,000 children a year, doctors warn

[https://www.theguardian.com/science/2019/mar/11/fake-drugs-kill-more-than-250000-children-a-year-doctors-warn?CMP=twt\\_gu](https://www.theguardian.com/science/2019/mar/11/fake-drugs-kill-more-than-250000-children-a-year-doctors-warn?CMP=twt_gu)

*“Doctors have called for an urgent international effort to combat a “pandemic of bad drugs” that is thought to kill hundreds of thousands of people globally every year. A surge in counterfeit and poor quality medicines means that 250,000 children a year are thought to die after receiving shoddy or outright fake drugs intended to treat malaria and pneumonia alone, the doctors warned. More are thought to die from poor or counterfeit vaccines and antibiotics used to treat or prevent acute infections and diseases such as hepatitis, yellow fever and meningitis. Most of the deaths are in countries where a high demand for drugs combines with poor surveillance, quality control and regulations to make it easy for criminal gangs and cartels to infiltrate the market....”*

See the **American Journal of Tropical Medicine and Hygiene** - [Falsified and Substandard Drugs: Stopping the Pandemic](#).

*“ Falsified and substandard medicines are associated with tens of thousands of deaths, mainly in young children in poor countries. Poor-quality drugs exact an annual economic toll of up to US\$200 billion and contribute to the increasing peril of antimicrobial resistance. The WHO has emerged recently as the global leader in the battle against poor-quality drugs, and pharmaceutical companies have increased their roles in assuring the integrity of drug supply chains. Despite advances in drug quality surveillance and detection technology, more efforts are urgently required in research, policy, and field monitoring to halt the pandemic of bad drugs. In addition to strengthening international and national pharmaceutical governance, **in part by national implementation of the Model Law on Medicines and Crime, a quantifiable Sustainable Development Goal target and an international convention to insure drug quality and safety are urgent priorities.**”*

## HPW - WHA Resolution For Transparent Drug Pricing: Italy Speaks Out

<https://www.healthpolicy-watch.org/wha-resolution-for-transparent-drug-pricing-italy-speaks-out/>

*“Italy’s Minister of Health spoke out publicly today at a press conference in Rome on the proposed World Health Assembly resolution on drug price transparency, while an open letter published on the Ministry’s website called on other World Health Organization member states to support the initiative. The resolution would help end “deplorable asymmetries of access to information about many aspects of the innovation and supply chain for medicines, vaccines and other health technologies,” said the letter, that was sent last week to all 194 WHO member states and over 200 leading NGOs. Entitled [“Improving the transparency of markets for drugs, vaccines and other health-related technologies,”](#) the resolution, to be discussed at the 72nd session of the WHA, **asks national governments to demand greater price transparency as part of regulatory processes and also gives WHO a clear global mandate to track and compare drug prices nationally and worldwide....”***

## Lancet Global Health (Editorial) – Access to medicines—business as usual?

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30052-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30052-X/fulltext)

In this Editorial in the new Lancet Global Health (April) issue, The Lancet Global Health assesses the current international landscape on ‘access to medicines’. And concludes: **“...For now, it’s business as usual, but the debate over pricing and access is not showing any signs of abating.** Last week, Italy’s Minister for Health, Giulia Grillo, proposed a draft resolution that aims to provide WHO “with an authoritative mandate to strengthen WHO’s technical work on the transparency of the costs of

*research and development, and the transparency of prices.” We look forward to discussions of this proposal and further developments at the 72nd session of the World Health Assembly in May.”*

The Editorial also zooms in on the impact of **Novartis Access**, a new programme providing a portfolio of medicines for non-communicable diseases (NCDs), in a Kenyan study.

See also this **Lancet Global Health Comment** - [Novartis Access: a small step towards increased access for non-communicable disease care](#).

## CEPI Board meeting

### Devex - Battle over CEPI's access to vaccines policy deepens

[Devex](#);

Must-read analysis. *“ The board of the Coalition for Epidemic Preparedness Innovations has stood by its revised equal access policy after questions were raised about maintaining access to vaccines. But Médecins Sans Frontières, which led the criticisms, said its concerns about the policy had deepened since its initial objections last year, and that the board’s response had failed to address those issues....”*

With among others the take from [Ellen ‘t Hoen & Kathy Athersuch \(MSF\)](#).

See also **HPW** - [CEPI Board Reaffirms Commitment To Safeguard Access To New Vaccines](#).

## Democracy & global (adult) health

### Lancet - The relationships between democratic experience, adult health, and cause-specific mortality in 170 countries between 1980 and 2016: an observational analysis

T Bollyky, J Dieleman et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30235-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30235-1/fulltext)

This new Lancet study got broad attention in world media (see for example [The Guardian](#) ), for obvious reasons.

From the **press release**: (see also [IHME](#) )

*“The Lancet: Global study highlights role of democracy in improving adult health*

- *Democratic governance is linked with declines in cardiovascular disease mortality and road deaths, as well as increases in government health spending*
- *Life expectancy improved faster in countries that transitioned to democracy between 1970 and 2015 compared to those that did not—increasing by an average of 3% after 10 years*
- *Democracy appears to play a bigger part in health outcomes than a country’s GDP—accounting for about 25% of the reductions in deaths from cardiovascular disease and transport injuries over time*
- *Increasing funding for development agency-led programmes promoting open and accountable democratic institutions and processes may help improve health and increase investment in high-quality, accessible healthcare*

***Democratic rule, enforced by regular free and fair elections, appears to make an important contribution to adult health by increasing government spending on health and potentially reducing deaths from several non-communicable diseases (NCDs) and transport injuries.***

*Conversely, autocracies that escape this general scrutiny, and do not have the same external pressures or support from global health donors to tackle NCDs and injuries, may have less incentive to finance their prevention and treatment, and seem to underperform as a result.*

***The findings are from the first comprehensive assessment of the impact of democracy on adult health and cause-specific mortality using detailed political, economic, and population health information for 170 countries over the past 46 years (1970-2016), published in The Lancet.***

***“The results of this study suggest that elections and the health of the people are increasingly inseparable,”*** says **Thomas Bollyky** from the **Council on Foreign Relations, USA**, who led the research. ... ***“Our estimates represent a potentially major change in how we think about tackling global health challenges”***, says co-author **Dr Joseph Dieleman** from the **Institute for Health Metrics and Evaluation, USA**. ***“In a time of stagnant aid budgets, and as the burden of disease rapidly shifts to non-communicable diseases, international health agencies and donors may increasingly need to consider the implications of regime type in order to maximise health gains. “Efforts to improve the health of adults might benefit from funding programmes that help countries to strengthen their democratic processes and build more accountable institutions. So would directing more of the scarce development assistance for health to causes where democratic performance has the most effect on health, such as cardiovascular diseases.”***

***... The authors acknowledge that many global health practitioners may be concerned that the more political global health assistance becomes, the more it could undermine productive relationships with local governments. They say: “This reticence about democracy promotion is understandable, but it ignores the inevitably political nature of many current global health objectives...Ignoring the role of civil society, a free media, and open and accountable government in resolving these debates undermines efforts to build institutional capacity and the popular support needed for sustained population health improvements. Pretending otherwise is akin to believing that the solution to a nation’s crumbling roads and infrastructure is just a technical schematic and cheaper materials.”***

See also a linked **Lancet Comment by Helen Epstein** - [Good news for democracy](#)

For some key messages & nice visualization, see **Thomas Bollyky** himself (CFR article) - [Democracy Matters in Global Health](#) ***“Democracy has played little role in the recent history of global health, but new research published in the Lancet shows democracy is becoming more important as the health needs of low- and middle-income nations shift from infectious diseases to noncommunicable diseases.”***

Time will tell whether this will turn out to be a seminal paper (or not).

## Adolescent health trends

### Lancet - Progress in adolescent health and wellbeing: tracking 12 headline indicators for 195 countries and territories, 1990–2016

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32427-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32427-9/fulltext)

From the press release:

*“The Lancet: Disease, violence and inequality threaten more adolescents worldwide than ever before*

- *Compared with 1990, in 2016 an additional 250 million adolescents worldwide lived in multi-burden countries with the poorest adolescent health.*
- *Number of adolescents who are overweight or obese more than doubled between 1990 and 2016; number of adolescents with anaemia increased by 20%.*
- *The prevalence of child marriage between 2013-2016 was over 50% in some countries, and three times more young women than men worldwide were not in education, employment or training.*
- *The US stands out for poor adolescent health compared with other high-income countries.*

*In the first study to track recent global changes to adolescent health, published in **The Lancet**, researchers estimate that, compared with 1990, an additional 250 million adolescents in 2016 were living in countries where they faced a triple burden of infectious disease, non-communicable diseases including obesity, and injuries – including from violence. Between 1990 and 2016, a decrease in adolescent disease burden in many countries was offset by population growth in countries with the poorest adolescent health.*

*The authors of the study tracked progress in 12 indicators of adolescent health in 195 countries, including risk factors such as smoking and obesity, and social issues that impact on health such as child marriage and access to secondary education. **The findings highlight a slow pace of change in health, education and legal systems, leaving adolescent needs unmet.** The study calls for comprehensive investments in adolescent health and for responses that extend beyond health systems, for example in education. **Given that the population of people aged 10-24 years is now the largest in history, at 1.8 billion in 2016, it is timely to focus attention on improving their chances to lead healthy and productive lives....”***

- For the accompanying Lancet Comment, see [Improving adolescent health: an evidence-based call to action](#) (by Helen A Weiss et al)

*“This study is an evidence-based call to action to the global health community in several ways. First, the 12 indicators defined in the Lancet Commission and populated in this Article identify important health outcomes, health risks, and social determinants of health that should be targets*

*of policy and programming. ... .. Second, the Article highlights the need to focus on screening, counselling, and treating adolescents for common morbidities and risk behaviours that can affect current and future health and wellbeing. The multimorbidity seen in all settings calls for a shift away from focusing on single health problems in adolescent health care and research, and instead focusing on strategies to improve prevention, diagnosis, treatment, and referral in integrated adolescent health programmes.... .. Finally, the study illustrates the crucial need for intersectoral strategies—particularly, investment not only in health but also in educational, economic, and social sectors to promote and protect the health and wellbeing of current adolescents, future adults, and their children....”*

## Mid-childhood health trends

**Lancet – Trends in cause-specific mortality among children aged 5–14 years from 2005 to 2016 in India, China, Brazil, and Mexico: an analysis of nationally representative mortality studies**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30220-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30220-X/fulltext)

For the related **Lancet Comment**, see [Shedding light on a million annual deaths in mid-childhood](#)

Excerpt:

*“In The Lancet, Shaza Fadel and colleagues’ analysis of data on 244 401 deaths in children aged 5–14 years from nationally representative mortality studies **provides important insights into causes of death across these middle years of childhood for four populous middle-income countries. India** stands out with its continuing high rates of child deaths from communicable or nutritional diseases, with about 74 000 deaths in 2016, more than half of which were caused by diarrhoea, malaria, and pneumonia. These deaths constitute just under half of 160 000 all-cause deaths in India among children aged 5–14 years—a fraction much higher than that in China, Brazil, and Mexico. Injury rates, including drowning and traffic accidents for boys and drowning for girls, also remained high, leading to about 47 000 deaths in India in 2016. **China** has continued to make great progress around communicable diseases, but road traffic injuries and drowning together with non-communicable diseases now stand out as priorities, comprising nearly 80% of deaths in children aged 5–14 years in 2016. For both **Brazil and Mexico**, non-communicable diseases are now the predominant cause of death, although excess injury deaths in younger adolescent males contribute to marked gender differences in mortality. ...”*

## Lancet Comment - Optimising the continuum of child and adolescent health and development

Z A Bhutta; T Boerma, M Kruk, R Horton et al ( for the Lancet Optimising Child Health Series Steering Committee) ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30488-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30488-X/fulltext)

With the announcement of yet another Lancet series.

*“A little over 15 years ago, some of us produced a Lancet Series of papers on child survival and what needed to be done to address the 10 million deaths among children younger than 5 years annually ... 3 years into the SDG era, there are several reasons to be concerned. ... As we reposition child and adolescent health and development within the SDGs, it is important to link our investments with the development of human capital, defined as the stock of knowledge, skills, attitudes, health, and other personal characteristics that enable individuals to realise their full potential as productive and responsible members of society...”*

*“... In a new Lancet Series aimed for release in mid-2020, we shall focus on structural solutions that place the child and family at the centre of the health system’s mission. We shall examine how we could apply the structural approaches recommended by the Lancet Global Health Commission on High Quality Health Systems to improving child and adolescent health. We aim to underscore evidence-based actions that support collaborations across sectors, such as health, education social media, and social protection, all critical to achieving sustainable progress and reducing disparities...”*

## Global health security

### Nature (News) - How Africa can quell the next disease outbreaks

John Nkengasong (head of African CDC); <https://www.nature.com/articles/d41586-019-00789-4>

Must-read. “As mobility increases, so must investments in national public-health institutions and local leadership, says John N. Nkengasong.”

*“...This week, African and global health experts and policymakers are gathering in Addis Ababa to discuss how to enable national public-health institutions (NPHIs) to keep emerging and re-emerging infectious disease in check. At the top of the agenda must be empowering local leadership to act fast. .... Waiting for emergency help from the West costs lives, health and resources. African leaders are starting to take ownership of investments in their citizens’ health, but fewer than 15 countries on the continent currently have institutions that can perform the functions of an effective NPHI, such as disease surveillance linked with a diagnostic laboratory, and the capacity to activate a rapid-response team for outbreaks and serve as an operation centre in public-health emergencies.... As head of the Africa Centres for Disease Control and Prevention (African CDC), I call on all 55 member states to establish or strengthen NPHIs. And I urge the private sector in Africa and worldwide, and bodies everywhere, to invest in these efforts. ....”*

### HPW - Trilateral Guide To Preventing Spread Of Animal-Human Diseases

<https://www.healthpolicy-watch.org/trilateral-guide-to-preventing-spread-of-animal-human-diseases/>

*“An extensive new guide released [today] provides detailed instructions and insight for governments and regions to prevent and combat zoonotic diseases – those that can spread between animals and humans, such as rabies, which continue to have “major impacts” on human*

health. *The Food and Agriculture Organization of the UN (FAO), the World Organisation for Animal Health (OIE), and the World Health Organization (WHO) [today] launched a 166-page guide entitled, 'Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries'. ..."*

*"...The guide, which the release said is referred to as the **Tripartite Zoonoses Guide (TZG)**, provides principles, best practices and options to assist countries in achieving sustainable and functional collaboration at the human-animal-environment interface. It is flexible enough to be used for other health threats; for example, food safety and antimicrobial resistance (AMR), it said...."*

## **Ebola outbreak DRC – Tedros expresses cautious optimism**

Some news, analysis & other reads from this week:

### **Stat News - Ebola response is working, WHO director-general says, amid criticism and violence**

<https://www.statnews.com/2019/03/14/ebola-response-is-working-who-director-general-says-amid-criticism-and-violence/>

*"The director-general of the World Health Organization said Thursday that health officials are making progress against the Ebola outbreak in the Democratic Republic of the Congo and that the footprint of the outbreak zone is actually contracting. The cautiously hopeful remarks from Tedros Adhanom Ghebreyesus, who visited the outbreak zone last week, came just hours after the most recent attack on an Ebola treatment center, one in a series that has plagued efforts to bring this outbreak, now in its eighth month, to an end. As of Wednesday, there have been 927 cases in the outbreak and 584 deaths, making this the second largest Ebola outbreak on record. But **Tedros, as he is known, said he is convinced the Congolese government and the international partners working on the response will get the job done.** "Their dedication is unparalleled," he said during a Geneva press conference. "The global community must stay the course." **His optimism is not universally shared.** Dr. Joanne Liu, international president of the medical group Doctors Without Borders, criticized the Ebola response efforts last week, insisting that the current approach was failing to bring the outbreak under control...."*

See also HPW - [DRC Ebola Response: Need To "Find A Balance" Between Protecting Patients, Building Trust](#)

*"World Health Organization Director-General Dr Tedros Adhanom Ghebreyesus told reporters today that WHO is "working to find a balance between protecting patients and staff from attacks by armed groups and building community trust and ownership" in managing the response to the deadly Ebola epidemic in the Democratic Republic of Congo...."*

And Cidrap - [WHO chief says much larger Ebola outbreak averted](#)

“...Throughout the press conference, Tedros said the **acts of violence and resistance are not coming from the community, but rather are being inflicted upon the community by rebel forces, including the Allied Democratic Forces (ADF) and Mai Mai....**”

## **WHO - WHO Director-General reiterates commitment to Ebola response despite another attack**

<https://www.who.int/news-room/detail/09-03-2019-who-director-general-reiterates-commitment-to-ebola-response-despite-another-attack>

Last weekend, as already mentioned, Tedros (again) visited the DRC. *“WHO Director-General, Dr Tedros Adhanom Ghebreyesus ... visited an Ebola treatment centre in Butembo, in the Democratic Republic of the Congo, that was attacked by armed groups last week [and again earlier today]. He spoke with personnel in the centre and thanked them for their dedication. **The visit came as he concluded a three-day mission to the country, along with senior US officials and other WHO leadership...**”*

Tedros emphasized: *“... **These are not attacks BY the community, they are attacks ON the community.** There are **elements who are exploiting the desperation of the situation for their own purposes.** The people of Katwa and Butembo, as in the other communities affected by Ebola, want and deserve a place to receive care and a chance of survival. They do not deserve to suffer in their homes while infecting their loved ones, they do not deserve to suffer in inadequately resourced health centers while infecting health workers,” he added.*”

## **Cidrap news - WHO: Ebola spread in DRC still 'moderate'**

<http://www.cidrap.umn.edu/news-perspective/2019/03/who-ebola-spread-drc-still-moderate>

*“[Today] the **World Health Organization's (WHO's) African regional office** also released its latest update on the outbreak. It includes **three reports of violent encounters slowing vaccination campaigns in Katwa, Butembo, and Kalunguta.** ... .. Despite these setbacks, **the ring vaccination campaign with Merck's rVSV-ZEBOV continues.** As of yesterday, a total of 87,390 people have been vaccinated, DRC health officials said... **“The Ebola outbreak in Democratic Republic of the Congo continues with moderate transmission intensity.** Continuing insecurity, with response teams coming under attack are a very real concern,” the WHO said. **“Quite apart from the danger to personnel, this constant disruption interrupts response activities and increases the risk that chains of transmission will be missed or not followed-up.”...**”*

## **Nature (news) - Violence propels Ebola outbreak towards 1,000 cases**

A Maxmen; <https://www.nature.com/articles/d41586-019-00805-7>

Recommended analysis of the situation by Amy Maxmen (as of 8 March). With also assessments by **Larry Gostin & David Heymann.**

Excerpt:

*“...**The constant violence has hampered efforts to contain the virus.** “There’s so many armed groups in this place that you don’t know where the next problem will happen,” says one front-line responder, who asked for anonymity because he is not authorized to speak to the press. “We are thrown into the fire.” ... **Just as worrisome, epidemiologists say, are recent data from the World Health Organization (WHO) that suggest the virus is spreading undetected.** During the last three weeks of February, 43% of the people who died from Ebola in Katwa and Butembo were found dead in their communities — not isolated in hospitals in the late stages of the illness, when the disease is most infectious. And nearly half of those diagnosed with Ebola had not previously been identified as contacts of people who had contracted the virus. Taken together, **the statistics suggest that the virus is spreading outside known chains of transmission,** making it harder to contain and driving up the mortality rate compared to previous outbreaks. **The current death rate of about 60% is higher than it was during the much larger 2014–16 Ebola crisis in West Africa,** despite improvements since then in how people with Ebola are cared for, including the introduction of several experimental drugs....”*

## WHO launches new global influenza strategy

### WHO - [WHO launches new global influenza strategy](#)

Earlier this week, *“**WHO released a Global Influenza Strategy for 2019-2030 aimed at protecting people in all countries from the threat of influenza.** The goal of the strategy is to prevent seasonal influenza, control the spread of influenza from animals to humans, and prepare for the next influenza pandemic. ... **The new strategy is the most comprehensive and far-reaching that WHO has ever developed for influenza.** It outlines a path to protect populations every year and helps prepare for a pandemic through strengthening routine programmes. It has **two overarching goals:** (1) Build stronger country capacities for disease surveillance and response, prevention and control, and preparedness. To achieve this, it calls for every country to have a tailored influenza programme that contributes to national and global preparedness and health security. (2) Develop better tools to prevent, detect, control and treat influenza, such as more effective vaccines, antivirals and treatments, with the goal of making these accessible for all countries.”*

Coverage in UN News - [UN unveils global influenza strategy to prevent ‘real’ threat of pandemic](#)

*“A new UN-led plan has been unveiled to tackle the estimated one billion cases of influenza which occur each year, and protect against **the “real” threat of a global pandemic,** the head of the organization’s health agency said on Monday. ...The WHO’s 11-year plan focuses on the formulation of robust national programmes and has the following goals: **reducing seasonal influenza, minimizing the risk of transmission from animals to humans, and limiting the impact of a pandemic....”***

See also Reuters - [World must prepare for inevitable next flu pandemic, WHO says.](#)

# Global health governance

## Lancet Editorial – WHO reform continues to confuse

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30571-9/fulltext#figures](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30571-9/fulltext#figures)

The Lancet's take on the major WHO reform announced last week by dr Tedros. **Must-read.**

The Editorial concludes: “...**A week after the speech was given, experts contacted by The Lancet communicated their continuing confusion about this reform. As we go to press, a marked lack of communication surrounds the announcement and a detailed report explaining the specifics of what the reform means for programmes, oversight, funding, and staffing is not yet available. In the meantime, the global health community is still holding its breath, waiting to see whether this reform represents a transformational shift in vision for WHO or simply a shuffling of clusters and staff.**”

See also a **Lancet World Report** - [WHO structural overhaul draws mixed initial response](#)

**“ The reform was intended to be a “new mission”, but many are still perplexed at what it means in practice. John Zarocostas reports.”** (must-read)

**“On March 6, WHO unveiled a major structural overhaul of their 70-year agency. The initial responses have varied from praise for some timely and innovative changes to concerns that some reforms are top-heavy and that some sensitive policy areas appear to have been downgraded....”**

And: “...Balasubramaniam (from Knowledge Ecology International) also critically remarked that the **consultancy firms “BCG [Boston Consulting Group], McKinsey, and Seek Development had an outsized influence in WHO's root and branch shake-up of the organisation. The member states might want to ask Dr Tedros ‘How much were these companies paid for their policy prescriptions?’”.** **However, WHO sources told The Lancet that all decision-making related to the reforms was made by the WHO chief, his staff, and the six WHO Regional Directors.”**

## Science - The planet's premier health agency has announced drastic reforms. Critics say they aren't drastic enough

K Kupferschmidt; <https://www.sciencemag.org/news/2019/03/planet-s-premier-health-agency-has-announced-dramatic-reforms-critics-say-they-arent>

Analysis of the major WHO reform announced last week. Must-read, also **containing the views of Bruce Aylward, Larry Gostin, Jeremy Youde, ...**

Excerpt: “*The changes aim to bring more talent to WHO and improve coordination between its headquarters in Geneva, Switzerland, and six regional offices. But some observers say Tedros's agenda doesn't address long-standing problems, including a chronic shortage of money, little power over how to spend it, and the regional offices' prickly independence. “The main problems of WHO are unsolved by this reform,” says Lawrence Gostin, director of the O'Neill Institute for National and Global Health Law at Georgetown University in Washington, D.C....”*

## Lancet Editorial – Investment in health is key to boosting wealth

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30573-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30573-2/fulltext)

*“The health and wealth of a nation are fundamentally linked. Healthier populations live longer, more productive lives, leading to greater economic prosperity. A [report by the G20 Health and Development Partnership—Healthy Nations, Sustainable Economies](#)—reiterates this now-familiar theme and calls on G20 health and finance ministers to work together, particularly in support of health research and development, to advance health....”* Here you find the Lancet’s take on this report, and how it should be adjusted.

The Editorial concludes: *“...the report misses the opportunity to convey other health messages that are arguably of even greater importance to finance ministries: for example, major increases in tobacco taxes provide a powerful tool to attenuate the epidemics of cancer and cardiovascular disease. And most countries will require increased reliance on tax revenues to finance universal health coverage—a demand that will only increase as populations age. The report will be presented to ministers ahead of the first joint meeting of G20 health and finance ministers on June 28 in Japan. We urge ministers to take heed of the report’s emphasis on the central role of research and development in advancing human health. Interdisciplinary working is the way forward for health and such joint meetings must become a regular fixture.”*

## Lancet (Comment) – Why accountability matters for universal health coverage and meeting the SDGs

Alicia E Yamin et al (on behalf of the IAP);

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30434-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30434-9/fulltext)

*“At the December, 2018, Partnership for Maternal, Newborn, and Child Health (PMNCH) Partners’ Forum in Delhi, India, accountability was recognised as a key pillar of achieving the goals of the UN Secretary General’s Global Strategy for Women’s, Children’s and Adolescents’ Health (Global Strategy). Nevertheless, accountability continues to be used in different ways within the Every Woman, Every Child ecosystem and across the many global health initiatives in the UN Sustainable Development Goals (SDGs). Given that efforts to advance universal health coverage (UHC) and other global health agendas, such as non-communicable disease, are now considering separate accountability mechanisms, lessons gleaned from 3 years of work by the UN Secretary-General’s Independent Accountability Panel (IAP) are relevant to understanding what accountability means and why it matters for the Global Strategy, and for UHC....”*

Includes the IAP updated unified accountability framework (& visualization).

## World Bank update

### Bloomberg - Trump's Nominee Malpass Unchallenged to Be World Bank President

<https://www.bloomberg.com/news/articles/2019-03-14/trump-s-nominee-malpass-unchallenged-to-be-world-bank-president>

So it seems bullying has paid off.

***“Senior U.S. Treasury official David Malpass is the lone candidate to be the next president of the World Bank, paving the way for President Donald Trump’s pick to take the helm of the development lender in the coming weeks. The World Bank’s executive board will interview Malpass before making its choice official ahead of the IMF’s annual spring meetings in April, the bank said in a statement. Countries had until Thursday morning in Washington to nominate candidates....”***

An apt **tweet from Bill Easterly**: *“The election for the next World Bank President will have only one candidate, like some of those autocratic countries the Bank likes to lend to.”*

Meanwhile, ***“Malpass, has appealed to World Bank shareholders by promising not to pursue radical changes at the bank, including by reassuring them that the institution would “[meet] its obligations on climate change” under his leadership.”*** (via [Devex](#) ).

## **NPR - U.S. Supreme Court Rules That World Bank Can Be Sued**

[NPR Goats & Soda](#):

From last week. ***“The World Bank can be sued when its overseas investments go awry. And so can some other international organizations. That is the clear message from the U.S. Supreme Court, which last week issued a 7-1 decision in Jam v. International Finance Corporation, ruling for the first time that international financial institutions, including various branches of the bank and other U.S.-based organizations like the Inter-American Development Bank, can be subject to lawsuits in cases where their investments in foreign development projects are alleged to have caused harm to local communities. The decision overturns a decades-old presumption dating to the founding of the World Bank in 1945 — that the IFC, a Washington, D.C.-based branch of the World Bank Group that finances private-sector projects in developing countries, and other bank-affiliated organizations are fully immune from such suits.***

See also the [International Consortium for Investigative Journalists - No Longer Above The Law, The World Bank Faces Fight Of Its Life](#) ***“ Two impoverished communities, continents apart, are at the forefront of a historic fight to determine the level of immunity from lawsuits that international organizations can rely upon when development causes harm.”***

## **TB**

### **Lancet Global Health (Comment) - After the UNGA High-Level Meeting on Tuberculosis—what next and how?**

S Sahu, L Ditiu et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30068-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30068-3/fulltext)

***...An unprecedented level of political commitment to ending the tuberculosis pandemic was achieved at the UNGA-HLM-TB. Encouragingly, this has continued and remains strong, with some heads of states and most ministers of health personally involved, particularly those from countries***

*that proactively participated in the process before and during the UNGA-HLM-TB. Now is the time to translate this political will and commitments into practical action within the short timeframe of the targets. The Declaration created unprecedented opportunities requiring concrete actions and raises the questions: **what next and how?...** ... **Three critical components—funding, action, and accountability—will be pivotal to the success of the initiatives of the UNGA High-Level meeting on Tuberculosis. ...***

Read the rest of this Comment for more detail on these three components.

PS: On March 24, 2019, the world will observe the first World TB Day to be held after the High-Level Meeting on tuberculosis.

## Lassa fever

Devex - What next in the fight against Lassa fever?

<https://www.devex.com/news/what-next-in-the-fight-against-lassa-fever-94391>

“Fifty years after it was first identified, outbreaks of the Ebola-like disease in West Africa are only getting worse.” Interesting analysis, on the (rather big) problems & challenges with respect to a Lassa fever **vaccine**.

## Global tax reform & OECD meeting in Paris

FT - An overhaul of the international tax system can wait no longer

C Lagarde; <https://www.ft.com/content/9c5a1aa4-3ff2-11e9-9499-290979c9807a?segmentId=778a3b31-0eac-c57a-a529-d296f5da8125>

This op-ed from **Christine Lagarde** (linked to an IMF paper), in the run-up to an important meeting on global taxation at the OECD (13-14 March, Paris), was widely noticed.

*“The public perception that large multinational companies pay little tax has led to political demands for urgent action. The call for a new approach is intense, and with good reason. The ease with which multinationals seem able to avoid tax and the three-decade-long decline in corporate tax rates **compromise faith in the fairness of the international system. The current situation is especially harmful to low-income countries**, depriving them of much-needed revenue that would help them to achieve higher economic growth, reduce poverty and meet the UN’s 2030 sustainable development goals...”*

*“...Clearly, we **need a fundamental rethink on international taxation**. An IMF paper published today analyses various options in the context of three key criteria: better addressing profit shifting and tax competition; overcoming the legal and administrative obstacles to reform; and ensuring full recognition of the interests of low-income countries. ... **The bottom line is that the current***

*international corporate tax architecture is fundamentally out of date. By rethinking the existing system and addressing the root causes of its weakness, all countries should benefit, including low-income ones. At the same time, we can restore faith in the fairness of the international tax system."*

It will be interesting to see what comes out of the OECD discussions in the coming weeks and months. From what I read, OECD has to come up with a general outline by June/July, and then it'll be up to the G20 to take decisions, probably next year.

Just a tweet perhaps, from Paris: *"It's hard to livetweet all the contributions in the hall, but I'll tell you this: corporate tax people are very unhappy that the OECD is talking about minimum corporate tax rates."*

## Guardian - The IMF is certainly no ally of women

<https://www.theguardian.com/world/2019/mar/05/the-imf-is-certainly-no-ally-of-women>

Emma Burgisser (Bretton Woods Project) is sceptical of Christine Lagarde's claims to have embraced women's empowerment. So am I.

## SRHR

### Bustle – Reproductive Rights Are Human Rights & This Bill Would Make Sure Trump Doesn't Ignore That

[Bustle](#);

News from late last week. *"A bill supported by members of both chambers of Congress is calling on the Trump administration to recognize reproductive rights as human rights. The bill, HR 7228, demands that the State Department re-introduce reproductive rights issues into its annual report, which assesses the statuses and conditions of individual rights around the world..."*

*"The Department of State's deletion [under President Trump] of the reproductive rights subsection from its 2017 Country Reports on Human Rights Practices demonstrates an alarming level of politicization of human rights by the Trump Administration and undermines the human rights of women around the world," the official text for the legislation reads..."*

Meanwhile, CNN reported on the US [State Department's human rights report for 2018 released on Wednesday](#):

*"...This year's report makes it explicitly clear that a country's rights record will not be a determining factor guiding US diplomacy..."*

*"...As in 2017, the report has a drastically reduced emphasis on sexual and reproductive rights, though it notes the treatment of LGBT communities, and again this year bucks international consensus by declining to identify the West Bank or Gaza Strip as Palestinian territories occupied by Israel..."*

See also Human Rights Watch - [US Again Cuts Women from State Department's Human Rights Reports](#).

## The Global Gag Rule and Closing Civil Society Space for Sexual and Reproductive Rights

Marta Schaaf et al; <https://jia.sipa.columbia.edu/online-articles/global-gag-rule-closing-civil-society-space>

Recommended. "...During his first week in office, President Donald J. Trump issued a presidential memorandum entitled "Protecting Life in Global Health Assistance" (PLGHA) colloquially known as the "**expanded Global Gag Rule**." The policy regulates the actions of foreign nongovernmental organizations (NGOs) that receive U.S. global health assistance..."

"... Researchers have documented the public health impact of previous iterations of the policy. We are one of several research groups studying the health impacts of the current policy. **In this article, however, we highlight the so-called "chilling effect" of the policy – how it dampens debate, advocacy, and collaboration regarding abortion and other sexual and reproductive rights, and relate this to larger trends in the civil society space.** Researchers and advocates have documented the chilling effect under earlier versions of the policy, but **we anticipate that the chilling effect will be amplified under the expanded Global Gag Rule**, as the policy affects a larger amount of funding and because it is occurring at a time when civil society faces increasing restrictions in many countries. ... **In the larger context of closing civil society space and the United States' withdrawal from leadership on human rights, the expanded Global Gag Rule may significantly stifle civil society engagement in SRHR.** We explain in detail..."

## C-section in Africa

Lancet Global Health – Maternal and neonatal outcomes after caesarean delivery in the African Surgical Outcomes Study: a 7-day prospective observational cohort study

D Bishop et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30036-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30036-1/fulltext)

Cfr the **press release**:

**"The Lancet Global Health: Maternal deaths following C-section 50 times higher in Africa compared to high-income countries.**

**C-sections account for one in three operations on average in Africa, and neonatal mortality rate after C-section is double the global average.**

*The maternal mortality rate following a caesarean section (C-section) in Africa may be 50 times higher than that of high-income countries, according to an observational study of more than 3,500*

mothers from 22 African countries, published in **The Lancet Global Health** journal. The study found the maternal mortality rate appears to be substantially higher than expected at 5.43 per 1,000 operations (based on 20 deaths after C-section, out of the 3,684 African mothers studied), compared to 0.1 per 1,000 operations in the UK. One in six women developed complications during surgery (17.4%, 633/3,636 women) – nearly three times that of women in the USA (6.4%, 85,838/1,339,397 women experienced a complication). Severe intraoperative and postoperative bleeding was the most common complication for women in Africa, and occurred in 3.8% of mothers (136/3,612). The findings highlight the urgent need for improved safety of the procedure. Mothers who had preoperative placental complications, ruptured uterus, bleeding before birth, severe obstetric bleeding during surgery, and anaesthesia complications, were more likely to die after C-section. ...”

See also an accompanying **Lancet Global Health Comment** - [Making caesarean section safer for African mothers](#) (by Anna J Dare).

## CSW 63 – 63<sup>rd</sup> Session of the Commission on the Status of Women (New York, 11-22 March)

This year’s **priority theme** is ‘social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of all women and girls’.

### Open Democracy - Religious and market fundamentalisms threaten gender equality at UN summit

A M Goetz; <https://www.opendemocracy.net/en/5050/religious-and-market-fundamentalisms-threaten-gender-equality-un-summit/>

Fabulous analysis. And thus a must-read.

**“As the US fosters a backlash at the UN Commission on the Status of Women, states from Lebanon to Namibia are taking more progressive positions.”**

Excerpts:

**“...A ‘zero draft’ of this year’s document was prepared and published in January, ahead of the meeting. Comments from national delegations, on this draft, reveal two key patterns in the backlash against its progressive recommendations...”** **“The first is the socially conservative, sometimes religious fundamentalist, rejection of the feminist idea that gender is a social construct. Social protection for women is seen as a threat to their agendas because it challenges so-called ‘traditional’ gender roles through offering alternatives to women’s dependence on men.... ... Market fundamentalism drives the second type of backlash...”**

**“...A diverse counter-movement against the current global ‘illiberal drift’ is also visible at this year’s CSW. The ‘Buenos Aires Group’, consisting of many South American states (notably Argentina, Chile and Uruguay), has emerged as a defender of LGBTIQ rights and a skeptic about privatisation of public services. This year Tunisia and Lebanon, in the Arab states group, and South Africa, Namibia, Liberia and Cape Verde in the ‘Africa Group’ of countries, are championing progressive positions on**

**women's rights as well.** This support from the Global South vitally shows that the **gender equality agenda is not just the concern of the usual suspects in the North** – Canada, New Zealand, Australia, Iceland, Norway, Liechtenstein and the EU....”

See also **Foreign Policy** - [At the U.N., America Turns Back the Clock on Women's Rights](#)

*“Internal documents show how the U.S. works to stymie progress on women's health, cultural issues, and climate change.”*

*“The Trump administration is lining up with less liberal nations such as Saudi Arabia and Malaysia at a major United Nations conference on women this month to roll back international consensus on climate change and migration, while seeking to prevent the expansion of rights for girls, women, and LGBT people. The U.S. strategy—detailed in a confidential 96-page draft text under negotiations by delegates to the U.N. Commission on the Status of Women (CSW) obtained by Foreign Policy—underscores the degree to which President Donald Trump's administration is moving further away from traditional democratic allies on social and cultural matters. Instead, **Washington is increasingly aligning itself with Persian Gulf countries such as Bahrain, Saudi Arabia, and Iraq; Malaysia; and some conservative African nations on a range of issues including questions surrounding protections for LGBT individuals and women's health issues....”***

Some **other news snippets from CSW63**:

- Coming up soon: the Launch of "**Delivered by women, led by men: A gender and equity analysis of the global health workforce**" on **20th March**. @WHO, @womeninGH, @GHWNetwork **will launch this new report at #CSW63** on why we need to move beyond gender responsiveness to gender transformative policy. “
- **Devex** - [Women-focused CSOs to donors: Stop setting the agenda, start funding us](#)

*“Despite an international agreement that promotes increased localization of aid, **most humanitarian grant-making infrastructure still fails to support women-focused groups on the ground**, several experts said on Wednesday.”*

*“... **Women Deliver's newly established Humanitarian Advocates Program** launched on Wednesday in New York, on the sidelines of the 63rd Commission on the Status of Women. The program, which has invited five women-focused civil society organizations in Lebanon into its first cohort, provides in-person and web-based technical assistance around advocacy and communications to CSO staff. More broadly, it seeks to help promote flexible investments for women-focused CSOs in humanitarian settings....”*

## Trump proposes cruel budget

**KFF - White House Releases FY20 Budget Request**

<https://www.kff.org/news-summary/white-house-releases-fy20-budget-request/>

*“The White House released its FY 2020 budget request to Congress on March 11, 2019, which includes significant cuts to global health programs compared to FY 2019 enacted levels (the overall levels in the request are similar to the FY 2019 budget request).”*

You find a good overview of all global health funding proposals (on various programmes & priorities) from the Trump admin here. The word that comes back all the time is **‘decline’**. The good news: **this doesn’t have a chance to get through US Congress.**

Excerpt on PEPFAR & Global Fund for example:

- *“Funding for bilateral HIV programs through the President’s Emergency Plan for AIDS Relief (PEPFAR) would decline overall by \$1,350 million (-29%), from \$4,700 million in FY19 to \$3,350 million in the FY20 Request. This includes a decrease of \$1,020 million (-23%) at State and \$330 million (-100%) at USAID.*
- *The U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) would decline by \$392 million (-29%), from \$1,350 million in FY19 to \$958 million in the FY20 Request. In addition, the administration proposes to make a pledge of up to \$3.3 billion over three years for the next Global Fund replenishment period, compared to \$4.3 billion pledged in the last round under the Obama Administration, and proposes to reduce the U.S match to \$1 for every \$3 contributed by others, compared to \$1 for every \$2 before.”*

## Devex - US budget slashes global development funding, stresses burden sharing

<https://www.devex.com/news/us-budget-slashes-global-development-funding-stresses-burden-sharing-94464>

Recommended analysis. *“For the third consecutive year, the Trump administration’s budget proposes slashing global development funding. It also underscores the need for increased burden sharing and proposes policy changes related to U.S. aid reorganization. “*

*“The budget requests \$42.7 billion for the foreign affairs budget, including the Department of State and U.S. Agency for International Development. Congress appropriated \$56.1 billion in the fiscal year 2019. It is widely expected that Congress will reject the administration’s proposal when determining its budget ... Despite the expected pushback from Congress, the budget fight may be more challenging this year, in part because there is no budget deal and appropriators will have to negotiate whether to raise spending caps. ... In addition to the proposed cuts, the budget repeatedly mentions the need for other countries to share the burden for funding various global health and development priorities and pointed to aid being seen as a foreign policy tool: “The budget supports America’s reliable allies, but reflects a new approach toward countries that have taken unfair advantage of the United States’ generosity,” the 150-page budget document reads.”*

PS: if Trump were to have his way, he would even eliminate funding to UNICEF altogether, as well as a number of other UN agencies (see [UN Dispatch - The White House Seeks to Eliminate Funding for UNICEF](#) ). #timetoimpeachtheguy

## AMR

### Call to Action 2018 on Antimicrobial Resistance (Accra, Ghana)

<https://wellcome.ac.uk/sites/default/files/call-action-antimicrobial-resistance-2018-report.pdf>

*“The Government of Ghana, along with the governments of Thailand and the United Kingdom, the World Bank, the United Nations Foundation and Wellcome Trust **hosted the second Call to Action event on Antimicrobial Resistance (AMR) in November 2018.**” This is the **final report** with the key themes of the event. 2019 will be a pivotal year for AMR (& AMR governance).*

### Cidrap - Sewage study highlights global antimicrobial resistance disparity

<http://www.cidrap.umn.edu/news-perspective/2019/03/sewage-study-highlights-global-antimicrobial-resistance-disparity>

*“A new study by an international team of scientists suggests that **analyzing the DNA of urban sewage in different countries may tell the full story of global antimicrobial resistance (AMR) levels and provide a cheaper and easier method of conducting global AMR surveillance.** In a paper published in Nature Communications, the scientists report that metagenomic analysis of untreated sewage from 60 countries revealed a clear geographic distinction in AMR levels, with **countries in Asia, Africa, and South America having more AMR genes, and a larger variety of them, than countries in Europe, North America, and Oceania.** Their analysis also found that high AMR gene abundance was **related to poor sanitation and health in many of those countries.** “Our findings suggest that global AMR gene diversity and abundance vary by region, and that improving sanitation and health could potentially limit the global burden of AMR,” the authors of the study write....”*

For the **study**, see **Nature Communications** - [Global monitoring of antimicrobial resistance based on metagenomics analyses of urban sewage.](#)

### Germany joins CARB-X Partnership in the fight against deadly drug-resistant superbugs

<https://carb-x.org/carb-x-news/germany-joins-carb-x-partnership-in-the-fight-against-deadly-drug-resistant-superbugs/>

*“German Federal Ministry of Education and Research (BMBF) commits €40 million to boost the development of new antibiotics, vaccines, and diagnostics.”*

## HIV

### NYT - Bit by Bit, scientists gain ground on HIV

D McNeill jr. <https://www.nytimes.com/2019/03/08/health/hiv-aids-research.html>

““The London patient”, apparently cured of HIV infection, has gotten all the attention. But other recently revealed advances are more likely to affect the immediate course of the epidemic. “

Rather good informative overview of some of the **advances & other scientific HIV news reported at the 2019 CROI conference in Seattle.**

## Science - Largest ever HIV prevention study delivers sobering message

[https://www.sciencemag.org/news/2019/03/largest-ever-hiv-prevention-study-delivers-sobering-message?utm\\_campaign=news\\_daily\\_2019-03-11&et rid=60658150&et cid=2710030](https://www.sciencemag.org/news/2019/03/largest-ever-hiv-prevention-study-delivers-sobering-message?utm_campaign=news_daily_2019-03-11&et rid=60658150&et cid=2710030)

Last week's **news on the PopART study** was a bit of a setback, though. PopART, 'Population Effects of Antiretroviral Therapy to Reduce HIV Transmission', included 1 million adults in Zambia and South Africa. The results were sobering.

*“ The recipe for ending HIV epidemics seems straightforward. Introduce widespread testing. Immediately put those who test positive on antiretroviral (ARV) drugs, which suppress the virus to undetectable levels so those people won't infect others. The number of new infections will drop, and the epidemic will peter out. But massive, costly studies done in the past few years have failed to show this strategy can reliably curb the spread of the virus, to the frustration of researchers. **The latest and largest ever study presented here last week at the Conference on Retroviruses and Opportunistic Infections did show a modest benefit. But confusingly, there was almost no decline in infections in the study group where it was most expected....”***

This article concludes (after also zooming in on SEARCH results) : “...But we have to be humble,” Havlir says. **The four studies, which together cost more than \$200 million, failed to clarify a central question: What percentage of infected people needs to start treatment and completely suppress HIV for an epidemic to peter out?** Based on a mathematical model, the Ending AIDS campaign promoted by the Joint United Nations Programme on HIV/AIDS set 2020 goals of getting 90% of infected people to know their status, 90% of that group to be on treatment, and 90% of those to have undetectable virus levels. PopART's A and B arms both reached this triple target, as did SEARCH and the Botswana study. But perhaps it wasn't enough. **“Ninety-ninety-ninety was an advocacy slogan that got translated into programmatic goals,”** says Kevin DeCock, a Kenya-based epidemiologist with the U.S. Centers for Disease Control and Prevention in Atlanta who was on PopART's scientific advisory board. **“It remains to be shown what epidemiologic control is. We're not out of the woods.”**

## New UNAIDS report

**UN News - 99 per cent of intravenous drug users lack access to health, 'social services with dignity' says UNAIDS chief**

<https://news.un.org/en/story/2019/03/1034641>

*“Despite a decline in new HIV infections globally, **a UN report launched on Wednesday highlights that nearly all people who inject drugs live in countries that do not provide suitable harm-reduction service coverage, meaning they are denied adequate access to essential health services.***

... The new **UNAIDS report**, “**Health, rights and drugs: harm reduction, decriminalization and zero discrimination for people who use drugs**”, shows that of the 10.6 million who injected drugs in 2016, more than half were living with hepatitis C and one-in-eight with HIV...”

See also **UNAIDS** - [Promises to improve health outcomes for people who inject drugs remain unfulfilled as 99% do not have adequate access to HIV and harm reduction services](#)

The report shows that “*despite a decline in new HIV infections globally, HIV incidence is not declining among people who inject drugs (1.4% worldwide in 2017). The report also shows that **99% of people who inject drugs live in countries that do not provide adequate harm reduction service coverage.***”  
The report highlights the urgent need to implement a human rights and evidence-informed approach to reach people who inject drugs with essential health services.

And see **HPW** - [UNAIDS Urges Worldwide Reform Of Drug Policies – Links To HIV Prevention, Human Rights](#)

“*UNAIDS urged **UN member states convening today in Vienna for the UN Commission on Narcotic Drugs** to enact sweeping reforms of policies towards injecting drug users, most of whom lack critical access to basic “harm reduction” services that could prevent them from becoming infected with HIV....*”

## Vaccine news

**Gavi and Zenysis Technologies to bring data and artificial intelligence to immunisation programmes**

<https://www.gavi.org/library/news/press-releases/2019/gavi-and-zenysis-technologies-to-bring-data-and-artificial-intelligence-to-immunisation-programmes/>

“***Gavi, the Vaccine Alliance and Zenysis Technologies, a Silicon Valley startup, have established a new strategic partnership that will help low-income countries harness the power of big data and artificial intelligence to improve childhood vaccination programs around the world.** Zenysis Technologies was identified by Gavi, through the INFUSE (Innovation for Uptake, Scale and Equity in Immunisation) yearly call for innovation. INFUSE aims to identify proven solutions which, when brought to scale, have the greatest potential to modernise global health and immunisation delivery....*”

“*The **partnership supported by Asia’s largest internet services company Tencent** will help developing countries reach more children with life-saving vaccines....*”

## Big Tobacco & motor sport

WHO - WHO urges governments to enforce bans on tobacco advertising, promotion and sponsorship, including in motor sport

<https://www.who.int/news-room/detail/14-03-2019-who-urges-governments-to-enforce-bans-on-tobacco-advertising-promotion-and-sponsorship-including-in-motor-sport>

*“WHO is urging governments to enforce bans on tobacco advertising, promotion and sponsorship at sporting events, including when hosting or receiving broadcasts of Formula 1 and MotoGP events. WHO also urges all sporting bodies, including Formula 1 and MotoGP, to adopt strong tobacco free policies that ensure their events are smoke-free and their activities and participants, including race teams, are not sponsored by tobacco companies. **These calls come in light of tobacco companies establishing new partnerships with motor-racing teams....**”*

## Gene-editing embryos – Call for a global moratorium

Guardian - Scientists call for global moratorium on gene editing of embryos

<https://www.theguardian.com/science/2019/mar/13/scientists-call-for-global-moratorium-on-crispr-gene-editing>

*“Leading scientists have called for a global moratorium on the use of powerful DNA editing tools to make genetically modified children. The move is intended to send a clear signal to maverick researchers, and the scientific community more broadly, that any attempt to rewrite the DNA of sperm, eggs or embryos destined for live births is not acceptable. Beyond a formal freeze on any such work, the experts want countries to register and declare any plans that scientists may put forward in the future, and have these discussed through an international body, potentially run by the World Health Organisation....”*

See this Nature Comment - [Adopt a moratorium on heritable genome editing](#)

*“Eric Lander, Françoise Baylis, Feng Zhang, Emmanuelle Charpentier, Paul Berg and specialists from seven countries **call for an international governance framework.**”*

## FT special report – The Future of Food

<https://www.ft.com/reports/future-food-agriculture>

*“Part 4: The Future of Food. Growing algae for the plate; why gene-edited food is in the balance; bold ideas find backers; **Chile’s junk food fight**; is organic enough?; rethinking the system. Plus agri-robots in action on video and a podcast discussion of the science behind DNA diet apps.”*

For the purpose of this newsletter, we recommend you read **Andrew Jack's** [Why we need to talk about a healthier way of feeding the world](#) (the ways we produce and consume food are no longer fit for purpose) and [Chile's sugary food fight echoes around the world](#) (Government's tough action on unhealthy foods begins to bite — and inspire campaigners abroad )

On the latter: “ ... As sugary foods proliferated and obesity ballooned in Chile in recent decades, health campaigners clamoured for a solution. **Now the government is implementing one of the most radical junk food fights ever seen, using a model that reformers hope will spread elsewhere.** The country intensified its legal battle against big sugar five years ago, with the introduction of an 18 per cent **tax on high-sugar drinks**. In 2016 it went further and **targeted child-friendly marketing**. A new law limits cartoon food packaging, stops schools selling unhealthy foods, restricts TV adverts, bans promotional toys and mandates large black cigarette-style warning labels on foods high in salt, saturated fat, sugar and calories....”

But before you get carried away by the FT's lofty lead, keep in mind this newspaper also features luxury travel reports in the weekend magazine like [“Champagne on ice: extreme luxury in the wilds of Antarctica”](#) :)

## Some key papers & journal articles of the week

### BMJ Global Health - How is implementation research applied to advance health in low-income and middle-income countries?

O Alonge, D Peters et al ; <https://gh.bmj.com/content/4/2/e001257>

« *This paper examines the characteristics of implementation research (IR) efforts in low-income and middle-income countries (LMICs) by describing how key IR principles and concepts have been used in published health research in LMICs between 1998 and 2016, with focus on how to better apply these principles and concepts to support large-scale impact of health interventions in LMICs. There is a stark discrepancy between principles of IR and what has been published. Most IR studies have been conducted under conditions where the researchers have considerable influence over implementation and with extra resources, rather than in 'real world' conditions. IR researchers tend to focus on research questions that test a proof of concept, such as whether a new intervention is feasible or can improve implementation. They also tend to use traditional fixed research designs, yet the usual conditions for managing programmes demand continuous learning and change. **More IR in LMICs should be conducted under usual management conditions, employ pragmatic research paradigm and address critical implementation issues such as scale-up and sustainability of evidence-informed interventions.** This paper describes some positive examples that address these concerns and identifies how better reporting of IR studies in LMICs would include more complete descriptions of strategies, contexts, concepts, methods and outcomes of IR activities. .... »*

### SS&M - Towards Universal Health Coverage in Ethiopia's 'developmental state'? The political drivers of health insurance

Tom Lavers;

[https://www.sciencedirect.com/science/article/pii/S0277953619301492?dgcid=raven\\_sd\\_aip\\_email](https://www.sciencedirect.com/science/article/pii/S0277953619301492?dgcid=raven_sd_aip_email)

Highlights: “Ethiopia is pursuing Universal Health Coverage through health insurance. Interest group, electoral and bureaucratic theories cannot explain the policy choices. **‘Adapted Political Settlements’ framework** explains CBHI expansion and SHI stalling. Key factors include ruling coalition dominance and coherence, and party ideology. The Ethiopian scheme was inspired by a study tour to Rwanda's Mutuelles de Santé.”

The article also sheds some light on the leadership shown by Tedros.

## Lancet (Review article) - Venezuela's public health crisis: a regional emergency

K Page, C Beyrer et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30344-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30344-7/fulltext)

“The economic crisis in Venezuela has eroded the country's health-care infrastructure and threatened the public health of its people. Shortages in medications, health supplies, interruptions of basic utilities at health-care facilities, and the emigration of health-care workers have led to a progressive decline in the operational capacity of health care. The effect of the crisis on public health has been difficult to quantify since the Venezuelan Ministry of Health stopped publishing crucial public health statistics in 2016. **We prepared a synthesis of health information, beyond what is available from other sources, and scholarly discussion of engagement strategies for the international community.** ... Over the past decade, public health measures in Venezuela have substantially declined. From 2012 to 2016, infant deaths increased by 63% and maternal mortality more than doubled. Since 2016, outbreaks of the vaccine-preventable diseases measles and diphtheria have spread throughout the region. From 2016 to 2017, Venezuela had the largest rate of increase of malaria in the world, and in 2015, tuberculosis rates were the highest in the country in 40 years. Between 2017 and 2018, most patients who were infected with HIV interrupted therapy because of a lack of medications. The Venezuelan economic crisis has shattered the health-care system and resulted in rising morbidity and mortality. **Outbreaks and expanding epidemics of infectious diseases associated with declines in basic public health services are threatening the health of the country and the region.**”

## WHO - Transition to programme budgeting in health: experience from countries and lessons learnt

[https://www.who.int/health\\_financing/topics/budgeting-in-health/country-case-studies/en/#.XBZH7j1hcgg.twitter](https://www.who.int/health_financing/topics/budgeting-in-health/country-case-studies/en/#.XBZH7j1hcgg.twitter)

“Public funds are essential for making progress towards universal health coverage (UHC). ... It is increasingly understood that the quality of budgeting in health is key to support progress towards UHC. Specifically, budget formulation, i.e. the way budget allocations are presented, organized and classified in budget laws- has a direct impact on spending and ultimately the performance of the sector. **Several countries have modified the way budgets are formulated and executed to enable better alignment with sector priorities.** However, all face **challenges in this transition process, including issues related to programme definition and performance measurement framework.**”

“**WHO’s Department of Health Systems Governance and Financing is providing support to Ministries of Health** in this transition process, with the following aims: 1) building the knowledge base on good practices in health budget reforms, including the development of an online health budget portal and country case studies; 2) providing technical support and guidance to **countries**

*transitioning to programme budgeting in health; 3) capacity development at global and country level. By documenting country experience of budget reforms in the health sector, lessons can be drawn and shared with other countries. Country case studies presented here document experience with budget reforms from the perspective of the health sector. **Specifically, they focus on transition to programme budgeting, describing the reform process, motivation for reforms, key actors, progress and remaining challenges....*** You already find lessons from Armenia & Burkina Faso respectively, here.

## **BMJ Global Health (Editorial) - Public health in Democratic Republic of North Korea**

D J Noble; <https://gh.bmj.com/content/4/2/e001440>

*“...There are many unknowns on the state of public health in DPRK. [Park et al](#) in **BMJ Global Health** **make a key contribution to the literature** by systematically reviewing public health publications from both English and Korean language sources. The findings are both informative for current public health improvement efforts and for identifying gaps for directing future research. **The analysis shows an under-representation of research relative to disease burden for two major causes of morbidity: non-communicable diseases (NCD) and injuries. Conversely, research on maternal and child health and nutrition, and communicable diseases was over-represented.** A narrative analysis outlines previous studies and further highlights evidence gaps in public health knowledge....”*

For the systematic review in BMJ Global Health, see [here](#).

## **Global Policy - Narrating China's belt and road initiative**

J Zeng; <https://onlinelibrary.wiley.com/doi/full/10.1111/1758-5899.12662>

*“**This article studies the formation process of China's belt and road initiative (BRI)** – the most important Chinese foreign policy initiative under Xi Jinping. It argues that the BRI was put forward as a broad policy idea that was subsequently developed with relatively concrete content. During this process, the shifting international landscapes have gradually driven the BRI from a periphery strategy into a global initiative. **By examining the case of Jiangsu Province, this article also shows how Chinese local governments have actively deployed their preferred narratives to influence and (re-)interpret the BRI guidelines of the central government in order to advance their own interests.** As a result, this produces a variety of competing, ambiguous and contradictory policy narratives of the BRI within China, which undermines the Chinese central government's monopoly on the BRI narratives. This leaves the **BRI as a very vague and broad policy slogan** that is subject to change and open to interpretation. In this regard, **the existing analyses – that consider the BRI as Beijing's masterplan to achieve its geopolitical goals – pay insufficient attention to the BRI's domestic contestation and overstate the BRI's geopolitical implications.**”*

## **Lancet Global Health (Comment) – The ethical imperative to treat NCDs during research in Africa**

M Mzombwe et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30066-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30066-X/fulltext)

*“As the rising prevalence and life-threatening consequences of non-communicable diseases (NCDs) in Africa have become more obvious, so too has the fact that many African health systems are ill-equipped to meet the health-care needs of local communities affected by NCDs. Meanwhile, **the quantity of clinical research done in Africa continues to increase, and carries with it unique ethical questions, especially relating to the amount of NCD medical care that ought to be provided for participants involved in this research.** Many African research participants, whether enrolled in studies that investigate NCDs or other diseases, will inevitably have NCDs, but have little to no access to NCD health care in their communities. NCDs present a unique challenge because, contrary to acute infectious processes, the treatment of NCDs is not usually urgent and a lack of care will not lead to immediate morbidity or mortality. As such, do researchers in Africa have a responsibility to provide ancillary NCD services to research participants? **In light of the third UN High-Level Meeting on NCDs, our aim is to provoke a dialogue regarding ancillary NCD services in the context of research in Africa. We believe that this dialogue can be guided by several lessons learned during the HIV epidemic and by a moral responsibility to provide ancillary care as articulated by Richardson...**”*

## **Lancet Global Health (Comment) – A practical approach to universal health coverage**

J Mukherjee et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30035-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30035-X/fulltext)

*“...Building off of existing UHC measurement methods, the Partners In Health UHC Monitoring and Planning Tool adds specificity for district-level and facility-level planning to allow for scaled expansion and improvement of the delivery of care within the local context by enabling granular forecasting...”* Here an example from Lesotho.

## **Some key blogs & mainstream articles of the week**

### **OECD Development matters – 5 facts about global poverty that may surprise you**

Andy Sumner; <https://oecd-development-matters.org/2019/03/14/5-facts-about-global-poverty-that-may-surprise-you/>

Must-read. *“**This blog is the first of two. Part one outlines five facts about global poverty and economic development in the developing world** and discusses how the nature of development is changing. **Part two, which will post tomorrow, will consider the implications of these changes for future development co-operation....”***

*“Fact 1. A new polarisation is emerging in the developing world. A new polarisation is emerging within the developing world between ‘moving’ and ‘stuck’ countries, as well as between ‘high-ODA’ and ‘post-ODA’ countries. ... Fact 2. The global poverty headcount is 0.7 billion or 4.5 billion. ... Fact 3. The world’s poor are rural but not necessarily farmers, and half are children. ... Fact 4. Three quarters – or 1 billion – of the world’s multidimensionally poor live in fast growing, ‘post-ODA’ developing countries. ... Fact 5. More than half of global poverty is to be found in countries that are deindustrialising....”*

See also this brand new **Debate paper** by Andy Sumner - [Global Poverty and Inequality: Change and Continuity in Late Development](#) ( a response to the contribution by Rory Horner and David Hulme 'From International to Global Development: New Geographies of 21<sup>st</sup> Century Development', which appeared online in December 2017).

## **LSE (blog) – Do Western donors increasingly use development aid to protect their own security?**

<https://blogs.lse.ac.uk/internationaldevelopment/2019/02/05/do-western-donors-increasingly-use-development-aid-to-protect-their-own-security/>

*“Guest bloggers, Ivica Petrikova and Melita Lazell summarise a paper in which they examine whether and how securitisation has affected the distribution of UK, US, Danish and Swedish development aid by sector through investigating how conflict in aid-recipient states and the extent to which these states are perceived as a security threat, affect aid commitments to priority sectors; democratisation and peace, conflict and security.”*

Excerpt:

*“Whilst donors emphasise that the conflict also undermines development in the affected state, our studies of four bilateral (United States, United Kingdom, Denmark, and Sweden) and three multilateral donors (European Commission, World Bank, and United Nations Development Programme) showed that **developing countries affected by conflict are not all preferential recipients of conflict-resolution and democratisation aid. Only conflict-affected countries that ‘threaten’ donor countries through a large number of migrants, a high number of terrorist attacks, or both are preferential recipients of this type of aid.** Thus donor countries have invested heavily in the government and civil sectors of **‘strategically important’ countries** like Iraq, Afghanistan, and Somalia, whilst **countries with ‘hidden’ conflicts** including the Central African Republic, Chad, and Papua New Guinea receive not only little attention from Western media but also scant Western development aid to reduce conflict. In addition, **the preference for providing anti-conflict aid to strategically important countries is often stronger when right-leaning governments are in power in the donor countries....”***

## **The Atlantic - Medieval Diseases Are Infecting California’s Homeless**

[The Atlantic;](#)

*“Typhus, tuberculosis, and other illnesses are spreading quickly through camps and shelters.”*

*“...Public-health officials and politicians are using terms like **disaster and public-health crisis** to describe the outbreaks, and they are warning that these diseases can easily jump beyond the homeless population. **“Our homeless crisis is increasingly becoming a public-health crisis,”** California Governor Gavin Newsom said in his State of the State speech in February, citing outbreaks of hepatitis A in San Diego County, syphilis in Sonoma County, and typhus in Los Angeles County....”*

## Eurodad (et al) Briefing paper - Can public-private partnerships deliver gender equality?

<https://static1.squarespace.com/static/536c4ee8e4b0b60bc6ca7c74/t/5c879cd7ee6eb0145fe7e780/1552391388896/1547040-can-public-private-partnerships-deliver-gender-equality-final+12.3.pdf>

Quick summary: euhm, no.

## Global health events & announcements

### CHESAI - Decoloniality webinar - Decolonial conversations about our HPSR praxis: How do we resist?

[https://www.youtube.com/watch?v=QEPkj\\_lkGvl&feature=youtu.be&app=desktop](https://www.youtube.com/watch?v=QEPkj_lkGvl&feature=youtu.be&app=desktop)

You can **re-watch** the webinar here.

### Announcement on upcoming course Community Health Academy & HarvardX Teams: Strengthening CHW Programs to deliver PHC

Via Taylor Hendricks: *"We are excited to share with the IHP network that **registration is now open for the Community Health Academy's first free, online course through HarvardX and edX, Strengthening Community Health Worker Programs to Deliver Primary Health Care.***

*Join over 600 learners already enrolled from nearly 80 countries to explore strategies to advocate for, build, and optimize national community health worker programs. The course draws on case studies of exemplar countries — including Ethiopia, Bangladesh, and Liberia — as well as lessons learned from a range of experts from around the world. Whether you work in a Ministry of Health, lead or support a community health worker program, or you are simply interested to know more about what it takes to deliver quality care through community health worker programs, this course provides an exciting opportunity to advance your knowledge and skills to implement critical change. Register now: <https://www.edx.org/course/strengthening-community-health-worker-programs-to-deliver-primary-health-care>. This course is the first in a series of learning opportunities to be offered through the Community Health Academy, which partners with Ministries of Health to strengthen the clinical skills of community health workers and the capacity of health systems leaders to build higher quality systems by leveraging the power of digital training tools. For more information, visit [communityhealthacademy.org](http://communityhealthacademy.org). We look forward to welcoming you to the course!"*

## Global governance of health

### Devex – Gender data gaps: New report highlights challenges in sub-Saharan Africa

[Devex](#) ;

*“The quality of gender data in Sub-Saharan Africa has been assessed for the first time, and the results are alarming. A new report from Open Data Watch and Data2x has found that almost half of the indicators essential for identifying and addressing barriers faced by women and girls are lacking sex-disaggregation or are entirely missing. Without data broken down by gender, understanding the barriers to equality, and identifying solutions becomes more challenging. The report, titled “Bridging the Gap: Mapping Gender Data Availability in Africa,” was released [last] week, with the indicators identified by the United Nations Statistics Division, UN Women and Open Data Watch....”*

### Book - Health Equity in a Globalizing Era - Past Challenges, Future Prospects

Ronald Labonté & Arne Ruckert ; <https://global.oup.com/academic/product/health-equity-in-a-globalizing-era-9780198835356?cc=us&lang=en#>

*“Why do some countries and populations suffer from poverty and ill health, whilst others are more prosperous and healthy? What are the inherently global (trans-border) issues that affect inequities in disease burden and health opportunities for individuals and nations? Traditionally, the focus of global health has been 'international health': the concern for high burdens of disease in generally low-income countries. To answer these questions however, we need to modernise our understanding of globalization as a phenomenon. **Health Equity in a Globalizing Era: Past Challenges, Future Prospects** examines how globalization processes since the on-set of neoliberalism affect equity in global health outcomes, and emphasises access to important social determinants of health. With a basis in political economy, the book covers key globalization concepts and theory, and presents a thorough background to the field....”*

The book can already be pre-ordered.

### Global Health Now – The Word Everyone in Global Health Is Afraid to Say: Corruption

B W Simpson; [Global Health Now](#);

One of the GHN reports from the 10<sup>th</sup> annual Consortium of Universities for Global Health conference in Chicago. The conference is focused on translation & implementation science.

*“... In a passionate **keynote address** at the Consortium of Universities for Global Health on Friday, Garcia (former health minister of Peru) confronted the world’s troubled history of corruption and made the case for reducing its massive impact on global public health. ... Garcia argued that the global health community must do more research and interventions to reduce corruption. “We cannot ignore that we have to fight against corruption,” she said. ...”*

## Stat News - Ned Sharpless, director of the National Cancer Institute, to be named acting FDA commissioner

[Stat News](#);

Gottlieb already got a replacement. *“The Trump administration on Tuesday announced it would name Ned Sharpless, the director of the National Cancer Institute, the acting commissioner of the Food and Drug Administration next month...”* Let’s see whether he will also lead the agency over the longer term. In any case, he seems to support Gottlieb’s policies on tobacco & e-cigarettes.

## European Journal of Risk Regulation - Big Data, Algorithmic Governmentality and the Regulation of Pandemic Risk

S Roberts; [EJRR](#);

*“This article investigates the rise of algorithmic disease surveillance systems as novel technologies of risk analysis utilised to regulate pandemic outbreaks in an era of big data. Critically, the article demonstrates how intensified efforts towards harnessing big data and the application of algorithmic processing techniques to enhance the real-time surveillance and regulation infectious disease outbreaks significantly transform practices of global infectious disease surveillance; observed through the advent of novel risk rationalities which underpin the deployment of intensifying algorithmic practices to increasingly colonise and patrol emergent topographies of data in order to identify and govern the emergence of exceptional pathogenic risks. **Conceptually, this article asserts further how the rise of these novel risk regulating technologies within a context of big data transforms the government and forecasting of epidemics and pandemics: illustrated by the rise of emergent algorithmic governmentalties of risk within contemporary contexts of big data, disease surveillance and the regulation of pandemic.”***

## Devex - On Message: UNHCR's Melissa Fleming on changing the refugee narrative

[Devex](#);

Interview with Melissa Fleming, the head of communications and chief spokesperson of the U.N. Refugee Agency, ... to get her take on how to shift the current refugee narrative.

*“We are just about to launch our new global communication strategy. **Our vision in the strategy is that we want to help refugees thrive, not just survive.** Our communication will focus not just on emergencies, people crossing borders, the desperation, and the journeys — but it will also focus on the hope and on the contributions refugees can make. That’s the centerpiece of our strategy...” “We want to position UNHCR as leading the narrative on refugee issues. We want also to build empathy for refugees and we want to drive action.”*

*“In general, about 15 percent of the population are core supporters. On the other side of the spectrum, 15 percent are really “anti,” so hatefully “anti” that we don’t even bother with them. And then there is this **huge group in the middle who represent the majority — who we call “the conflicted middle.”** These are people who, if you would ask them: “Do you think your country should take in people fleeing war and prosecution?” ... would say “yes.” But they would also say, “But, I am afraid of ... terrorism, I’m afraid of cultural changes, I’m afraid of losing my job.” ...”*

## **Project Syndicate - How Gender Parity Improves Global Health**

Dr. Tedros et al; <https://www.project-syndicate.org/commentary/gender-parity-improves-global-health-by-tedros-adhanom-ghebreyesus-and-senait-fisseha-2019-03>

Published last week on International Women’s Day, with Tedros showcasing WHO’s lead in this respect. *“Women comprise 70% of health workers around the world. And yet a new report shows that 70% of health organizations are currently headed by men, and that the women working in these organizations earn 15% less, on average, than their male counterparts.”*

*“...From the WHO’s experience, we know that gender parity does not emerge organically. Achieving it requires deliberate and directed organizational change. Hence, the WHO’s new corporate strategy, which is geared toward the Sustainable Development Agenda’s mission of “leaving no one behind,” features a strong emphasis on measuring gender distributions, equity, and rights across all of the institutions’ programs. That means each department will be accountable for upholding gender parity.”*

## **Devex - New OECD DAC chair vows to promote gender equality**

<https://www.devex.com/news/new-oecd-dac-chair-vows-to-promote-gender-equality-94441>

*“The new chair of the OECD’s Development Assistance Committee, Susanna Moorehead, has vowed to make gender equality a major focus under her watch and revealed plans for a new recommendation around ending sexual exploitation, abuse, and harassment in the aid sector.”*

## UN Foundation – Aligning for Impact: the Transformation of the WHO

John Lange ; [https://unfoundation.org/blog/post/aligning-for-impact-the-transformation-of-the-world-health-organization/?utm\\_source=Twitter&utm\\_content=Health](https://unfoundation.org/blog/post/aligning-for-impact-the-transformation-of-the-world-health-organization/?utm_source=Twitter&utm_content=Health)

Analysis by John Lange of WHO's reform from last week. Well worth a read (and good summary of the reforms).

## Global Policy - The Political Economy of 'Tax Spillover': A New Multilateral Framework

A Baker et al; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12655>

*"Tax spillovers are the effects one country's tax rules and practices have on other countries. They have been assessed in aggregate terms by the IMF using econometric models, and were found to have a 'significant and sizable' impact in reducing corporate tax bases and rates in 'developing countries. However, a widely accepted form of **country level spillover analysis** remains elusive, despite demands from non-governmental organisations (NGOs) and international organisations (IOs). We present the first framework for conducting comprehensive national level spillover analyses using a qualitative evaluation framework in three steps..."*

## Social Science Research - How structural adjustment programs affect inequality: A disaggregated analysis of IMF conditionality, 1980–2014

T Forster, T Stubbs et al ; <http://www.tstubbs.net/uploads/4/0/5/3/40534697/forstertetal2019.pdf>

*"This article highlights an important yet insufficiently understood international-level determinant of inequality in the developing world: structural adjustment programs by the International Monetary Fund (IMF). Studying a panel of 135 countries for the period 1980 to 2014, we examine income inequality using multivariate regression analysis corrected for non-random selection into both IMF programs and associated policy reforms (known as 'conditionality'). We find that, overall, policy reforms mandated by the IMF increase income inequality in borrowing countries. We also test specific pathways linking IMF programs to inequality by disaggregating conditionality by issue area. **Our analyses indicate adverse distributional consequences for four policy areas: fiscal policy reforms that restrain government expenditure, external sector reforms stipulating trade and capital account liberalization, financial sector reforms entailing inflation control measures, and reforms that restrict external debt.** These effects occur one year after the incidence of an IMF program, and persist in the medium term. Taken together, our findings suggest that the IMF's recent attention to inequality neglects the multiple ways through which the organization's own policy advice has contributed to inequality in the developing world."*

## Global Financing Facility (GFF) – Where do we work?

[https://www.globalfinancingfacility.org/where-we-work?CID=GFF\\_TT\\_theGFF\\_EN\\_EXT](https://www.globalfinancingfacility.org/where-we-work?CID=GFF_TT_theGFF_EN_EXT)

*“The GFF currently supports 27 low- and middle-income countries in Africa, Asia and Latin America with the highest maternal, newborn and child mortality burdens and large gaps in financing to address these challenges. Since its creation in 2015, the GFF has expanded from four “frontrunner” countries to 27 countries today. Following its replenishment in November 2018, the GFF is now aiming to expand its support to the 50 countries with the greatest health and nutrition needs.”*

*“...A total of 67 countries are currently eligible to receive #GFF support. But how does the GFF’s Investors Group assess and determine what countries are selected to receive support? Take a look at the criteria and selection process...”*

## UHC

### Women in Global Health - Call to Action: Universal Health Coverage; To the Members of the UN High Level Meeting on UHC

<https://www.womeningh.org/uhc-gender>

WGH’s key asks on UHC & gender, for the UN HL meeting in September.

### Plos Med (essay) - The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and the path to universal health coverage in India: Overcoming the challenges of stewardship and governance

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002759>

*“In an Essay, Blake Angell & colleagues discuss ambitious reforms planned to expand coverage of the health system in India.”*

### Devex (op-ed) - Remittances could be a gamechanger in the quest for UHC. Here's how.

I Nsofor (Nigeria Health Watch, Aspen New Voice); <https://www.devex.com/news/opinion-remittances-could-be-a-gamechanger-in-the-quest-for-uhc-here-s-how-94432>

***“Remittances to low- and middle-income countries are projected to increase by just over 10 percent in 2018 — up from just over 7 percent in 2017 — to reach \$528 billion.... This is more than triple the amount sent globally for development aid, and a huge amount, by any standard. It plays a crucial role in combating poverty through supporting the consumption, education, and health expenditures of households. But its impact could be even greater. Giving family members working abroad the option of investing even one penny of every dollar sent home into health insurance plans could transform the health of families and of nations. A close look at Nigeria shows what this could mean. Within Africa, Nigeria receives the lion’s share of remittances — an estimated \$22 billion, out of \$69 billion for the continent as a whole. This \$22 billion is equal to 88 percent of Nigeria’s 2018 federal budget and 2,219 percent of its 2018 federal health budget, which amounted to just \$976 million in 2018....”***

***“Remittances by the African diaspora, if properly channeled, have the potential to be the game changer in Africa’s push toward universal health coverage ... The African diaspora could change this. Rather than supporting their families through one health emergency at a time, it could help their families pay for health insurance that provides preventative care — and avoid many of those emergencies. Professional African diasporan organizations could play a catalytic role in establishing this structured allocation of remittances....”***

## **BMJ (blog) - The deepening health crisis in the UK requires society wide, political intervention**

L Hiam & M McKee; [BMJ blog](#);

***“Life expectancy in the UK has fallen, again. The trend that started in 2010-2011 has worsened. The total fall in life expectancy compared to 2015 projections is 13 months for men and 14 months for women. These latest figures are no surprise to those who have been raising the alarm about life expectancy since as early as 2014. Extensive research on 30,000 excess in deaths in 2015 called for an urgent investigation to determine whether rising deaths were linked to austerity. ...”***

***“...Protecting the health of a population is a key part of the social contract between a government and its electorate. Any stall in improvements, or worse still, reversal of trends in key indicators like life expectancy and infant mortality, point to a failure by society. The growing evidence of worsening health outcomes resulting in, put bluntly, deaths of babies, young people, and those over 65, means the arguments that this was a “blip”, caused by “flu”, or simply fluctuations in the data, are no longer worthy of debate. Neither will focusing on individual behaviour improve outcomes. The deepening health crisis in the UK requires society-wide, political intervention. Theresa May’s government, and David Cameron’s before it, have overseen an evisceration of the social contract. ...”***

See also the Guardian - [Life expectancy falls by six months in biggest drop in UK forecasts.](#)

# Health Systems & Reform - Why health reforms fail: Lessons from the 2014 Chilean attempt to reform

P V Dintrans; <https://www.tandfonline.com/doi/full/10.1080/23288604.2019.1589916>

*“In 2014 Chile started a process to reform its private health insurance scheme. A Commission was created and released a report with recommendations, but no changes have been introduced yet. **This paper analyzes that reform process.** The analysis included document review and interviews with key stakeholders involved in the process. Results show that although the Commission failed in producing the intended changes, it contributed to opening the debate regarding the Chilean health system, making explicit the different positions on the issue. The analysis shows that the reform did not advance because of the lack of basic consensus on the Commission’s role, scope, and main purpose among stakeholders. Previous reforms highlight the relevance of time and information in creating a successful reform process.”*

And a quick link: [Independent State of Papua New Guinea health system review](#) ( World Health Organization, Regional Office for South-East Asia)

## Planetary health

Some quick links:

**Vox** - [The lab-grown meat industry just got the regulatory oversight it’s been begging for](#)

*“Taking cell-based meat products to market will require a regulatory framework. The FDA and USDA just announced one.”*

**Bloomberg** - [Norway Gives \\$1 Trillion Wealth Fund Approval to Dump Some Oil Stocks](#) But don’t get carried away: Last week, “Norway took a partial step in divesting oil and gas stocks in its massive \$1 trillion wealth fund, approving the sale of smaller exploration companies while sparing the biggest producers such as Royal Dutch Shell Plc and Exxon Mobil Corp....”

**FT** - [Shell aims to become world’s largest electricity company](#) (gated)

**Vox** - [The case for spraying \(just enough\) chemicals into the sky to fight climate change](#)

*“A new study says geoengineering could cut global warming in half — with no bad side effects.” But don’t get too carried away : )*

## Infectious diseases & NTDs

### Stat News - Monthly shots control HIV as well as daily pills in two big studies

#### [Stat News;](#)

News from last week in Seattle (CROI conference). *“Monthly shots of HIV drugs worked as well as daily pills to control the virus that causes AIDS in two large international tests, researchers reported Thursday.”*

### Lancet – Efficacy and risk of harms of repeat ivermectin mass drug administrations for control of malaria (RIMDAMAL): a cluster-randomised trial

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32321-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32321-3/fulltext)

*“Ivermectin is widely used in mass drug administrations for controlling neglected parasitic diseases, and can be lethal to malaria vectors that bite treated humans. Therefore, it could be a new tool to reduce plasmodium transmission. **We tested the hypothesis that frequently repeated mass administrations of ivermectin to village residents would reduce clinical malaria episodes in children and would be well tolerated with minimal harms.**”*

From the **press release**:

*“The Lancet: **Mosquito-killing drug reduced malaria episodes by a fifth among children, according to randomised trial***

***First evidence that repeated mass administration of ivermectin can reduce malaria incidence in children aged five or younger without an increase in adverse events for the wider population given the drug.***

***Childhood malaria episodes could be reduced by 20% — from 2.49 to 2 cases per child — during malaria transmission season if the whole population were given a drug called ivermectin every three weeks, according to the first randomised trial of its kind including 2,700 people including 590 children from eight villages in Burkina Faso, published in **The Lancet**. In addition, repeated mass administration of ivermectin showed no obvious drug-related harms among fellow villagers taking the drug....”***

See also the related **Lancet Comment** - [Advancing the repurposing of ivermectin for malaria](#).

*“... There is ever-increasing anticipation for the potential of mass drug administration of endectocides (also known as systemic insecticides) to reduce malaria transmission, with ivermectin emerging as the most likely first-in-class endectocide. ... .... **Ivermectin lays the path for a whole new concept:***

*drug-based vector control. ... Ivermectin, or indeed any effective endectocide, could be administered to eligible members of the at-risk community as a complementary tool for vector control. It could be administered alone or in combination with partner drugs to allow for integrated management of malaria or neglected tropical diseases, directly responding to residual transmission by targeting malaria and some lymphatic filariasis vectors, regardless of their feeding behavior...*

## HPW - Strengthening Supply Chain Security For Essential Antimalarial Drugs

<https://www.healthpolicy-watch.org/strengthening-supply-chain-security-for-essential-antimalarial-drugs/>

*“Secure and reliable supply chains for life-saving medicines are essential features of the global health landscape. They ensure that quality approved drugs are manufactured and available in the quantities needed, without interruption. For the fight against malaria, securing supply chains for quality, life-saving antimalarials involves the collective effort of a range of organisations working to mitigate the risk of any shortage of these drugs. **A recent success in this area has been the quality approval of a second supplier of injectable artesunate, the drug recommended by the World Health Organization to treat severe malaria...**”*

## NEJM - A Trial of a Shorter Regimen for Rifampin-Resistant Tuberculosis

[https://www.nejm.org/doi/full/10.1056/NEJMoa1811867?query=featured\\_home](https://www.nejm.org/doi/full/10.1056/NEJMoa1811867?query=featured_home)

“Globally, there are more than 500,000 new infections annually with drug-resistant tb. In this trial involving patients with rifampin-resistant tb, a shorter, more intense course of treatment (9 to 11 months) was found to be noninferior to a standard 20-month regimen. “

For the related **NEJM Editorial**, see [A Short Regimen for Rifampin-Resistant Tuberculosis](#).

## International Health - Gender equity in mass drug administration for neglected tropical diseases: data from 16 countries

<https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihz012/5371211?searchresult=1>

*“Gender equity in global health is a target of the Sustainable Development Goals and a requirement of just societies. Substantial progress has been made towards control and elimination of neglected tropical diseases (NTDs) via mass drug administration (MDA). However, little is known about whether*

*MDA coverage is equitable. This study assesses the availability of gender-disaggregated data and whether systematic gender differences in MDA coverage exist....”*

*Some of the results: “Reporting of gender-disaggregated coverage data improved from 32% of districts in 2012 to 90% in 2016. In 2016, median female coverage was 85.5% compared with 79.3% for males. Female coverage was higher than male coverage for all diseases. However, within-country differences exist, with 64 (3.3%) districts reporting male coverage >10 percentage points higher than female coverage....”*

## **Plos NTDs - Resolving "worm wars": An extended comparison review of findings from key economics and epidemiological studies**

<https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0006940>

*“In this paper, Muhammad Farhan Majid, Su Jin Kang, and Peter J. Hotez critically evaluate the “worm wars” literature, highlighting gaps in the current discourse on deworming, which have been ignored by both economists and epidemiologists.”*

## **Stat – Sanofi suffers setback as panel recommends against dengue vaccine in adults**

[Stat News;](#)

*(gated) “Sanofi [last week] on Thursday suffered a major setback in its bid to market a controversial dengue vaccine in the United States, as a Food and Drug Administration advisory committee recommended against approval for adults. The drug maker had asked the FDA to approve Dengvaxia for people aged 9 to 45. But the advisory panel recommended the agency license the vaccine only for people ages 9 to less than 17.”*

## **Lancet Neurology (In context) – Sleeping sickness in West and Central Africa: is eradication just skin deep?**

[https://www.thelancet.com/journals/lanneur/article/PIIS1474-4422\(19\)30082-1/fulltext](https://www.thelancet.com/journals/lanneur/article/PIIS1474-4422(19)30082-1/fulltext)

*“Fexinidazole promises to be a breakthrough in the treatment of African sleeping sickness and could help eliminate it. But it might be too early to proclaim victory just yet. There could be a previously unnoticed reservoir of disease. Adrian Burton investigates.”*

## New treatment brings hope to those bitten by the 'kissing bug'

<https://www.telegraph.co.uk/news/0/new-treatment-brings-hope-bitten-kissing-bug/>

*“Patients suffering from Chagas disease, a debilitating and potentially fatal insect-borne illness, could be cured with a two-week course of drugs instead of the current 60-day regimen, a study has shown. The research, led by the Drugs for Neglected Diseases Initiative (DNDi), found that a shorter course of benznidazole, the drug most commonly used to treat Chagas, was just as effective as the longer treatment course and caused fewer side effects. Some 80 per cent of patients were found to be clear of the disease a year later on both regimens...”*

And a quick link:

MIT news - [Reducing the burden of tuberculosis treatment](#) A new drug delivery system would allow patients to switch from daily to monthly TB doses. (cfr: an antibiotic-loaded wire inserted into the stomach )

## NCDs

### WHO (report) - Monitoring and restricting digital marketing of unhealthy products to children and adolescents

[WHO Euro](#) ;

*“The WHO European Office for the Prevention and Control of Noncommunicable Diseases organized an expert meeting on monitoring of digital marketing of unhealthy products to children and adolescents in June 2018. Based on that meeting, this report aims to provide a tool to support Member States in monitoring digital marketing of unhealthy products to children; the resulting tool – the so-called **CLICK monitoring framework** – is flexible and can be adapted to national context. The report also describes current digital marketing strategies, the challenges arising from current practices, and some policy options to tackle digital marketing to children and adolescents...”*

### BMJ Analysis - Tobacco industry involvement in children’s sugary drinks market

<https://www.bmj.com/content/364/bmj.l736>

*“Kim H Nguyen and colleagues examine how tobacco companies applied their knowledge of flavours, colours, and child focused marketing to develop leading children’s sugar sweetened drink brands. These techniques continue to be used by drinks companies despite industry agreement not to promote unhealthy products in this way...”*

## International Health - Prevention of opportunistic non-communicable diseases

M Hegelund et al; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihz011/5374502?searchresult=1>

*“As strategies targeting undernutrition and infections become increasingly successful in low- and middle-income countries (LMICs), a second challenge has appeared, **namely premature onset of non-communicable diseases (NCDs)**. In LMICs, NCDs are often related to exposure to undernutrition and infections. As NCDs strike societies and individuals with impaired resistance or a deficient health (care) state, why not label such diseases ‘opportunistic’, in analogy with opportunistic infections attacking individuals with HIV? **We propose the concept of opportunistic NCDs**, hoping that fighting against infections, and for better maternal and child health, is becoming acknowledged as essential for the early prevention of NCDs.”*

## NYT – Vaping is Big Tobacco’s Bait and Switch

<https://www.nytimes.com/2019/03/08/opinion/editorials/vaping-ecigarettes-nicotine-safe.html?smid=nytcore-ios-share>

*“Cigarettes hooked generations of teenagers. Now e-cigarettes might do the same.”*

For the latest news on this, see NYT - [FDA moves to restrict flavored E-cigarette sales to teenagers](#).

## Int Journal of Environmental Research & Public Health - Alcohol Industry CSR Organisations: What Can Their Twitter Activity Tell Us about Their Independence and Their Priorities? A Comparative Analysis

N M Hessari et al ; <https://www.mdpi.com/1660-4601/16/5/892>

*“There are concerns about the accuracy of the **health information provided by alcohol industry (AI)-funded organisations and about their independence**. We conducted a content analysis of the **health information disseminated by AI-funded organisations through Twitter, compared with non-AI-funded charities, to assess whether their messages align with industry and/or public health objectives**. ... .. **Industry-funded bodies were significantly less likely to tweet about alcohol marketing, advertising and sponsorship; alcohol pricing; and physical health harms, including cancers, heart disease and pregnancy. They were significantly more likely to tweet about behavioural aspects of drinking and less likely to mention cancer risk; particularly breast cancer.** These findings are consistent with previous evidence that the purpose of such bodies is the protection of the alcohol market, and of the alcohol industry’s reputation. **Their messaging strongly aligns with AI corporate social responsibility goals. The focus away from health harms, particularly cancer, is***

also consistent with previous evidence. The evidence does not support claims by these alcohol-industry-funded bodies about their independence from industry.”

## Nature (news) - Nearly half of global childhood cancer cases go undiagnosed

[Nature](#);

*“Almost half of childhood cancer cases worldwide go undiagnosed, according to an analysis. Using data from the World Health Organization (WHO), researchers estimate that in 2015, 397,000 children under 15 developed cancer globally — and that 43% of those cases went undiagnosed. The figures are much higher than those from official cancer registries, say the scientists, meaning that tens of thousands of children each year go without treatment, and potentially die from the disease without knowing they have it. Previous estimates have suggested that 200,000 children worldwide are diagnosed with cancer each year....”*

## Sexual & Reproductive / maternal, neonatal & child health

### Plos Med - Age distribution, trends, and forecasts of under-5 mortality in 31 sub-Saharan African countries: A modeling study

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002757>

*“In a modelling study, Iván Mejía-Guevara & colleagues investigate **prospects for reductions in neonatal and under-5 mortality across sub-Saharan Africa**, and assess the implications for Sustainable Development Goal targets.”*

Some of the findings: *“...Our mortality model revealed substantive declines of death rates at every age in most countries but with notable differences in the age patterns over time. U5MRs declined from 3.3% (annual rate of reduction [ARR] 0.1%) in Lesotho to 76.4% (ARR 5.2%) in Malawi, and the pace of decline was faster on average (ARR 3.2%) than that observed for infant (IMRs) (ARR 2.7%) and neonatal (NMRs) (ARR 2.0%) mortality rates. We predict that 5 countries (Kenya, Rwanda, Senegal, Tanzania, and Uganda) are on track to achieve the under-5 sustainable development target by 2030 (25 deaths per 1,000 live births), but only Rwanda and Tanzania would meet both the neonatal (12 deaths per 1,000 live births) and under-5 targets simultaneously...”*

## LSHTM - Secrets of early life revealed from less than half a teaspoon of blood

<https://www.lshtm.ac.uk/newsevents/news/2019/secrets-early-life-revealed-less-half-teaspoon-blood>

“A global team of scientists have mapped the developmental pathway of a newborn’s life for the first time. The research, published in [Nature Communications](#), could transform our understanding of health and disease in babies. Co-led by the **MRC Unit The Gambia at the London School of Hygiene & Tropical Medicine**, the new study included lifting the lid on what genes are turned on, what proteins are being made and what metabolites are changing in the first seven days of human life. Newborn babies are the most vulnerable population when it comes to infectious disease. Establishing key pathways in early development could help measure the impact of factors such as diet, disease and maternal health, as well as key interventions like vaccines. ...”

## Medical Anthropology - INGO Behavior Change Projects: Culturalism and Teenage Pregnancies in Malawi

H Pot; <https://www.tandfonline.com/doi/full/10.1080/01459740.2019.1570187>

*“Adolescent girls are at the center of many health development interventions. **Based on ethnographic research in rural Malawi**, I analyze the design, implementation, and reception of an international non-government organization’s project aiming to reduce teenage pregnancies by keeping girls in school. Drawing on **Fassin’s theorization of culturalism as ideology**, I analyze how a tendency to overemphasize culture is inherent to the project’s behavior change approach, but is reinforced locally by class-shaped notions of development, and plays out through reinforcing ethnic stereotypes. I argue that culturalism builds upon previous health development initiatives that dichotomized modernity and tradition, and is strengthened by short-term donor funding.”*

## BMJ Editorial - Protecting women and children in conflict settings

Z Bhutta et al; <https://www.bmj.com/content/364/bmj.l1095>

**“Children and their families urgently need better evidence, better care, and better outcomes.”**  
Check out what BMJ plans to do, in the coming months, in this respect.

*“A recent Save the Children report highlighted that some 357 million children, one in every six children in the world, currently live in a conflict zone. Almost half of them live in severe conflict settings. Wagner et al estimate that a child born within 50 km of an armed conflict event in Africa has a 7.7% excess risk of dying in infancy. This equates to 5.2 more deaths per 1000 births than during periods without conflict in the same region. Predictably, this effect increases with severity of conflict...”*

## Devex - DFID chief seeks US partnership on women's rights

<https://www.devex.com/news/dfid-chief-seeks-us-partnership-on-women-s-rights-94455>

From late last week (around International Women's Day): ***"The U.K. Department for International Development will announce a new initiative in the coming weeks focused on partnerships and broadening who the agency works with, U.K. Secretary of State for International Development Penny Mordaunt said Friday. ... The United Kingdom development chief added that the initiative will not be solely focused on funding new partnerships, but about being a catalyst, adding that DFID is specifically looking to do more work with faith-based organizations.***

*"Mordaunt was in Washington, D.C., this week for several meetings and speaking engagements around women's empowerment, gender equality, and **the importance of U.S. leadership on these issues.** "When we work together, we can get things done. Without our support in these areas, it is clear we will not achieve the global goals," Mordaunt said in a speech Friday at the United States Institute of Peace. **"The women's movement globally needs America and it needs the United Kingdom...."***

## CGD (blog) - Celebrate International Women's Day 2019 with These 8 Gender Policy Wins

T Jaluka; <https://www.cgdev.org/blog/celebrate-international-womens-day-2019-these-8-gender-policy-wins>

Also from late last week. Worth a read – with 8 examples of global progress. *"Since last International Women's Day, remarkable women, girls, and allies have created policy changes to improve gender equality globally. To mark the day, **here are eight achievements to celebrate:...**"*

## Apolitical - Bringing men into the heart of the gender equality revolution: the gender equality revolution is also a revolution for men

M Kaufman; [https://apolitical.co/solution\\_article/men-gender-equality-revolution/](https://apolitical.co/solution_article/men-gender-equality-revolution/)

*"This piece was written by **Michael Kaufman**, who has worked in 50 countries over the past four decades to engage men to support women's rights, end GBV and positively transform our ideals of manhood. He is a **member of France's G7 Gender Equality Advisory Council** and is the co-founder of the White Ribbon Campaign. "*

*"In my new book, **The Time Has Come. Why Men Must Join the Gender Equality Revolution**, I draw on feminist analyses, women's organising and women's voices to make the moral, economic, political and social case for men to embrace efforts to achieve gender justice in our workplaces, homes, schools and nations...."*

*“...the dominant ways we’ve defined manhood are impossible for any man to live up to — and thus we set boys and men up for failure. ...”* Kaufman gives some advice on what needs to be done.

## **HP&P - Initiation and continuity of maternal healthcare: examining the role of vouchers and user-fee removal on maternal health service use in Kenya**

M L Dennis et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czz004/5370322>

*“This study explores the relationship between two health financing initiatives on women’s progression through the maternal health continuum in Kenya: a subsidized reproductive health voucher programme (2006–16) and the introduction of free maternity services in all government facilities (2013)...”*

## **Access to medicines**

### **Civil society letter by Oxfam & 82 other organisations- Open Letter to WHO member states (March 6)**

<https://www-cdn.oxfam.org/s3fs-public/open-letter-wha-transparency-resolution-6mar2019.pdf>

In this letter, Oxfam & 82 civil society organizations urge all WHO Member States to support actions to improve the transparency of medical R&D, prices, patents & clinical trials.

### **FT – Kelly Chibale: Overcoming sceptics at home and abroad**

<https://www.ft.com/content/5541440c-38ff-11e9-b856-5404d3811663>

**“Founder of H3D is debunking the idea that Africa cannot be a leader in drug discovery”.**

*“... The rag in Kelly Chibale’s rags-to-riches story is the lit one he used to put into a paraffin-filled tub so that he could study at night. Brought up amid violence and squalor in the Zambian copper belt settlement of Kabulanda — whose name, he says, literally denotes “sadness” — **Mr Chibale has fashioned a successful career from a tough start. The 54-year-old is the founder and director of H3D, Africa’s only fully integrated drug discovery centre, which in 2017 became the first to put an “African drug” — an anti-malarial — into Phase II clinical trials. A member of the Royal Society of Chemistry, in 2018 he was named by Fortune as one of the world’s top 50 leaders....”***

## HPW – Delay Vote On Cannabis Reclassification – Chair Of UN Commission On Narcotic Drugs Recommends

<https://www.healthpolicy-watch.org/delay-vote-on-cannabis-reclassification-chair-of-un-commission-on-narcotic-drugs-recommends/>

*“The UN Commission on Narcotic Drugs appears set to delay any consideration this year of a recent World Health Organization recommendation to reschedule the status of cannabis and cannabis-related substances from “particularly dangerous” to a less dangerous category – with no timeline indicated for when the Commission might actually take up the contentious issue....”*

## Human resources for health

### Latest (WHO) Health Workforce 2030 newsletter

<https://mailchi.mp/who/health-workforce-newsletter-march-2867545?e=999ee1cf4d>

Do check it out. With among others info on a Resolution on Community Health Workers to be considered at the upcoming World Health Assembly.

### Guardian - Doctors in Zimbabwe 'sending patients away to die' as drug shortages bite

<https://www.theguardian.com/global-development/2019/mar/14/doctors-strike-zimbabwe-sending-patients-away-to-die-drug-shortages>

*“A doctors’ strike in Zimbabwe entered its second day on Wednesday with health workers claiming patients in the biggest state hospital are dying due to a lack of drugs and medical supplies....”*

## Miscellaneous

### Norwegian research institutions have decided not to renew their agreement with Elsevier

<https://www.mynewsdesk.com/no/unit/pressreleases/norwegian-research-institutions-have-decided-not-to-renew-their-agreement-with-elsevier-2846284>

Elsevier must begin to think: ‘*Tu quoque*’, when they open the newspapers these days ☹️.

## Guardian - Elizabeth Warren vows to break up Amazon, Facebook and Google if elected president

[Guardian](#);

*“Senator Elizabeth Warren has pledged that, if elected president next year, she will aim to break up the big tech companies Amazon, Facebook and Google because they have too much control over Americans’ lives. In her plan to rein in the influence of tech giants, Warren proposes legislation targeting companies with annual worldwide revenue of \$25bn or more and imposing sweeping regulation on Silicon Valley. “Today’s big tech companies have too much power – too much power over our economy, our society, and our democracy,...” It clearly is **one of the key (global) battles in our time.** For tax justice, decent work, privacy of one’s data, ... you name it.*

See also Robert Reich’s Op-Ed in the Guardian - [Elizabeth Warren is right – we must break up Facebook, Google and Amazon.](#)

## CGD (blog) – ODA for Research & Development: Too Much of a Good Thing?

E Ritchie; <https://www.cgdev.org/blog/oda-research-development-too-much-good-thing>

Cfr a **tweet by Owen Barder**: *“The UK spends more aid on R&D than the next 15 biggest donors combined. But is it money well spent?”*

## Vox - Study: losing sleep might make us worse citizens

<https://www.vox.com/future-perfect/2019/3/13/18261878/study-losing-sleep-might-make-worse-citizens>

*“Taking advantage of time zones for a natural experiment, researchers found that sleep-deprived people vote less, donate less, and won’t sign petitions.”* And the results seem fairly robust.