

IHP news 430 : Welcoming the Health Systems Governance Collaborative

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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,

From next week on, due to holidays of part of the editorial team, IHP will go for a (more limited) "summer edition". You can expect the full "T-Rex" version again towards the end of the month.

In this week's Featured article, **Maryam Bigdeli, Agnès Soucat and Gérard Schmets** (all from the Department of Health Systems Governance and Financing, WHO, Geneva) tell you all you need to know about the **Health Systems Governance Collaborative**, a new global health player and one you're certainly going to hear more from in the years to come!

Enjoy your reading.

The editorial team

Featured Article

Investing in health system governance: collective action required!

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In these turbulent times, many people will agree that to the question recently asked by Fryatt et al. ["Health sector governance: should we be investing more?"](#), the answer is definitely yes. The big issue then is: what kind of investments will make the difference?

Back in 2007, the WHO proposed a six building blocks' [framework to categorize and analyse health systems](#) : health financing, human resources for health, medicines and technologies, health information, health service delivery and governance. In this framework, health system governance was defined as: "*Ensuring strategic frameworks exist and are combined with effective oversight,*

coalition-building, attention to system design and accountability". Since then, other definitions of governance have entered the literature, but for sake of simplicity we will stick to this one here for a moment and try to unpack what this definition really means in practice and what kind of actions it should ideally trigger in health systems.

First, we must admit that for the past decade, we have paid much attention to the first part of this definition: *"ensuring strategic policy frameworks exist"*. Communities of experts, donors and practitioners working to strengthen health systems and improve their performance have dedicated a great part of their work and resources to strengthening national and subnational capacities for strategic planning and policy-making. And surely, modernizing this planning process to meet the demands of fast-changing and diverse societies has been a challenge in its own right. As a consequence, until today, many health systems have a tendency to adopt a top-down planning approach whereby a central government (with or without the help of consultants) produces more or less visionary or conservative health sector strategic plans with varying levels of details.

But strategizing for health should not be a top-down approach. More and more people are convinced that [robust national health strategies, policies and plans](#) are to be developed through an inclusive process involving the diverse stakeholders and should contribute to health systems strengthening – including the population. [Inclusive and participatory policy dialogue](#) is at the core of strategic planning and policy formulation. Hence, building capacity for evidence-based, participatory and bottom-up planning has been at the focus of most governance investments in the recent past. This investment has also been extremely critical in providing a more solid base for donor coordination, harmonization and alignment. National health plans are a pre-requisite for effective coordination of health system strengthening interventions; support to the national health strategy is one of the [seven behaviours](#) of effective development cooperation, while Joint Assessment of National Health Strategies ([JANS](#)) is a well-established tool that promotes shared accountability in health systems.

Secondly, without denying the critical importance of policy-making capacity and strategic planning processes in the health sector, we must also acknowledge the need to examine more closely the latter part of the governance definition put forward by WHO in 2007: that is *"effective oversight, coalition-building, system design and accountability"*. Much less has happened in this respect in the recent past, although some authors in the health system literature have ventured this less travelled route: [a recent systematic review](#) identifies 16 frameworks for health systems governance published between 1994 and 2014, but only five of them have been applied in practice and only three considered governance at multiple levels of the health system. When travelled, the route therefore remains vastly theoretical; it is difficult to grasp what are the concrete actions that could benefit health system governance and improve health system performance. Nonetheless, some authors have attempted to incorporate [key contemporary issues in the governance of health systems](#) in their discourse: the role of the state vs. health markets, the role of ministries of health vs. other ministries, the diversity of actors in governance – public, private and civil society, the need to acknowledge the dynamic or organic nature of health systems and the implication of this on resilience and adaptability, the perspective of a rights-based approach to health. And for sure, addressing these issues, or at least attempting to consider them in the way we devise health system strengthening interventions will require much more than national health strategies, policies and plans. They also demand putting some emphasis on the [institutions whose strength and power will ensure implementation of these plans and accountability towards their objectives](#): these institutions include broader governance principles such as the rule of law or democracy; public policies such as public financial management or decentralization; and organizational entities that govern the health sector such as ministries of health, public health agencies or health insurance organizations. To use the *"hardware" / "software" metaphor* now common in health systems research, a focus on institutions for health system governance requires investing in building or strengthening structures

of government as well as in generating virtuous circles and positive outcomes through formal and informal processes, rules and incentives that play a role in policy implementation. Structures of governments - especially ministries of health and other health agencies, [as well as relations between health system actors](#) are at the core of the latter part of our definition of governance: “*effective oversight, coalition-building, system design and accountability*”,

In short: Promising innovations, new partnerships, platforms for intersectoral actions, innovations in applied policy research, and above all opportunities for dialogues between actors of the society – including first and foremost people for whom and by whom health systems are made : these are all crucial requirements of health systems governance for Universal Health Coverage.

The [Health Systems Governance Collaborative](#) was born from this urgent need for new collective action. The Collaborative is set up to work as a global network, made up of participants from various backgrounds: technical experts, agencies, policy makers, and citizens’ representatives. It is open to all stakeholders seriously interested in advancing health systems governance. It seeks to provide a reflexive context for articulating locally relevant governance problems, and building theory from action and local practices. It is committed to develop a bold vision of collaboration, drawing actively on existing networks and communities of practice. The Collaborative is connected to the [UHC2030 platform](#) as one of the latter’s participating networks, to guarantee maximum synergy between local and global experiences. Two initial topics will be explored in the coming year; they reflect critical questions put forward by both scholars and practitioners in the field:

- The changing roles and governance capacities of ministries of health, as the main stewards of health systems in the 21st century, faced with multiple local, national and global challenges and opportunities
- Frameworks, dimensions and measures of governance that will support an actionable governance agenda in the health system, similar to broader [actionable governance indicators](#) supporting advances in sustainable governance

This is a new initiative, but we hear it is much needed and we are committed to make it happen. So don’t hesitate to join the movement, together we are stronger!

Highlights of the week

World Breastfeeding week (1-7 August)

This week is [World Breastfeeding week](#).

WHO (Commentary) – Breastfeeding is not a one-woman job

Dr Tedros (WHO) & Anthony Lake (UNICEF Executive Director)

<http://who.int/mediacentre/commentaries/world-breastfeeding-week/en/>

*“The **theme** of this year’s World Breastfeeding Week is “**Sustaining Breastfeeding Together**,” because all of us – governments, decision-makers, development partners, professional bodies,*

academia, media, advocates, and other stakeholders – must work together to strengthen existing partnerships and forge new ways to invest in and support breastfeeding for a more sustainable future.”

*“UNICEF and WHO have come together with 20 prominent international agencies and nongovernmental organizations to **form the Global Breastfeeding Collective**, to be **launched on August 1, the first day of World Breastfeeding Week**. The Collective is calling on governments, donors and other stakeholders to advance policies and programmes to enable more mothers to breastfeed.”*

WHO – Babies and mothers worldwide failed by lack of investment in breastfeeding

<http://www.who.int/mediacentre/news/releases/2017/lack-investment-breastfeeding/en/>

*“No country in the world fully meets recommended standards for breastfeeding, according to a **new report by UNICEF and WHO in collaboration with the Global Breastfeeding Collective**, a new initiative to increase global breastfeeding rates. The [Global Breastfeeding Scorecard](#), which **evaluated 194 nations, found that only 40 per cent of children younger than six months are breastfed exclusively (given nothing but breastmilk) and only 23 countries have exclusive breastfeeding rates above 60 per cent....”***

*“... The scorecard was released at the start of World Breastfeeding Week alongside a new analysis demonstrating that an annual investment of only US\$4.70 per newborn is required to increase the global rate of exclusive breastfeeding among children under six months to 50 per cent by 2025. [Nurturing the Health and Wealth of Nations: The Investment Case for Breastfeeding](#), suggests that meeting this target could **save the lives of 520,000 children under the age of five and potentially generate US\$300 billion in economic gains over 10 years**, as a result of reduced illness and health care costs and increased productivity....”*

See also [The Fast Company](#): *“... the **Global Breastfeeding Collective**, a philanthropic coalition that includes the World Health Organization, UNICEF, and 20 related health and nutrition nonprofits like 1,000 Days and Alive & Thrive, has **launched a \$5.7 billion fundraising campaign to get more kids back on the nipple**. The goal is to convince potential donors, including foundations, various NGOs, and government making health investments, to boost the current rate of those “exclusively breastfed”—meaning just that and nothing else—for their first six months from 40% to 50% by 2025 by investing things like public health campaigns and prenatal counseling, and better medical facilities with trained staff to encourage the practice....”*

Or [BMJ News](#) - [Global drive to increase breast feeding is unveiled](#)

Lancet (Editorial) – Breastfeeding: a missed opportunity for global health

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32163-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32163-3/fulltext)

The Lancet’s take on the new report. They conclude: *“**The lack of political leadership and funding for breastfeeding is a missed opportunity to improve health and economic outcomes. With the right level of investment and commitment from policy makers we can transform global health.**”*

Lancet World Report – Frontline: Support for breastfeeding in crisis

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32098-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32098-6/fulltext)

“Brooke Bauer is an infant-feeding specialist and founder of Nurture Project International, an NGO that provides lactation support, reproductive care, and nutrition support to families in emergencies. She is interviewed in Erbil, after a training session in a primary health centre in east Mosul.”

Cholera & humanitarian crisis in Yemen

Guardian – Yemen: more than 1 million children at risk of cholera – charity

<https://www.theguardian.com/world/2017/aug/02/yemen-more-than-one-million-children-at-risk-of-cholera-charity>

“More than 1 million malnourished children aged under five in Yemen are living in areas with high levels of cholera, the charity Save The Children warned on Wednesday as it began sending more health experts to the worst hit areas.”

Guardian – Blame the Saudis for Yemen's cholera outbreak – they are targeting the people

<https://www.theguardian.com/global-development/2017/aug/02/blame-saudi-coalition-for-yemen-cholera-outbreak>

“The cholera crisis in Yemen is due largely to the Saudi-led coalition’s strategy of deliberately attacking civilians and infrastructure in rebel-held areas,” Jonathan Kennedy (Queen Mary University of London) argues. Hard-hitting piece. We need more of these in global health.

Plos Speaking of Medicine (blog) – Cholera in Yemen: Why are vaccines not being used?

<http://blogs.plos.org/speakingofmedicine/2017/08/02/cholera-in-yemen-why-are-vaccines-not-being-used/>

*“PLOS Medicine Specialty Consulting Editor **Lorenz von Seidlein** urges the WHO to act in response current cholera outbreak in Yemen.”* Rather critical of WHO, to say the least...

And a link (Devex) - [UNDP says humanitarian workers struggle to access Yemen crisis](#)

World Day against trafficking in persons (30 July)

UN News - 'Act now' to help and protect trafficking victims, UN urges on World Day against the scourge

<http://www.un.org/apps/news/story.asp?NewsID=57278#.WX8E7YTygdU>

“Criminal groups feed off the instability created by conflicts, and as links between wars, trafficking and migrant smuggling become more widely known, the United Nations is calling on the international community to act now to help and protect trafficking victims and to end this crime forever.”

Yet, as a [Lancet Editorial](#) emphasizes this week, there’s an important role for health professionals: *“...Victims of human trafficking by necessity attempt to remain invisible, but are often in plain view. Interestingly, by some estimates, **upwards of half of trafficking victims have interacted with the health-care system at some point** during their ordeal, presenting an important point of access for intervention. **Health-care providers are in a special position to screen and treat victims of trafficking and to connect them with help, but could also be instrumental in improving estimates of the number of victims.** To be a driving force of change against human trafficking, training and engaging providers is a vital way to save lives.”*

Guardian – 'Human life is more expendable': why slavery has never made more money

[Guardian:](#)

“New research shows modern slavery is more lucrative than it has ever has been, with sex traffickers reaping the greatest rewards.”

Finally, a more uplifting link (The Conversation) - [Data science can help us fight human trafficking](#)

*“... Human trafficking occurs in every country in the world, including the U.S. It’s a hugely profitable industry, generating an estimated US\$150 billion annually in illegal profits per year. In fact, it’s one of the largest sources of profit for global organized crime, second only to illicit drugs. **Analytics, the mathematical search for insights in data, could help law enforcement combat human trafficking.** Human trafficking is essentially a supply chain in which the “supply” (human victims) moves through a network to meet “demand” (for cheap, vulnerable and illegal labor). **Traffickers leave a data trail, however faint or broken, despite their efforts to operate off the grid and in the shadows. There is an opportunity – albeit a challenging one – to use the bits of information we can get on the distribution of victims, traffickers, buyers and exploiters, and disrupt the supply chain wherever and however we can.** In our latest study, we have detailed how this might work....”*

Global Health Security

NYT – Only Six Nations Have Evaluated Readiness for Global Pandemic

<https://mobile.nytimes.com/2017/07/31/health/global-pandemic-preparedness.html>

This piece was widely shared this week, even if not everybody agrees with the main message. ***“Of the world’s countries, only six — three rich ones and three poor ones — have taken the steps they should have to evaluate their ability to withstand a global pandemic, according to a recent report sponsored by the World Bank. The unusually concise and crisp report, “From Panic and Neglect to Investing in Health Security,” was written by experts from the World Bank, the International Monetary Fund, the African and Asian development banks, and finance officials from various governments. ... The external evaluations are done in cooperation with the World Health Organization and the World Organization for Animal Health, a Paris-based United Nations agency... ..”***

Twitter reactions: **Ebba Kalondo**: *“Not true. So far 18 African nations(out of 50 globally) have successfully completed the **pandemic Joint External Evaluations**. Check with @WHO”*

And **Laurie Garrett**: *“Problem: I read the May2017 rpt @nytimes story is based on <http://documents.worldbank.org/curated/en/979591495652724770/From-panic-and-neglect-to-investing-in-health-security-financing-pandemic-preparedness-at-a-national-level> Table A3 of rpt says 24 countries ready, not 6”.*

Homeland Preparedness news – GHSA update

<https://homelandprepnews.com/biological-threats/23432-ghsa-conference-underway-world-considers-best-path-forward-disease-control/>

In the lead-up to the [GHSA] conference [in Seoul, South-Korea] (from last week), *“...more than 100 health and health security organizations, including the Nuclear Threat Initiative (NTI), banded together in a **call for the GHSA’s continued operation for at least another five years. The current lifespan of the organization is scheduled to conclude in 2019, and members are currently hammering out what form future operations would take. “The Global Health Security Agenda (GHSA) is an irreplaceable and proven mechanism for promoting measurable change in international preparedness to prevent and combat biological threats,” Elizabeth Cameron, senior director for Global Biological Policy and Programs at NTI, wrote in a blog supporting the organization. NTI aims to prevent attacks with weapons of mass destruction, including chemical, biological, radiological, nuclear and cyber threats. “We urge all GHSA participating countries, permanent advisors, and supporting organizations to take a firm decision to extend the GHSA beyond its current endpoint of 2019 – at a minimum for another five years....”***”

A **GHSA Steering Group meeting** took place in **Seoul (28 July)**. No information found yet.

Trump & global health

Guardian – Insult to injury: how Trump's 'global gag' will hit women traumatised by war

<https://www.theguardian.com/global-development/2017/aug/01/insult-to-injury-trump-global-gag-will-hit-women-traumatised-by-war>

“From Syria to Nigeria and Colombia, women rescued from the horror of war face losing the services that in many cases have saved their lives. Some programs helping women affected by war, sexual violence could close because of the Mexico City Policy Reinstatement. “

But at least, the White House boasts the “best ever US president golfer” now.

Global Humanitarian crisis

Guardian – Aid groups snub Italian code of conduct on Mediterranean rescues

<https://www.theguardian.com/world/2017/jul/31/aid-groups-snub-italian-code-conduct-mediterranean-rescues>

Including MSF, some of the few Europeans left with a conscience.

Lancet Public Health (Editorial) - Our greatest untapped resource

[http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30145-7/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30145-7/fulltext)

From the new Lancet Public Health August issue. Includes some info on this month’s issue. *“Young people are the world's greatest untapped resource”, wrote Ban Ki-moon in a Comment accompanying the Lancet Commission on Adolescent Health, published last year. With 1.8 billion adolescents aged 10–24 years in the world today, adolescent health has only recently been recognised as key to sustainable societies. The Lancet Commission coined the centrality of adolescent health and wellbeing as a triple dividend, with potential benefits for the adolescent, their future adult life, and even future generations. **Evidence that young people exposed to adversity are more at risk of poor health outcomes later in life is mounting.**”*

*“...the diversity of poor health outcomes associated with childhood adversity goes well beyond mental health. **Childhood trauma and adversity should be everyone's greatest public health challenge. ...**”*

Do read the **new study in the Lancet Public Health** to which this editorial refers, [The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis](#) and the accompanying **Comment**, [Inequality and intergenerational transmission of complex adversity](#)

WHO Bulletin – August issue

<http://www.who.int/bulletin/volumes/95/8/en/>

*“In the **editorial section**, Aziz Sheikh et al. announce WHO’s third global patient safety challenge on reducing medication related harm. Adilya Albetkova et al. argue for specialized training of laboratory directors so that national governments can meet their obligations under the International Health Regulations (2005).”* But do check out the whole issue.

Lancet Infectious Diseases (Series) – Fungal Infections

<http://www.thelancet.com/series/fungal-infections>

As The Lancet advertises the series, *“This authoritative series brings to the fore an important category of diseases that to date has almost been ignored by default.”*

“Fungal infections are neglected by social and political communities. However, they affect more than a billion people, resulting in approximately 11.5 million life-threatening infections and more than 1.5 million deaths annually. There have been enormous advances in fungal diagnostics and antifungal drug development over the past 20 years, but most of the world’s population has not yet benefited from these advances. This Series of eight reports brings readers up to date on fungal infections and addresses how fungal infection management can be integrated into health systems in low-income and middle-income countries.”

The Conversation - These five countries are conduits for the world’s biggest tax havens

<https://theconversation.com/these-five-countries-are-conduits-for-the-worlds-biggest-tax-havens-79555>

Dutch “world class”. *“A new study has now uncovered all the world’s corporate tax havens and, for the first time, **revealed the intermediary countries** that companies use to funnel their money into these places. Published on July 24 in the academic journal Scientific Reports, the paper **Uncovering Offshore Financial Centers: Conduits and Sinks in the Global Corporate Ownership Network** shows that offshore finance is not the exclusive business of exotic, far-flung places such as the Cayman Islands and Bermuda. **The Netherlands and the United Kingdom** also play a crucial – although a heretofore obscure – role in the tax-avoidance game, acting as conduits for corporate profits as they make their way to tax havens....”* And also Switzerland, Singapore and Ireland. Must-read.

Read this together with:

NPR - Dutch-Led Fund Raises \$300 Million To Replace U.S. Funding For Sexual Health

<http://www.npr.org/2017/07/28/539991817/dutch-led-fund-raises-300-million-to-replace-u-s-funding-for-sexual-health>

*“An effort to help global sexual health charities losing support under the Trump administration has reached a new milestone: **\$300 million in fundraising**. The Dutch government revealed the new figure on Friday. The **“She Decides” initiative** — the brainchild of one Dutch official — kicked off earlier this year, and announced \$190 million in funding as of early March. Thanks to “ongoing enthusiasm,” donations from nations, organizations and individuals have since continued to flow in. Norway, Sweden, Finland and the Bill and Melinda Gates Foundation have all pledged new funding, the Dutch statement says, while **Rwanda**, Chad, South Africa, South Korea, Senegal, Nigeria and Mozambique have signed on as “friends” of the initiative....”*

Kagame – who faces “elections” today - is still pretty much everybody’s “friend” in development & global health circles. For how much longer though?

He seemed set for yet another ‘landslide’ victory. Which reminds me for some reason of that heartbreakingly beautiful version of [“Landslide”](#) by **Smashing Pumpkins**.

For a different view, see **Thomas Stubbs** (in the Conversation) - [Why Kagame’s bid to serve a third term makes sense for Rwanda](#).

Wired – US Scientists edit a human embryo; but superbabies won’t come easy

https://www.wired.com/story/first-us-crispr-edited-embryos-suggest-superbabies-wont-come-easy/?mbid=social_twitter

“US scientists used Crispr to fix a gene in human embryos for the first time. It worked—but not like they expected.” You probably got this from the media yesterday. See also **FT** - [Scientists mend genetic defect in human embryo for first time](#). Or **Nature News** - [Gene-editing experiment pushes scientific and ethical boundaries](#).

Ilona Kickbush tweeted: *“Scary all the same! Hope @who sets up an ethics committee that gives guidance about these kind of developments.”*

As for me, I’m hoping for Laurie Garrett’s Doomsday Take on this research breakthrough.

Guardian – Shadow of leprosy falls again as experts claim millions of cases go undiagnosed

https://www.theguardian.com/global-development/2017/aug/03/leprosy-experts-claim-millions-of-cases-go-undiagnosed?CMP=tw_t a-global-development b-gdndevelopment

“Millions of new leprosy cases are going undiagnosed and untreated, 15 years after one of the world’s most feared and infamous diseases was declared to be virtually eliminated. Experts believe the reported number of new leprosy cases each year – as published by the World Health Organization – has been falling well short of the true total, meaning that millions of people have not been receiving the essential treatment that would prevent disability. The WHO reports that there have been between 200,000 and 300,000 new cases detected globally every year since 2005. However, the true number of new cases is likely to be double these figures....”

Stat – Why the ‘gold standard’ of medical research is no longer enough

Tom Frieden ; https://www.statnews.com/2017/08/02/randomized-controlled-trials-medical-research/?s_campaign=tw&utm_content=buffer02f36&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

Former CDC head **Tom Frieden** on why RCTs, the "gold standard" of clinical research, may no longer be enough.

See also this **NEJM review** - [Evidence for Health Decision Making — Beyond Randomized, Controlled Trials](#) (by Tom Frieden). In this article, he describes the use of RCTs and alternative (and sometimes superior) data sources from the vantage point of public health, illustrates key limitations of RCTs, and suggests ways to improve the use of multiple data sources for health decision making.

WHO – ‘Best buys’ and other recommended interventions for the prevention and control of NCDs (updated Appendix 3 - 2017)

http://who.int/ncds/management/WHO_Appendix_BestBuys.pdf?ua=1

WHO “best buys” for National NCDs Directors. Other versions will be developed for SDG policy makers, among others.

“The updated Appendix 3 was endorsed in May 2017 by the Seventieth World Health Assembly. Renamed ‘Best buys’ and other recommended interventions, this updated Appendix 3 comprises a total of 88 interventions, including overarching/ enabling policy actions, the most cost effective interventions, and other recommended interventions...” “...Out of the 88 interventions, there are a total of 16 ‘best buys’ – those considered the most cost-effective and feasible for implementation.”

Devex – The 'Ivanka Fund' drops Ivanka

<https://www.devex.com/news/the-ivanka-fund-drops-ivanka-90706>

Hurray! *“Ivanka Trump, daughter of the United States president, will have no official role in the so-called “Ivanka Fund” for women entrepreneurs, World Bank officials told Devex, despite references as recent as July 11 to Ms. Trump’s future position as chair of the board.”*

*“...the **fund will officially launch at the World Bank annual meetings in October**, with the first awards to be released in early 2018.”*

The piece also has some more info on how the Fund will function. Among others, *“...The fund’s **governance structure** resembles that of the World Bank’s Global Financing Facility supporting women, children and adolescent health, **whereby only donor countries are represented on its board to make governing decisions.**”*

NYT – Sending Health to Rural Ghana via Traveling Medics

<https://www.nytimes.com/2017/08/01/opinion/sending-health-to-rural-ghana-via-traveling-medics.html>

As Rob Yates tweeted, a *“Nice piece by @andrew_green on the **role of community health workers** in achieving #UHC @soniaesachs @JeffDSachs”*. Focus on **Ghana’s chapter** of the **One Million Community Health Workers Campaign**.

Stat News – Angela Merkel and Germany are taking the lead on global health

Jeremy Farrar; <https://www.statnews.com/2017/08/03/angela-merkel-germany-global-health/>

(must-read) Jeremy Farrar’s take on recent trends at the G20 & G7. He also looks ahead to the G20 presidency of Argentina & G7 presidency of Canada.

Guardian – UK pledges £100m to global efforts to eradicate polio

<https://www.theguardian.com/global-development/2017/aug/04/uk-pledges-100m-global-efforts-eradicate-polio>

“The UK has pledged £100m to the global fight against polio, in an attempt to eradicate the debilitating disease by 2020. The cash, to be announced by the international development secretary, Priti Patel, on Friday, will fund the immunisation of 45 million children a year until 2020. The last case

of polio is likely to be announced in 2017 and there would then need to be three years without a single case to prove eradication....”

Read together with: [Britain is still a world-beater at one thing: ripping off its own citizens](#) (Guardian – A Chakkraborty).

CGD – The Changing Landscape of Global Health Procurement: Acting Now to Prepare for the Future

Rachel Silverman et al; <https://www.cgdev.org/blog/changing-landscape-global-health-procurement-acting-now-prepare-future>

The global health community must prepare for sweeping changes in global health and procurement over the next 10–20 years. Silverman et al list some (6) of these changes in LMICs they’re already noticing. Against that backdrop, **a new CGD working group on the future of global health procurement** was set up. It aims to produce actionable recommendations for the global health community. The **working group, launched in late July**, brings together representatives from LMIC governments, global procurement agents, funders, and international agencies, as well as experts on issues such as industrial organization, contract theory, and auctions. **The final report is expected in late 2018.**

Key (global health & HPSR) reads of the week

Health Policy & Systems research – Assessing the capacity of ministries of health to use research in decision-making: conceptual framework and tool

D Rodriguez et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0227-3>

You know this is a must-read. “The capacity to demand and use research is critical for governments if they are to develop policies that are informed by evidence. Existing tools designed to assess how government officials use evidence in decision-making have significant limitations for low- and middle-income countries (LMICs); they are rarely tested in LMICs and focus only on individual capacity. This paper introduces an instrument that was developed to assess Ministry of Health (MoH) capacity to demand and use research evidence for decision-making, which was tested for reliability and validity in eight LMICs (Bangladesh, Fiji, India, Lebanon, Moldova, Pakistan, South Africa, Zambia)....”

Health Research Policy and Systems- Increasing health policy and systems research capacity in low- and middle-income countries: results from a bibliometric analysis

K English et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0229-1>

*“For 20 years, substantial effort has been devoted to catalyse health policy and systems research (HPSR) to support vulnerable populations and resource-constrained regions through increased funding, institutional capacity-building and knowledge production; yet, participation from low- and middle-income countries (LMICs) is underrepresented in HPSR knowledge production. **A bibliometric analysis of HPSR literature was conducted** using a high-level keyword search. ... The trends in knowledge production from 1990 to 2015 were examined to understand how investment in HPSR benefits those it means to serve. The total number of papers published in PubMed increases each year. HPSR publications represent approximately 10% of these publications, but this percentage is increasing at a greater rate than PubMed publications overall and the discipline is holding this momentum. HPSR publications with topics relevant to LMICs and an LMIC-affiliated lead authors (specifically from low-income countries) are increasing at a greater rate than any other category within the scope of this analysis. While the absolute number of publications remains low, lead authors from an LMIC have participated exponentially in the life and biomedical sciences (PubMed) since the early 2000s. HPSR publications with a topic relevant to LMICs and an LMIC lead author continue to increase at a greater rate than the life and biomedical science topics in general. This correlation is likely due to increased capacity for research within LMICs and the support for publications surrounding large HPSR initiatives. These findings provide strong evidence that continued support is key to the longevity and enhancement of HPSR toward its mandate.”*

BMJ Global Health – Leaving no one behind: lessons on rebuilding health systems in conflict- and crisis-affected states

Tim Martineau et al; <http://gh.bmj.com/content/2/2/e000327>

*“Conflict and fragility are increasing in many areas of the world. This context has been referred to as the ‘new normal’ and affects a billion people. Fragile and conflict-affected states have the worst health indicators and the weakest health systems. This presents a major challenge to achieving universal health coverage. The evidence base for strengthening health systems in these contexts is very weak and hampered by limited research capacity, challenges relating to insecurity and apparent low prioritisation of this area of research by funders. **This article reports on findings from a multicountry consortium examining health systems rebuilding post conflict/crisis in Sierra Leone, Zimbabwe, northern Uganda and Cambodia. Across the ReBUILD consortium’s interdisciplinary research programme, three cross-cutting themes have emerged** through our analytic process: **communities, human resources for health and institutions.** Understanding the impact of conflict/crisis on the intersecting inequalities faced by households and communities is essential for developing responsive health policies. Health workers demonstrate resilience in conflict/crisis, yet need to be supported post conflict/crisis with appropriate policies related to deployment and incentives that ensure a fair balance across sectors and geographical distribution. Postconflict/crisis contexts are characterised by an influx of multiple players and efforts to support coordination and build strong responsive national and local institutions are critical. ...”*

BMJ Global Health – Successes and challenges of the millennium development goals in Ethiopia: lessons for the sustainable development goals

Yibeltal Assefa, Wim Van Damme, Peter Hill; <http://gh.bmj.com/content/2/2/e000318>

“We analysed the performance of Ethiopia in achieving the health-related MDGs with the aim of acquiring lessons for the sustainable development goals (SDGs)....” Sure hope Dr Tedros will read this article!

Lancet Public Health – Mental health and global strategies to reduce NCDs and premature mortality

L Pryor et al; [http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30140-8/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30140-8/fulltext)

They conclude: “...The state of the evidence on mental health as a contributor to the burden of disease has lagged behind that of physical health mainly because of factors such as stigma, underfunding, and complexity. We cannot afford to perpetuate this imbalance by excluding mental health from important global targets. Although specific mental health action plans exist, mental health should be considered, along with social determinants of health, in global health initiatives targeting risk factors for NCDs...”

WHO (manual) – National health inequality monitoring: a step-by-step manual

<http://apps.who.int/iris/bitstream/10665/255652/1/9789241512183-eng.pdf>

“Health inequality monitoring should be a central component of national health information systems. Surprisingly, however, **national health information systems often neglect to capture within-country inequalities**. Sometimes this can be addressed by more effectively communicating existing analyses and underlying disaggregated data to the appropriate target audiences. At other times, it requires expanded or more rigorous analysis of existing data. And sometimes, improving the quality, scope and reach of data collection efforts is needed. Countries should be strategic in planning how to most effectively collect relevant data through routine systems, surveys or special studies to understand the health inequalities within the population. **This manual serves as a step-by-step practical reference to support countries in building capacity for integrating health inequality monitoring into their health information systems.** It presents a range of World Health Organization tools and resources developed for measuring and reporting health inequality. As such, this manual aims to contribute to improved monitoring of health inequalities in countries, a practice that is essential to ensure accountability for the goals and targets of the United Nations 2030 Agenda for Sustainable Development.”

Journal of Global Health – Does SDG 3 have an adequate theory of change for improving health systems performance?

Gabriel Seidman; <http://www.jogh.org/documents/issue201701/jogh-07-010302.XML>

“Given the importance of Sustainable Development Goal 3 (SDG 3) setting national agendas and policies to improve public health, this article examines whether SDG 3 and its associated indicators have an adequate theory of change for improving health systems performance. To do so, this article maps all SDG 3 indicators to a prominent health systems framework. The analysis reveals that SDG 3 tracks four input indicators, 15 output / outcome indicators, and 18 impact indicators. Unlike the MDGs, SDG 3 tracks population health across a wide array of disease areas. However, SDG 3 has several limitations in its approach to improving health systems performance. It does not track primary health care inputs, financial risk protection, or user satisfaction with the health system, and it does not provide a comprehensive approach to prevent, diagnose, treat, and manage any disease. Future directions for research include conducting a similar mapping for other SDGs and documenting early country experiences implementing SDG 3 given these challenges.”

Global health events

Upcoming Nexus conference (April 16-18, University of North Carolina, Chapel Hill)

<http://www.cvent.com/events/nexus-2018-water-food-energy-and-climate/event-summary-7a6bb88243834db2b933a40829319d4d.aspx>

The (Second) Nexus conference will address the “Water-Energy-Food and Climate” nexus in spring of 2018. Among others, the conference will also look at the health-related Nexus issues recognizing that with climate change these will increase. The **Call for Abstracts** was just launched.

Alliance & JH – Funding opportunity

<http://origin.who.int/alliance-hpsr/callsforproposals/extfunding/en/>

“The Johns Hopkins Bloomberg School of Public Health is working with the Alliance HPSR to identify HPSR priorities in relation to the SDGs, focusing specifically on the themes of Social Protection and Multi-Sectoral Collaboration. We are seeking participants to take part in a research priority setting exercise in September....” **Deadline 21 August.**

Global governance of health

South Centre (blog) - Public-Private Partnerships as the Answer . . . What was the Question?

Manuel Montes; <http://blog.southcentre.int/2017/08/public-private-partnerships-as-the-answer-what-was-the-question/>

Insightful blog. “...The practical, and long-running, reality is that investment by enterprises has always been indispensable to growth and development. It is NOT a new reality. It’s NOT a reality specific only to Agenda 2030. Except in old-style socialist economies where capital is controlled centrally by intention, private sector resources have always dwarfed those of the public sector. This private-public resource imbalance is not a newly-found situation; it is not specific to Agenda 2030. However, **the discovery, unearthed in the UN, is being deployed to justify the so-called “leveraging” of limited public resources to “de-risk” private investment.** At the end of the day, this amounts to seeking ways to subsidize the private sector for the things the public sector wants to happen in order to achieve Agenda 2030....” The author points instead, to the example of Singapore in the 60s, as a way forward.

He also warns, “*The scaling up of “blended finance” and “public-private partnerships” (PPPs) is the new development silver bullet and happens to be very **helpful to the propping up needed by developed country financial sectors.** The World Bank has been involved in an effort to standardize provisions of PPP contracts to expand their use in developing countries....*”

CGD – Welcome Dr Kalipso Chalkidou—CGD’s New Director of Global Health Policy

<https://www.cgdev.org/blog/welcome-dr-kalipso-chalkidou-cgd-new-director-global-health-policy>

M Ahmed (CGD boss) welcomes **Dr. Kalipso Chalkidou** “as the **new director of CGD’s Global Health Policy program and a CGD senior fellow.** *She is uniquely placed to build upon the influential work of Amanda Glassman (now promoted to CGD’s Chief Operating Officer and senior fellow in global health), as well as driving forward CGD’s work on important and emerging frontiers in global health policy and development.*” She joins CGD from Imperial College London’s Institute for Global Health, and also spent time at NICE International, among others.

IDSi – WHO reports decreased local spending on health in presence of donor aid – so what does this mean?

L Downey, K Chalkidou et al; <http://www.idsihealth.org/blog/who-reports-decreased-local-spending-on-health-in-presence-of-donor-aid-so-what-does-this-mean/>

Must-read blog.

“...The real problem with the question of fungibility and how to capture and analyse it, is that we’re asking the wrong questions. What we should be asking is not where the money is going, but instead ‘are those monies allocated appropriately and spent efficiently to maximise value?’, where allocative efficiency is dependent on the presence of effective priority setting and governance. Answering this question involves looking beyond the expenditure databases at priority setting mechanisms within particular countries and what financing and governance models can be made to work best for donors and, more importantly, for countries, in their quest to improve health and wellbeing for their populations.”

Globalization & Health – Setting performance-based financing in the health sector agenda: a case study in Cameroon

Isidore Sieleunou et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0278-9>

“More than 30 countries in sub-Saharan Africa have introduced performance-based financing (PBF) in their healthcare systems. Yet, there has been little research on the process by which PBF was put on the national policy agenda in Africa. This study examines the policy process behind the introduction of PBF program in Cameroon....”

SDG implementation

OECD (blog) – Where to start with the SDGs?

Simon Scott et al; <https://oecd-development-matters.org/2017/07/20/where-to-start-with-the-sdgs/>

(recommended) « *Trying to work out how to get started in tackling the SDGs was the aim of a recent collaboration between New America, GreenHouse (a Chicago social innovation group) and the OECD. We wanted to put the SDGs in order – finding the best, most logical sequence in which to address them. To do this, we **surveyed 85 experts** from think tanks, government and private institutions, the World Bank, the OECD, universities, and foundations and civil society organisations....”*

*“...we arrived at 117 clear and straightforward targets that could be put in order. Respondents were then **asked a simple question: Which 20 of these 117 should be tackled as part of a multi-year effort to fulfil all of the SDGs?** We also asked the experts what criteria they used to arrive at their conclusions.”*

Do check out the (somewhat surprising) results. Conclusion: *“for the moment, we conclude that development experts believe the best way to start working towards the SDGs is **to expand people’s opportunities to reach their own goals, with governments guaranteeing the rule of law, social stability and minimum conditions of life for all.**”*

IISD (Policy brief) – International Tax Cooperation Initiatives Driving Progress on Target 17.1

<http://sdg.iisd.org/commentary/policy-briefs/international-tax-cooperation-initiatives-driving-progress-on-target-17-1/>

Four tax-related initiatives launched in 2015 have built capacity, strengthened and expanded governance structures and normative tools in order to advance the implementation of the 2030 Agenda. **This brief provides an update on them** (“*The **Addis Tax Initiative**, primarily geared towards enhancing technical cooperation on domestic resource mobilization; **Tax Inspectors Without Borders**, focused on in-country support for tax audit capacities; **Base Erosion and Profit Shifting (BEPS)**, created to harmonize and strengthen international normative tools on tax cooperation; and **The Platform for Collaboration on Tax**, aimed at increasing coordination among the UN, the WB, IMF and OECD”), as well as deliberations in ECOSOC.*

IISD - UNGA President Circulates Recommendations for Synergy among UN Agendas

<http://sdg.iisd.org/news/unga-president-circulates-recommendations-for-synergy-among-un-agendas/>

« The President of the UN General Assembly (UNGA) Peter Thomson circulated a report to Member States containing recommendations on enhancing synergies and coherence and reducing overlaps in the agendas of the UNGA, the Economic and Social Council (ECOSOC) and their subsidiary bodies, in light of the adoption of the 2030 Agenda for Sustainable Development....”

Read also [HLPF Side Event Discusses Policy Coherence in SDG Implementation](#) – At an **OECD (HLPF) side event**, “the OECD has identified eight building blocks that are needed for policy coherence: political commitment and leadership; integrated approaches to implementation; intergenerational timeframe; analyses and assessments of potential policy effects; policy and institutional coordination; local and regional involvement; stakeholder participation; and monitoring and reporting. Participants discussed experiences and mechanisms that could promote policy coherence for sustainable development, including tax reform and identification of co-benefits between the climate and SDG agendas.”

Global Partnership for sustainable development data - \$2.5 m innovation fund targets excluded groups to 'leave no one behind'

<http://www.data4sdgs.org/master-blog/2017/7/31/25m-innovation-fund-targets-excluded-groups-to-leave-no-one-behind>

“The Global Partnership for Sustainable Development Data (GPSDD) in partnership with the World Bank will invest up to \$2.5m on ‘Collaborative Data Innovations for Sustainable Development’. The new initiative seeks to improve availability and use of data under two themes: “Leave No One Behind” and the environment. These topics cover people with disabilities, those living outside traditional households (e.g. institutionalized populations, slum dwellers, the homeless and refugees), and issues related to climate change and urban resilience....”

MSF Crash (paper) - Dying for humanitarian ideas: Using images and statistics to manufacture humanitarian martyrdom

M Neuman; http://www.msf-crash.org/drive/5dab-mn-2017-le-bal-dying-for-humanitarian-ideas.pdf?utm_content=buffer03990&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

In this article Neuman zooms in on the image of the aid workers themselves. “...This article has been inspired by an analysis conducted by MSF’s Centre for Reflection on Humanitarian Action and Knowledge (MSF-Crash) of humanitarian security management and why and in what ways it is evolving. We endeavour not only to **describe humanitarian imagery, but to analyse its consequences** - the risks it generates for aid workers operating in perilous situations. We draw on

*research that retraces the different stances on security adopted by MSF over the years, and **examine how the production of images and statistics and the normalising of security management, appears to have contributed towards rehabilitating the idea of acceptable humanitarian sacrifice.***

*“...the **heroising of aid workers raises at least two problems.** The first is that it produces a being set apart from the rest of the human race – better, more worthy. The second – and the most problematic for the professional sector we are concerned with here – is that treating aid workers like heroes can also lead us to believe that death is an integral part of the system, an occupational hazard. It seems to us that this is where the real danger lies: setting sacrifice up as a virtue within a sector that has made “humanity” one of its cardinal principles.”*

Quartz – West African governments want to cut population growth in half, but for whose benefit?

<https://qz.com/1042602/west-african-governments-want-to-cut-population-growth-in-half-but-for-whose-benefit/>

(Recommended) analysis by Joe Penney. *“... African governments have encouraged foreign-funded family planning programs for years. But **on July 22, West African politicians took a new and unusual step to curb population growth themselves. At a conference on health and family planning in Ouagadougou, Burkina Faso, West African parliamentarians committed to allocate 5% of national budgets to family planning programs in order to cut birth rates in the region down to three children per woman by 2030, down from 5.6 children currently...**”*

“...The idea that Europeans may again be setting the African agenda rather than Africans doing so is a feeling many people cannot shake....”

Tips for Tedros from civil society

<http://globalhealth.org/tips-for-tedros-from-civil-society/?platform=hootsuite>

11 tips for Tedros from the Global Health Council. Check out also on **Twitter** – hashtag [#TipsforTedros](#) Feel free to add some!

FT - World Bank’s expanding remit sparks debate

<https://amp.ft.com/content/1c444174-6ba9-11e7-b9c7-15af748b60d0>

In the words of Justin Sandefur, this *“article is a very informative look at conversations about strategic direction of the Bank”*.

Oxfam (blog) The makings of feminist foreign aid

<https://politicsofpoverty.oxfamamerica.org/2017/07/the-makings-of-feminist-foreign-aid/>

“A small trend is emerging to bring a feminist approach to international affairs. This is good. But what does it mean?” **Gawain Kripke**, the director of policy and research at Oxfam America, explores.

Guardian – 'There are things worse than death': can a cancer cure lead to brutal bioweapons?

<https://www.theguardian.com/science/2017/jul/31/bioweapons-cancer-moonshot-gene-editing>

It needn't always be Laurie Garrett to freak us out. Here, “*John Sotos, chief medical officer at Intel, paints a dark picture of technology turned to nefarious purposes, with tailored diseases rewriting genomes on the fly.*”

USAID CII (Centre for accelerating Innovation and Impact) - Investing for Impact (report)

<https://www.usaid.gov/cii/investing-impact>

*“The landscape of global development finance is changing. Official development assistance is no longer the dominant source of capital in many of USAID’s priority countries, yet it remains vital to support their advancement. **USAID CII’s new report, Investing for Impact, examines trends in development finance and highlights ways in which USAID is leveraging private investment and applying non-traditional approaches to finance the achievement of our goals in global health.** This interactive report is designed to be an educational resource for development practitioners, partner governments and other stakeholders who may be interested in learning more about recent trends and non-traditional approaches to financing global health. The report includes a high-level summary of trends in global health financing over the past two decades, identifies the implications of these trends, and highlights opportunities in the new landscape. The report also features examples of how USAID is applying non-traditional approaches and includes supplementary information on eight illustrative financing tools being utilized across the Agency.”*

Check out also **USAID’s July newsletter** focused on global health financing trends & how USAID positions itself versus some of these fancy new options - see [July newsletter](#). Among others, the newsletter features a Q&A with Dr. Allyala Nandakumar, Chief Economist, USAID’s Bureau for Global Health, on USAID’s vision for health financing.

Global Fund - The French Council of Investors in Africa and the Global Fund create innovative partnership

<https://www.theglobalfund.org/en/news/2017-07-31-the-french-council-of-investors-in-africa-and-the-global-fund-create-innovative-partnership/>

“The French Council of Investors in Africa (CIAN) and the Global Fund to Fight AIDS, Tuberculosis and Malaria have entered into a cooperation agreement aimed at involving French companies in the fight against the three diseases in sub-Saharan Africa.”

I’ll pay them a beer if they manage to find billions via this innovative new partnership with the private sector.

The Intercept: a monster payday in Argentina shows a flaw in Trumps Nafta renegotiation

<https://theintercept.com/2017/07/28/a-monster-payday-in-argentina-shows-a-flaw-in-trumps-nafta-renegotiation/>

Recent example of how financiers manipulate ISDS courts. *“A Company that specializes in bankrolling lawsuits has won a huge payday from the government of Argentina, in one of the biggest examples of financiers using the secret courts embedded in trade agreements as casinos.”*

New Security Beat - Observing Earth: Using Satellite Data for International Development

<https://www.newsecuritybeat.org/2017/08/observing-earth-satellite-data-international-development/>

Short report of a recent panel discussion at Wilson Center, *“of the earth observation data program known as **SERVIR**, which included insights from USAID’s soon-to-be-released evaluation of the program. First conceived in 2005, **SERVIR is a joint initiative of USAID and NASA that partners with regional technical institutions around the world to get earth observation information into the hands of decision-makers to improve development outcomes. ...”*** *“...Earth observation and the **SERVIR** model are **game-changers** in the development field.”* Including, increasingly, global health – see an upcoming summit in Geneva (end of August).

Devex – USAID is changing its mission statement

<https://www.devex.com/news/usaids-changing-its-mission-statement-90780>

*“...This is the draft mission statement USAID’s leadership has circulated for feedback through a survey that will remain open until Aug. 11: **“As the U.S. Government’s principal leader, coordinator, and provider of international development and humanitarian assistance, USAID advances national security and economic prosperity, while demonstrating American values and goodwill abroad. Our investments save lives, foster inclusive economic growth, reduce poverty, and strengthen democratic governance while helping other countries progress beyond needing our assistance.”**”*

*That statement would replace the agency’s current — and much shorter — mission, which former USAID Administrator Rajiv Shah announced in a staff town hall in Jan. 2014, after a lengthy rebranding process. The current mission states: **“We partner to end extreme poverty and promote resilient, democratic societies while advancing our security and prosperity.”...”***

Global Fund leadership

If you didn’t apply yet, you’ve blown your chance. *“Closing date for applications for new Executive Director of @GlobalFund was **21 July 2017.**”* Let’s hope the new process will be a bit more transparent than last time. At the Board meeting in November, we’ll know who will replace Mark Dybul.

UHC

Vox - John McCain did not kill Obamacare repeal for good. It could still come back.

<https://www.vox.com/policy-and-politics/2017/8/1/16069414/obamacare-repeal-reconciliation-tax-reform>

Like all zombies, actually.

Vox - It’s time to see if Democrats are serious about single-payer

<https://www.vox.com/2017/7/24/15915406/bernie-sanders-medicare-single-payer>

“Bernie Sanders is about to put Democrats’ embrace of Medicare-for-all to the test.”

Maybe, just maybe, it could be that the Trump administration’s “repeal & fuck up” health care reform will lead to UHC in the US, in the end. But chances are that won’t be soon, even if momentum is building, at least on the side of Democrats.

*“With the Republican health care bill in dire straits, the **Democratic Party’s most high-profile politicians have embraced Sanders’s “Medicare-for-all” rallying cry in interviews and on the stump.** In the past few weeks, Sens. Kirsten Gillibrand (D-NY), Kamala Harris (D-CA), and Elizabeth Warren (D-MA) have all voiced their support for Medicare-for-all. Sen. Cory Booker (D-NJ) told Vox’s Ezra Klein in April that he believes “ultimately, in ideas like single payer or Medicare-for-all.” **Their positions mark a clear shift in the party’s center of gravity from just last year, when single-payer health care was still regarded in Democratic circles as an impossibly, impractically far-left dream....”***

Soon enough, they might have to prove just how serious they are about it.

See also the Guardian - [Bernie Sanders pushes universal health plan in wake of Republican repeal failure.](#)

“...Sanders and his team are realistic about the prospects of passing such a plan under a Republican-controlled Congress with Donald Trump in the White House. But they are hoping to galvanize support in anticipation of Democratic successes in future elections.”

Globalization & Health – Policy experimentation and innovation as a response to complexity in China’s management of health reforms

Lewis Husain; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0277-x>

“There are increasing criticisms of dominant models for scaling up health systems in developing countries and a recognition that approaches are needed that better take into account the complexity of health interventions. Since Reform and Opening in the late 1970s, Chinese government has managed complex, rapid and intersecting reforms across many policy areas. As with reforms in other policy areas, reform of the health system has been through a process of trial and error. There is increasing understanding of the importance of policy experimentation and innovation in many of China’s reforms; this article argues that these processes have been important in rebuilding China’s health system. While China’s current system still has many problems, progress is being made in developing a functioning system able to ensure broad population access. The article analyses Chinese thinking on policy experimentation and innovation and their use in management of complex reforms. It argues that China’s management of reform allows space for policy tailoring and innovation by sub-national governments under a broad agreement over the ends of reform, and that shared understandings of policy innovation, alongside informational infrastructures for the systemic propagation and codification of useful practices, provide a framework for managing change in complex environments and under conditions of uncertainty in which ‘what works’ is not knowable in advance. The article situates China’s use of experimentation and innovation in management of health system reform in relation to recent literature which applies complex systems thinking to global health, and concludes that there are lessons to be learnt from China’s approaches to managing complexity in development of health systems for the benefit of the poor.”

Global Health: Science & Practice –Family Planning in the Context of Latin America’s Universal Health Coverage Agenda

T Fagan et al; <http://www.ghspjournal.org/content/early/2017/07/31/GHSP-D-17-00057.abstract>

“Latin American countries have expanded family planning along with UHC. Leveraging UHC-oriented schemes to increase family planning program coverage, equity, and financing requires: Targeting poor and indigenous populations ; Including family planning services in all benefits packages; Ensuring sufficient supply of commodities and human resources to avoid stock-outs and implicit rationing; Reducing nonfinancial barriers to access.” The authors examined the status of contraceptive methods in major health delivery and financing schemes in 9 LAC countries.

For more on Latin America, see also a recent **viewpoint by V Muzaka - [Lessons from Brazil: on the difficulties of building a universal health care system](#)**. *“The aim of this viewpoint is to draw some lessons from an emerging economy that, for contingent historical and political reasons, started building a universal public healthcare system earlier – Brazil.” “...The **key argument** offered from the Brazilian experience is that building a robust public health care system based on the principles of universality and equity is a challenge of a political economy nature and one that ought to be met at multiple levels simultaneously.”*

*“... this brief discussion indicates that **unless social, macroeconomic and industrial policies are co-articulated and directed toward serving the needs of the society as a whole**, a universal health care system in a country with high income concentration like India and Brazil risks becoming an inferior subsystem that attends predominantly but inadequately to the poorer segments of society.”*

The Hindu – Public health, private players?

<http://www.thehindu.com/opinion/op-ed/public-health-private-players/article19373105.ece>

Over to India: *“Private providers will be able to cherry-pick the most lucrative districts where patients have a higher paying capacity”*, **Amit Sengupta** argues.

Planetary health

August 2 was Earth Overshoot Day this year.

HEAL (Health and Environment Alliance) – Hidden price tags: How ending fossil fuel subsidies would benefit our health

http://env-health.org/IMG/pdf/healthandenvironmentalliance_hidden_price_tags_report.pdf

From late last week. *“In this report, the Health and Environment Alliance (HEAL) seeks to shed light on the damage to health caused by government subsidies to the fossil fuel industry. It brings together for the first time the health costs arising from fossil fuel use and contrasts them with the subsidies paid by governments to the coal, oil and gas industry. In addition, the report offers insights into the key role of the G20 and the European Union in the fossil fuel subsidies debate and provides some compelling, tangible examples of new health investments that could be achieved by re-allocating fossil fuel subsidies. Finally, it provides a prescription for urgent action. The Hidden Price Tag: How ending fossil fuel subsidies could benefit our health shows that **G20 governments paid out 444 billion USD** (416 billion Euro) in subsidies to fossil fuel companies in 2014, but **the use of fossil fuels resulted in estimated health costs of at least six times this amount: 2.76 trillion USD** (2.6 trillion Euro).”*

Guardian - Planet has just 5% chance of reaching Paris climate goal, study says

<https://www.theguardian.com/environment/2017/jul/31/paris-climate-deal-2c-warming-study>

“There is only a 5% chance that the Earth will avoid warming by at least 2C come the end of the century, according to new research...”

Fortunately, there’s a [nerdy debate about p-values](#) going on (see **Vox**). If everything else fails in the fight against climate change, we can just redefine ‘statistical significance’.

But perhaps closer to the truth is Jason Hickel’s analysis: *“GDP to grow at 1.8% p.a., carbon intensity to decline at 1.9%. They cancel out. **De-growth** is the only option here”*.

Nature (Opinion) – Prove Paris was more than paper promises

<http://www.nature.com/news/prove-paris-was-more-than-paper-promises-1.22378>

“All major industrialized countries are failing to meet the pledges they made to cut greenhouse-gas emissions, warn David G. Victor and colleagues.”

And some quick links:

Guardian - [Climate change to cause humid heatwaves that will kill even healthy people](#) Based on new research, focusing on South-Asia.

[JP Morgan commits to 100% renewables as it makes \\$200bn clean finance vow](#) Nuking JP Morgan and other Goldman Sachs’s goes a lot faster, though.

Infectious diseases & NTDs

Aidsmap – US HIV funding decisions on PEPFAR in 2017 will have critical effect on ability to reach 90-90-90 goals

<http://www.aidsmap.com/Funding/page/3160498/>

“A withdrawal of United States funding for HIV treatment and prevention in sub-Saharan Africa could lead to 7.9 million additional HIV infections and almost 300,000 AIDS deaths between now and 2030, according to modelling of the impact of US funding carried out by Imperial College, London, and presented last week at the 9th International AIDS Society Conference on HIV Science (IAS 2017) in Paris....”

New research suggests climate change could accelerate mosquito-borne disease epidemics

<https://globalhealth.nd.edu/news/new-research-suggests-climate-change-could-accelerate-mosquito-borne-disease-epidemics/>

*“Bad news for humans about the spread of mosquito-borne disease as climate change continues to worsen. **New research from the University of Notre Dame, recently published in PLOS Neglected Tropical Diseases**, proposes a new way that climate change could contribute to mosquitos’ capacity to drive disease epidemics. **As climate change continues to rise, so could the speed of epidemics of mosquito-borne diseases like dengue and Zika.** “Our results show that the sensitivity of mosquito-borne diseases to temperature could translate into faster spread of mosquito-borne diseases as temperatures increase,” said-- Alex Perkins, PhD, Eck Family Assistant Professor in the Department of Biological Sciences, a member of the Eck Institute for Global Health and the Environmental Change Initiative. **“Our work shows that not only might more people become infected but that those people could become infected in a shorter period of time. That’s a big concern because of the strain it puts on healthcare systems....”***

Quick links:

Reuters - [Philippines has highest HIV infection growth rate in Asia-Pacific: U.N.](#)

(Plos) [Google searches can be used to track dengue in underdeveloped countries](#) *“An analytical tool that combines Google search data with government-provided clinical data can quickly and accurately track dengue fever in less-developed countries.”*

AMR

Stat News - To go after drug-resistant gonorrhoea, partners put a new spin on drug development

<https://www.statnews.com/2017/07/31/gardp-gonorrhoea-entasis/>

On the Global Antibiotic Research and Development Partnership (GARDP)'s first partnership (with Entasis, an antibiotics-focused spin-off from pharma giant AstraZeneca). (*gated, though*)

Read also (NYT) [A Dangerous, 'Silent Reservoir' for Gonorrhoea: The Throat](#). Think about that next time you exchange a very romantic French kiss with somebody.

NCDs

Governance Now – The Tobacco War

<http://www.governancenow.com/news/regular-story/the-tobacco-war-insurance-companies-philip-morris-phfi-srinath-reddy-faifa-vhai>

"The tobacco industry has taken off its gloves and is going after anti-tobacco lobbyists." A key target: **Srinath Reddy** (PHFI). (Recommended) in-depth analysis of the dirty tobacco lobby fight in India.

"...I deem it an honour," says Dr Reddy. "I regard the tobacco industry marking me out as a principal adversary the best possible recognition of my impact as an advocate and agent of change." ... "The singling out of Dr Reddy and some groups may be part of a global offensive by tobacco giants...."

WHO – Draft global action plan to promote physical activity

http://www.who.int/ncds/governance/physical_activity_plan/en/

Now live. (version as of 1 August)

The Lancet Global Health – Magnitude, temporal trends, and projections of the global prevalence of blindness and distance and near vision impairment: a systematic review and meta-analysis

(not Jason) Bourne et al; [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30293-0/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30293-0/fulltext)

“A systematic review and meta-analysis shows that in a growing and ageing population, the global prevalence of blindness and vision impairment is on the rise.”

Read also the accompanying **Comment** - [Universal eye health: are we getting closer?](#) *“Global health estimates are primarily used for global monitoring and priority setting. The estimates for blindness and visual impairment presented in The Lancet Global Health help to monitor the current Universal Eye Health: A Global Action Plan 2014–2019 endorsed by the World Health Assembly in 2013, which aims to reduce visual impairment and its unequal distribution...”*

They conclude: *“...Are we getting closer to universal eye health? Bourne and colleagues' projected increase in blindness and visual impairment, and persistent inequities between and within countries, suggest not. Better and more timely data will benefit future global estimates. More importantly, if researchers and funders strengthen country-specific capacity to collect, analyse, and use these data to implement effective and equitable eye health services, universal eye health might yet be realised.”*

Global Public Health – Stigma towards mental illness and substance use issues in primary health care: Challenges and opportunities for Latin America

J Sapag et al; <http://www.tandfonline.com/doi/full/10.1080/17441692.2017.1356347>

“Stigma towards mental illness and addictive disorders is a global problem and one of the main obstacles in tackling this issue remains the effective integration of mental health services into primary health care (PHC). In Latin America, information has significantly increased on the existence of stigma; however, little is known about effective interventions to prevent stigma and promote recovery-oriented practices in PHC. The aim of this study is to understand the existing evidence regarding mental health stigma in PHC with a special focus on the Latin American region....”

Quick links:

[BMJ news - US plan gives greater role to electronic cigarettes in tobacco harm reduction](#)

Sexual & Reproductive / maternal, neonatal & child health

Plos Med – Counting stillbirths and achieving accountability: A global health priority

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002364>

“In a Perspective accompanying [Dandona and colleagues](#) (i.e. a new study about stillbirths in Bihar), [Zulfiqar Bhutta](#) discusses the importance of regular and timely reporting on stillbirths.”

Guttmacher Institute – The Benefits of Investing in International Family Planning—and the Price of Slashing Funding

<https://www.guttmacher.org/gpr/2017/08/benefits-investing-international-family-planning-and-price-slashing-funding>

By **S Barot**, senior policy manager at the Guttmacher institute.

BMZ German Health Practice Collection – How rewards improve health practice in Malawi: Learnings from a Maternal and Newborn Health Initiative

M White-Kaba; http://health.bmz.de/ghpc/case-studies/how_rewards_improve_health_practice_malawi/index.html

On the impact of an RBF intervention for maternal and newborn health in a number of districts in Malawi. Interesting also because of its focus on **learning from implementation**, reviewers noted.

BMJ (blog) – The rotavirus story—countering the commonest cause of diarrhoea

Richard Smith; [BMJ blog](#);

Recommended, as always. Blog related to Roger Glass’s Wolfson Lecture in London last month, dedicated to the story of rotavirus, in developed and developing countries.

Guardian – How bisexuals are being sidelined in the global campaign for L, G and T rights

<https://www.theguardian.com/commentisfree/2017/aug/01/bisexuals-sidelined-campaign-l-g-and-t-rights>

“We may not be subjected to the same kind of overt abuse that gay or trans people face – but we also experience prejudice from those communities ourselves,” Nichi Hodgson argues.

BMJ Global Health - Assessing value-for-money in maternal and newborn health

A Banke-Thomas et al; <http://gh.bmj.com/content/2/2/e000310>

“Responding to increasing demands to demonstrate value-for-money (VfM) for maternal and newborn health interventions, and in the absence of VfM analysis in peer-reviewed literature, this paper reviews VfM components and methods, critiques their applicability, strengths and weakness and proposes how VfM assessments can be improved....”

BMJ Global Health – Gender bias in under-five mortality in low/middle-income countries

J Calu Costa et al; <http://gh.bmj.com/content/2/2/e000350>

“ Due to biological reasons, boys are more likely to die than girls. The detection of gender bias requires knowing the expected relation between male and female mortality rates at different levels of overall mortality, in the absence of discrimination. Our objective was to compare two approaches aimed at assessing excess female under-five mortality rate (U5MR) in low/middle-income countries. We compared the two approaches using data from 60 Demographic and Health Surveys (2005–2014). The prescriptive approach compares observed mortality rates with historical patterns in Western societies where gender discrimination was assumed to be low or absent. The descriptive approach is derived from global estimates of all countries with available data, including those affected by gender bias....” Check out the findings.

UN News - Head of UN drug body urges greater access to treatment for women

<http://www.un.org/apps/news/story.asp?NewsID=57293#.WYHnqoTyjIX>

“Women continue to be disproportionately affected by drug use, and face obstacles in accessing treatment, compared to men, according to the President of the United Nations International

Narcotics Control Board (INCB). Viroj Sumyai, who presented the Board's Annual Report on 6 July to the UN Economic and Social Council (ECOSOC), urged Member States to integrate gender perspectives in the elaboration of their drug policies to address this discrepancy. According to the report, drug-related harms to women and the resulting consequences for communities are often "sorely under-studied," and gender-disaggregated data on drug use are rarely collected...."

Access to medicines

IP-Watch - Report From WHO Fair Pricing Meeting Shows Balanced Discussion

<https://www.ip-watch.org/2017/07/28/report-fair-pricing-meeting-shows-balanced-discussion/>

Recommended short report of the **WHO Fair Pricing meeting in Amsterdam** (May 2017). "A wide range of governments and stakeholders attended a **closed meeting in the Netherlands in May** to address the ongoing problem of pricing medicines to pay for research and the resulting lack of affordability of those medicines. The (15 p) [report](#) from the World Health Organization-led meeting shows a range of points were made by participants and signals a move to change the global policy."

Livemint - No logic in extending length of patents

<http://www.livemint.com/Opinion/Um6bAhciFROYN88hqmXt4L/No-logic-in-extending-length-of-patents.html>

"Granting a longer term for pharmaceutical patents will result in delays in the entry of generic versions and could adversely affect access to medicines." Analysis linked to the RCEP negotiations. "A proposal to further extend the already 20-year-long patent term for pharmaceuticals is on the negotiation table of the Regional Comprehensive Economic Partnership (RCEP). As India negotiates the RCEP, a free trade agreement that can change the intellectual property (IP) landscape of its member countries, this week, we need to look closely at the proposal in the broader context of how the term of protection for IP rights has increased steadily over the years. More so for the generic pharmaceutical companies in India that manufacture patented drugs after the expiry of the patent term. Any extension of the patent term will adversely affect access to the cheaper medicines that they manufacture."

Human resources for health

Conflict & Health (Review) - Justification for a Nuclear Global Health Workforce: multidisciplinary analysis of risk, survivability & preparedness, with emphasis on the triage management of thermal burns

F Burkle et al; <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-017-0116-y>

Preparation in case Fat Kim & Retarded Trump's stand-off gets out of hand in the coming weeks & months. *"Major challenges and crises in global health will not be solved by health alone; requiring rather a multidisciplinary, evidence-based analytical approach to prevention, preparedness and response. One such potential crisis is the continued spread of nuclear weapons to more nations concurrent with the increased volatility of international relations that has significantly escalated the risk of a major nuclear weapon exchange. This study argues for the development of a multidisciplinary global health response agenda based on the reality of the current political analysis of nuclear risk, research evidence suggesting higher-than-expected survivability risk, and the potential for improved health outcomes based on medical advances. To date, the medical consequences of such an exchange are not credibly addressed by any nation at this time, despite recent advances. While no one country could mount such a response, an international body of responders organized in the same fashion as the current World Health Organization's global health workforce initiative for large-scale natural and public health emergencies could enlist and train for just such an emergency. A **Nuclear Global Health Workforce** is described for addressing the unprecedented medical and public health needs to be expected in the event of a nuclear conflict or catastrophic accident. The example of addressing mass casualty nuclear thermal burns outlines the potential triage and clinical response management of survivors enabled by this global approach."*

Miscellaneous

Lancet (World Report) – The Green Helmets: providing care in Venezuela's protests

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32099-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32099-8/fulltext)

"Among increasing violence, doctors and medical students risk their safety to aid Venezuelans protesting against President Maduro's Government. Manuel Rueda reports from Caracas."

Read also a [letter in the Lancet - Venezuela's health-care crisis](#).

Devex – Opinion: 4 pragmatic steps to jump-start foreign assistance reform

<https://www.devex.com/news/opinion-4-pragmatic-steps-to-jump-start-foreign-assistance-reform-90739>

Sensible advice for the Trump administration from 2 CGD fellows (**Cindy Huang & J Konyndyk** (*love that name!*)). Includes a section on global health. “Reinforce — and grow — existing global health leadership”. The weak point of their case: ‘pragmatism’ doesn’t rhyme well with this Administration.

Figures of the week: CPIA Africa assesses policy and institutional quality

<https://www.brookings.edu/blog/africa-in-focus/2017/08/02/figures-of-the-week-cpia-africa-assesses-policy-and-institutional-quality/>

*“According to a recent World Bank report, **policy and institutional quality weakened in sub-Saharan Africa last year, as 40 percent of countries saw a deterioration in overall quality of policy and institutions**, largely attributed to the global slowdown in economic growth and challenging domestic conditions, such as high borrowing and poor domestic resource mobilization. The **World Bank’s Country Policy and Institutional Assessment (CPIA) Africa** is an annual report covering 38 countries that describes the trends in the quality of policies and institutions in African countries....”* Rwanda tops the list.

Devex – New initiative aims to deliver on the promise of blockchain for identity

<https://www.devex.com/news/new-initiative-aims-to-deliver-on-the-promise-of-blockchain-for-identity-90620>

*“Over the weekend, during a **blockchain summit** organized on Virgin Group founder Sir Richard Branson’s Necker Island, the **World Identity Network was launched**. The new initiative aims to leverage distributed ledger technology, better known as blockchain, to catalyze progress toward universal identification. And while the launch may have taken place at a luxury private island, the **aim is to benefit the 2 billion people living without recognized identification documents**. “The use cases of blockchain and distributed ledger technologies are diverse, with stronger value-add in developing countries,” Mariana Dahan, a former World Bank official and driving force behind the Identification for Development agenda who will lead the World Identity Network initiative, told Devex....”*

Lancet - Palestinian health abstracts

As part of a collaboration since 2007, The Lancet published research abstracts from Palestinian clinical and public health scientists from The Lancet Palestinian Health Alliance conferences in 2014 and 2015. See [here](#) and [here](#).

Research

HP&P – Building a middle-range theory of free public healthcare seeking in sub-Saharan Africa: a realist review

Emilie Robert, Valéry Ridde et al;

<https://academic.oup.com/heapol/article/32/7/1002/3829434/Building-a-middlerange-theory-of-free-public>

“Realist reviews are a new form of knowledge synthesis aimed at providing middle-range theories (MRTs) that specify how interventions work, for which populations, and under what circumstances. This approach opens the ‘black box’ of an intervention by showing how it triggers mechanisms in specific contexts to produce outcomes. We conducted a realist review of health user fee exemption policies (UFEPs) in sub-Saharan Africa (SSA). This article presents how we developed both the intervention theory (IT) of UFEPs and a MRT of free public healthcare seeking in SSA, building on Sen’s capability approach. Over the course of this iterative process, we explored theoretical writings on healthcare access, services use, and healthcare seeking behaviour. We also analysed empirical studies on UFEPs and healthcare access in free care contexts. According to the IT, free care at the point of delivery is a resource allowing users to make choices about their use of public healthcare services, choices previously not generally available to them. Users’ ability to choose to seek free care is influenced by structural, local, and individual conversion factors. We tested this IT on 69 empirical studies selected on the basis of their scientific rigor and relevance to the theory. From that analysis, we formulated a MRT on seeking free public healthcare in SSA. It highlights three key mechanisms in users’ choice to seek free public healthcare: trust, risk awareness and acceptability. Contextual elements that influence both users’ ability and choice to seek free care include: availability of and control over resources at the individual level; characteristics of users’ and providers’ communities at the local level; and health system organization, governance and policies at the structural level.”

Oldie (well, a few months old) but a goldie.

F 1000 - Evidence-informed capacity building for setting health priorities in low- and middle-income countries: A framework and recommendations for further research

R Li, K Chalkidou, K Hofman et al; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5497935/>

From March. *“Priority-setting in health is risky and challenging, particularly in resource-constrained settings. It is not simply a narrow technical exercise, and involves the mobilisation of a wide range of capacities among stakeholders – not only the technical capacity to “do” research in economic evaluations. Using the **Individuals, Nodes, Networks and Environment (INNE) framework**, we identify those stakeholders, whose capacity needs will vary along the evidence-to-policy continuum. Policymakers and healthcare managers require the capacity to commission and use relevant evidence (including evidence of clinical and cost-effectiveness, and of social values); academics need to understand and respond to decision-makers’ needs to produce relevant research. The health system at all levels will need institutional capacity building to incentivise routine generation and use of evidence. Knowledge brokers, including priority-setting agencies (such as England’s National Institute for Health and Care Excellence, and Health Interventions and Technology Assessment Program, Thailand) and the media can play an important role in facilitating engagement and knowledge transfer between the various actors. Especially at the outset but at every step, it is critical that patients and the public understand that trade-offs are inherent in priority-setting, and careful efforts should be made to engage them, and to hear their views throughout the process. **There is thus no single approach to capacity building; rather a spectrum of activities that recognises the roles and skills of all stakeholders.** A range of methods, including formal and informal training, networking and engagement, and support through collaboration on projects, should be flexibly employed (and tailored to specific needs of each country) to support institutionalisation of evidence-informed priority-setting. Finally, capacity building should be a two-way process; those who build capacity should also attend to their own capacity development in order to sustain and improve impact.”*

BMC Health services research - Development of the organisational health literacy responsiveness (Org-HLR) framework in collaboration with health and social services professionals

A Trezona et al ; <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2465-z>

*“The health literacy skills required by individuals to interact effectively with health services depends on the complexity of those services, and the demands they place on people. Public health and social service organisations have a responsibility to provide services and information in ways that promote equitable access and engagement, that are responsive to diverse needs and preferences, and support people to participate in decisions regarding their health and wellbeing. **The aim of this study was to develop a conceptual framework describing the characteristics of health literacy responsive organisations. ...”***

Global Health Action – Chronic pain as a human rights issue: setting an agenda for preventative action

L Frenkel et al; <http://www.tandfonline.com/doi/full/10.1080/16549716.2017.1348691>

*“Historically, chronic pain has been viewed primarily as a medical issue, and research has been focused on the individual and predominantly on pain sufferers in high-income countries. **This article argues the need for a broader understanding of the context of chronic pain and its complex aetiologies and maintenance. It is suggested that the interaction between chronic pain and social***

context has been inadequately explored. A single case study is used of a man living in a violent urban environment in South Africa accessing a pain clinic at a tertiary hospital. Following the case-study approach, as used in the chronic traumatic stress field by Kaminer et al., the case material is utilised to develop an argument for a new research agenda. Analysis of the case material demonstrates the complex interplay between bodily and psychological experiences, with chronic pain being contextually maintained and exacerbated by very difficult life circumstances, ongoing violence, and marginalisation. It is **suggested that a research agenda be developed which explores the links between chronic pain and ongoing chronic traumatisation in contexts of continuous violence, oppression, and disempowerment – common features of much of the contemporary majority world.**