

# IHP news 515 : 2<sup>nd</sup> WHO Africa Health Forum, expansion of global gag rule & much more

( 29 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,

*My Dutch office mate, **Willem van de Put**, felt strangely ‘inspired’ by the shock victory of Thierry Baudet, the Dutch version of Donald Trump, [in last week's elections in his country](#) and wrote this week's intro, adding a flavor of global health in the process.*

## Thierry Baudet: Plague or Possibility?

Thierry Baudet did for the Dutch living abroad what 9/11 did for the global Muslim community: you are asked for explanations. Working at ITM I am trying to find some appropriate metaphors that help in answering. So here I go.

Baudet is like Global Health. Nobody knows [what it really means](#). It connects all kinds of contradictory agendas. It is sometimes [apocalyptic](#), but brought with [marketing-wise charm](#). Also, in true SDG health style, Baudet embodies the [nexus of non-communicable and infectious disease](#) challenges. The overlapping high-risk populations for outbreaks in my country (17% of Dutch voters) clearly have a huge need for long-term care. In line with the UHC momentum, Baudet's emphasis on the nation state as the only possible habitat for civilization and democracy must be based on the deep conviction that it was the [Westphalian treaty that ended the black plague and typhus](#).

Like Global Health, Baudet is full of paradoxes. Here you have the classical caricature of the elite, that thinks the European 19th century was the best of all worlds, a fine product of ‘Bildung,’ that managed somehow to become the voice of underbellies’ discontent. Baudet believes there's an [‘ongoing attempt to alienate the Dutch from their history and separate them from their culture.’](#) He believes in the [‘great replacement’ \( a term coined by Renaud Camus\)](#) and in [‘cultural Marxism’](#). Baudet's doomsday scenarios are indeed frightening. It is common knowledge that people cling to their personal biases more tightly when they feel threatened.

Now that Trump and Baudet have shown that ‘speaking truth to power’ is far less effective [than lying all the way to power](#), we can understand the function of the many [‘fake truths’](#) in Baudet's narrative. If the solution to the [liar's paradox \(“this sentence is false”\)](#) is to see the sentence itself as a linguistic error, [Minerva's owl](#) really takes off – and each wing carries an important insight. *Like Baudet, I know I risk losing my audience here, but let me clarify:*

On the left wing you find Thierry, the boy whose message is *in itself* [oikophobic](#). He transcends the oikophobia he finds in others through his own self-hate. As a living paradox, he is in constant conflict between his hating self and his self-hated self. Highly educated, very smart, multitalented, he sees his ideal world threatened and is thus very scared. We therefore have to diagnose Baudet as suffering from what is called '[pointless depression](#)'. *'In pointlessness, the world seems bleak and hopeless at best, a cesspool at worst [...]. The oppressive self has abandoned the real self [...] The oppressive self is glimpsed only in occasional fantasies of nobility or triumph, especially in fantasies of the nobility of suffering.'*

On the right wing, there's Baudet, the political philosopher. We now understand the role of [resurrection](#) in his thinking. Baudet's oppressive self has found a way out, an escape. And in all his nobility, he carries us all with him! Because he knows that the discontent that gives him wings is real. Baudet, a master in meaningless communication, a connoisseur of pointless depression, is carried by his own unlikely [Valkyries](#) ([Hiddema](#), [Otten](#) – i.e. *other politicians from his party*) to the front, where he is needed. In case you also need a soundtrack, just imagine the Walkurian sounds from the first draft of the campaign film, [Apocalypse Now](#).

If I try to put this political conundrum in ITM terms, I would say that our Outbreak Research Team needs to be vigilant and on the alert for this wicked combination of a smart and scared mind feeding on massive 'debris and decay'. For all of us, there is hope, however. Because we shall learn from all of this: [nonsense sharpens the mind](#) like nothing else!

**Willem van de Put**

Enjoy your reading.

The editorial team

## Featured Article

### Empowering women in rural Nepal: My journey from Nepal to Stanford (and back)

**Dr Sarita Panday** (Postdoctoral Fellow, Developing Asia Health Policy, at The Walter H Shorenstein, Asia-Pacific Research Center, Stanford; & IHP Correspondent South Asia )

I still remember the day vividly: I asked my father for money to pay for my high-school tuition. As my father handed me the money, my mother responded, *"Why do you keep spending money on her education? She will be married soon, anyhow, and will go to someone else's home. There is no use for us."* I wonder how my life might have turned out had my father listened to her. But he didn't. He always encouraged me to study hard so that I would not have to struggle as hard as he did. As a result, I went on an educational and professional journey that took me across the globe, from Asia, over to Europe, and now in America. In this blog, I want to share my journey from a little village in Nepal to Stanford, one of the most prestigious universities in the world. A story of how education can transform lives.

I am currently a 2018-19 Developing Asia Health Policy Postdoctoral Fellow at Stanford's Shorenstein Asia-Pacific Research Center (APARC). As part of my fellowship, I work on [publications](#) based on my PhD, which focused on improving healthcare for marginalised women in rural Nepal. By the time this blog will be posted, I will be at the University of Sheffield, UK, as an Honorary Research Fellow. In Sheffield, I will be organising a workshop to share my research and generate ideas for future research in Nepal.

So, what made it possible for me, a village girl, to come this far – to two prestigious universities? The answer is my insatiable thirst for knowledge. I got high grades in school and graduated with a Bachelor in Science in Nursing. I worked to improve maternal and child health in remote areas with the Britain Nepal Medical Trust, and realized the absolute importance of public health, which led me to undertake a Masters in Public Health & Masters in Health Management under the Australian Leadership Award at the University of New South Wales, Australia. After my Masters, I reviewed innovative community interventions to reduce maternal and child deaths in developing countries. In Nepal, I found that a majority of community health activities mobilised community health workers (known as female community health volunteers) to deliver primary healthcare services, yet these groups were rarely [studied](#).

Therefore, with a view on documenting the voices of women volunteers from Nepal, I pursued my PhD at the School of Health and Related Research, University of Sheffield. I found that women volunteers were highly dissatisfied by the lack of financial incentives for their services and wanted remuneration. My work at present is to ensure that community health workers' voices are heard at the policy level, and I do this by sharing my work orally and in writing. Last year, I visited some of my research participants - the women volunteers - who were pleased to hear about the success of [my work](#) and my ability to give voice to their concerns.

Based on my own experience as a woman from rural Nepal, and doing research there, I'm afraid there hasn't been much progress in the position of women in society. In some cases, the disparity has even widened, as women from marginalised communities continue to underuse healthcare services despite their availability – see a forthcoming paper of mine on this issue, in PLOS One. There is a long way to go, still, as was also evident from my previous postdoctoral fellowship on the project, '[Resilience Policy Making in Nepal: Giving Voice to Communities](#)'. During my field work in Nepal, I noticed how women still find it difficult to talk on a specific issue or participate in research without their family members' consent. Being a woman, and doing research in a highly patriarchal society, it was not easy for me either. For example, I went to interview a government officer, who initially asked me to wait for half an hour. Then, he made me wait for another three hours without any valid reasons in a room full of 10-12 men. During their conversation, I heard the officer using a derogatory term for women, '*aimaiko jat*' - implying that women are less intelligent, and often lack wisdom. All attendees in the room laughed aloud. That hit me hard and I had to tell the officer to be mindful of his language - I think he had either forgotten my presence, or just didn't count me in, as I was a woman. I felt sad to have come across a government officer, who is expected to tackle these very issues, behaving this way, and this is just one of a number of similar experiences I had.

For me, these experiences in my homeland have inspired me to continue to work hard to empower women. To speak up on the issues that deeply affect them. I have found the participatory approaches (participatory video methods and participatory policy workshops) [useful](#) in engaging rural communities and bringing their voices directly to a policy audience. In doing so, the participatory process enabled

vulnerable people to present their case. I would like to use similar approaches in my upcoming Fellowship to improve healthcare for marginalised populations in rural Nepal. This vision is becoming a reality through my recent selection as a Global Challenge Fellow at the University of Sheffield. From July 2019 on, I will engage with rural women through participatory co-designed research to create better awareness and understanding of the social, cultural, economic and political factors which hamper women's access to healthcare services. In doing so, my goal is to empower women in rural Nepal – as I did, in a way, with my mother, whom you now hear saying, “my daughter is a great scholar; education is everything you need”.

## Highlights of the week

### 2<sup>nd</sup> WHO Africa Health Forum (Cabo Verde, 26-28 March) & WHO investment case for SDGs & UHC in Africa

#### WHO Afro - A Heavy Burden: The Indirect Cost of Illness in Africa

<https://www.afro.who.int/news/diseases-cost-african-region-24-trillion-year-says-who>

WHO launched an investment case to achieve SDGs and universal health coverage in Africa.

*“The World Health Organization (WHO) estimates that nearly 630 million years of healthy life were lost in 2015 due to the diseases afflicting the population across its 47 Member States in Africa, now amounting to a loss of more than 2.4 trillion international dollars (\$) from the region's gross domestic product value annually. Non-communicable diseases have overtaken infectious diseases as the largest drain on productivity, accounting for 37 per cent of the disease burden. Other culprits for lost healthy years are communicable and parasitic diseases; maternal, neonatal and nutrition-related conditions; and injuries. Around 47%, or \$ 796 billion, of this lost productivity value could be avoided in 2030 if the Sustainable Development Goals related to these health conditions are achieved, WHO found. “Four years into the implementation of countries' efforts towards achieving UHC, current average expenditure on health in the Region falls short of this expectation,” the WHO Regional Director for Africa, Dr Matshidiso Moeti, writes in the foreword to **A Heavy Burden: The Productivity Cost of Illness in Africa**, which was launched during the second WHO Africa Health Forum this week in Cabo Verde. ... As a target of Sustainable Development Goal 3, universal health coverage would require countries in the WHO African Region to spend, on average, at least \$ 271 per capita per year on health, or 7.5% of the region's gross domestic product...”*

*... Five countries (the Democratic Republic of the Congo, Ethiopia, Nigeria, South Africa and the United Republic of Tanzania) accounted for almost 50% of the total years lost in healthy life (or DALYs) accrued in the WHO African Region...”*

You find the report here - [A heavy burden: the productivity cost of illness in Africa](#)

For some more links & info on this second WHO Africa Health Forum, see:

**WHO Afro** - [The President of the Republic of Cabo Verde opens second WHO Africa Health Forum](#)

*“Under the theme “**Achieving Universal Health Coverage and Health Security in Africa: The Africa We Want To See**”, the second WHO Africa Health Forum is hosting health care influencers from politics, academia, civil society, development partners and business. ... ... During the three-day programme, themes such as the link between health security and achieving universal health coverage, multisector collaboration, youth engagement, private sector investment and harnessing innovations will be explored in depth. WHO intends even more partnerships to emerge from this gathering, with the gains made since the **first Forum in Kigali** cemented, past lessons learned and the next steps to achieving universal health care clearly shaped....”*

**WHO Afro** - [The second Africa Health Forum - Achieving Universal Health Coverage and Health Security in Africa: The Africa we want to see](#) (where you find back the Call to Action from the 1<sup>st</sup> one, in Kigali)

## Housing in sub-Saharan Africa improved between 2000-2015

**Guardian** - Housing in sub-Saharan Africa improves but millions of people live in slums

<https://www.theguardian.com/global-development/2019/mar/28/housing-in-sub-saharan-africa-improves-but-millions-of-people-live-in-slums>

*“From cities to the countryside, Africa has undergone a dramatic transformation in living conditions over the past 15 years, according to a new study. But the research, based on state of the art mapping and published in [science journal Nature](#), also found that **almost half of the urban population – 53 million people across the countries analysed – were living in slum conditions**. Led by the **London School of Hygiene and Tropical Medicine**, the study offers the **first detailed estimate of housing quality in sub-Saharan Africa....”***

See also an LSHTM press release - [Dramatic housing transformation in sub-Saharan Africa revealed for first time](#)

## Planetary Health

**Challenges** - Philanthrocapitalism: Promoting Global Health but Failing Planetary Health

C Butler; <https://www.mdpi.com/2078-1547/10/1/24/htm>

***“Focusing on the Bill and Melinda Gates Foundation (BMGF) as a case study, this paper explores the relationship between philanthrocapitalism, economic history, and global and planetary health. The Wellcome Trust is also briefly discussed, chiefly in the context of planetary health. The paper argues that in the last 45 years there has been an increased preference for market-based approaches, often called neoliberalism, particularly in the U.S. and its allies. This has generated greater inequality in many high-income settings and weakened the norm of taxation. This has provided a setting in which philanthrocapitalism has flourished, including the BMGF. The latter has in turn become an important actor for global health, partially balancing the adverse consequences of neoliberalism. Planetary health is here defined as the interaction between global health and global environmental change, including to the climate and other elements of the Earth System. Although the Wellcome Trust has recently made funds available for ecological health research, it continues to invest in fossil fuels. The Gates Foundation provide no or minimal grants for ecological or planetary health but appear to have recently substantially divested from fossil fuels, for unclear reasons. The paper concludes that these large philanthrocapitalist organizations partly compensate for the decline in attention to global health driven by market-preferring solutions, but remain insufficiently proactive in the face of the great dangers associated with declining planetary health.”***

Not everything in this paper is new, but some sections on the Gates Foundation & Wellcome Trust vs planetary health are spot on. So do read (and if you work for these Foundations, push your leaders to change).

## Cyclone Idai

**Guardian - Cyclone Idai shows the deadly reality of climate change in Africa**

L Ninteretse; <https://www.theguardian.com/commentisfree/2019/mar/21/cyclone-idai-climate-change-africa-fossil-fuels>

*“Vain promises and empty slogans have got us nowhere. Fossil-fuel extraction must end before more lives are lost”, argues L Ninteretse in a poignant op-ed, making the link with the **Africa Climate week**.*

*“...The cyclone made landfall on 14 March, **the same day that the One Planet Summit started in Nairobi, called by French president Emmanuel Macron.** ... While the most vulnerable communities are facing the real impact of climate change on the ground, national leaders at the One Planet Summit kept their talk inside comfortable and acclimatised rooms. During the summit, Macron encouraged global collaboration towards ensuring sustainable preservation of forests, and President Uhuru Kenyatta of Kenya made a pledge to achieve at least 10% forest cover in the next three years. **These commitments would be laughable if it were not so tragic. Africa needs to do a lot more than that to build climate resilience.** Cyclone Idai is another powerful demonstration of this. **While many countries appear to be already reducing carbon emissions and moving towards an energy transition, Africa’s coalfields are open for business...**”*

**Nature News – Why Cyclone Idai is one of the Southern Hemisphere’s most devastating storms**

[Nature News;](#)

Well worth a read. Cyclone Idai is the second deadliest cyclone to hit the Southern Hemisphere. Read why the region affected was so vulnerable.

Meanwhile, the UN (World Food Programme) has declared the cyclone a [level 3 emergency](#).

Inevitably, **the Guardian** also reported [Cyclone Idai crisis deepens as first cases of cholera confirmed in Mozambique](#)

## Rwanda & world's first nation-wide DNA database

**Independent - Rwanda sparks human rights concerns in proposing world's first nationwide DNA database**

<https://www.independent.co.uk/news/world/africa/rwanda-dna-database-human-rights-privacy-a8832051.html>

"The database will require officials to take DNA samples from all of Rwanda's 12 million citizens."

Kagame's country still remains a global health darling, though. See his recent **op-ed together with Bill Gates** in CNN [President Kagame and Bill Gates: Every vaccine is a shot of adrenaline into the heart of the African economy](#) **#buddies**

*"...The African Union has a plan to transform the continent and its economy by the year 2063. Success depends on laying the groundwork today with smart investments, especially in health care...."*

Gates might want to re-read **Helen Epstein's** recent **Comment in the Lancet** - [Good news for democracy](#) in which she assesses the Bollyky et al study, and concludes:

*"...Global health advocacy groups need to do more than clamour for more funding and occasionally bemoan corruption. They need to call on Washington (USA), Brussels (Belgium), London (UK), and other donors to impose sanctions on dictators, including those who cooperate with western military aims."*

## Framework Convention on Global Health – Contribute to Draft !

Eric Friedman; <http://oneill.law.georgetown.edu/contribute-to-drafting-the-framework-convention-on-global-health/>

There is a [draft outline](#) now (by the FCGH Alliance), and you're encouraged to contribute. Do read – it's about the world as it should be...

## GAVI

As mentioned already last week, The Board of Gavi, The Vaccine Alliance, retreats this week to discuss a new strategy and replenishment. More on this probably soon [here](#) or [here](#).

Already a few links from earlier this week perhaps:

GAVI - [Pneumococcal vaccine price drops for third year running](#)

*"In agreement with Gavi, Pfizer reduces price of pneumococcal vaccine to US\$ 2.90 per dose for Gavi-eligible countries...."*

GAVI - [Leadership training for supply chain managers expands to five African countries.](#)

## PHA4 draft declaration

<https://phmovement.org/pha4-declaration-and-public-consultation-2/>

The People's Health Movement released a **draft of the Fourth People's Health Assembly (PHA4) declaration**. Check it out [here](#).

*"... The Declaration is based on the **documents produced by the six thematic working groups** that met during the Assembly. The text went through extensive consultation within the PHM global Steering Council, and is now ready to receive further input by all PHM members worldwide. ..." You can **react till 31 March**.*

## Polio

**Reuters - Bill Gates urges Afghanistan and Pakistan to 'get to zero' in polio fight**

[Reuters](#);

*"Local Afghan Taliban leaders are hindering global efforts to end polio, but Afghanistan and Pakistan must continue their fight to "get to zero" cases, the philanthropist Bill Gates said on Monday. In a telephone interview with Reuters, Gates was optimistic about the global plan to eradicate the paralyzing viral disease, but said Afghanistan's conflict and power struggles hamper progress...."*



## Trump & Global Health (damage)

Guardian - Trump expands global gag rule that blocks US aid for abortion groups

[https://www.theguardian.com/global-development/2019/mar/26/trump-global-gag-rule-us-aid-abortion?CMP=share\\_btn\\_tw](https://www.theguardian.com/global-development/2019/mar/26/trump-global-gag-rule-us-aid-abortion?CMP=share_btn_tw)

*“The Trump administration has expanded its ban on funding for groups that conduct abortions or advocate abortion rights, known as the global gag rule, and has also cut funding to the Organisation of American States for that reason. The new policy was announced on Tuesday by the secretary of state, Mike Pompeo, who declared: “This is decent. This is right. I am proud to serve in an administration that protects the least among us.” The Trump administration has already expanded the reach of the funding ban which dates back to the Reagan administration, to apply to all US healthcare assistance, totalling about \$6bn. **The extension of the policy announced by Pompeo would not only cut funding to foreign non-governmental organisations directly involved in abortions or abortion rights advocacy, but also those who fund or support other groups which provide or discuss abortion....”***

See also NYT - [U.S. Expands Anti-Abortion Policies With New Overseas Funding Rules.](#)

You might also want to read this **Profile in Foreign Policy** of Kelley Curry, who will soon be [Trump's new Women's Rights envoy.](#)

Rollcall - Lawmakers from both parties resist humanitarian and refugee aid changes

[rollcall](#);

*“Democratic and Republican lawmakers say they are determined to block a White House budget proposal that would gut the State Department’s refugee operations and slash overall humanitarian aid levels. President Donald Trump’s 2020 budget request proposes consolidating three separate humanitarian assistance accounts operated by the State Department and U.S. Agency for International Development. The new umbrella account would be managed by USAID and, in theory, have more flexibility to respond to rapidly evolving global crises. But the White House proposal would not only cut funding but reshape humanitarian assistance, particularly in how it affects refugees....”*

See also Reuters - [U.S. lawmakers blast Trump's plan for diplomatic, foreign aid cuts](#)

*“Democrats and Republicans in the U.S. Congress rejected President Donald Trump’s proposed cuts to diplomacy and foreign aid budgets as dangerous to national security on Wednesday, setting the stage for a budget battle with the White House....”*

## SRHR

### Lancet Letter - Keeping promises to women, children, and adolescents

F Bustreo & M Temmerman; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30688-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30688-9/fulltext)

The authors of this Letter are concerned that some of the high-level commitments and promises of the past few years are now under threat, based on early indications. They list three, one of them being “...the new WHO structure, unveiled just before International Women's Day, erased by a stroke of a pen the words women, children, and adolescents in the WHO's organigram....”

WHO/UNICEF/UNFPA - [Appropriate Storage and Management of Oxytocin - a key commodity for maternal health](#)

*“WHO/UNICEF/UNFPA have issued a joint statement regarding the management of oxytocin, a medicine essential to the prevention and treatment of postpartum haemorrhage as well as other indications. **The management of oxytocin is critical** to ensuring that it is effective when it reaches women, including procurement, cold chain management and clear and consistent labelling.”*

*“This recommendation results from an exhaustive review of current evidence around oxytocin, particularly the finding that poor quality oxytocin is in circulation in many countries.”*

## Global health governance

### Fortune - Most CEOs Don't Have a Global Health Strategy. That Needs to Change

A Jha & Peter Sands; [http://fortune.com/2019/03/25/private-sector-global-health-strategy/?utm\\_source=twitter.com&utm\\_medium=social&utm\\_campaign=social-share-article](http://fortune.com/2019/03/25/private-sector-global-health-strategy/?utm_source=twitter.com&utm_medium=social&utm_campaign=social-share-article)

*“Why is it that only 9% of the world's Fortune 500 companies have a global health strategy, while 74% have an environmental strategy? The answer lies in the very different relationship that the private sector has with the environmental community versus its relationship with the global health community....”*

For the fairytale believers among you, or the fans of #neoliberalism. Last time I checked, the planet was in splendid shape. We need to break the stranglehold of these Fortune 500 companies on the global economic system (and planet). All the rest is utter rubbish.

See also a (still fairly diplomatic) tweet by **Matthew Kavanagh**:

*“Not sure I follow the logic @PeterASands: Fortune 500 strategies have put us on track for success on climate change? By what metric? Alternative narrative: success in #GlobalHealth when not captured by corporate logic, need to strengthen public sector tax, regulation, provision”*

## Georgetown researchers find link between Global Fund support and better governance

[Friends of the Global Fight;](#)

*"In a new [working paper](#) (by M Kavanagh et al), researchers from **Georgetown's O'Neill Institute for National and Global Health Law** analyzed the impact of Global Fund financing on governance and development in countries over the past decade and a half. They found that Global Fund support improves government accountability, control of corruption, political freedoms, regulatory quality, and rule of law. They also found Global Fund financing benefits overall adult mortality and human development...."*

## Lancet Viewpoint - When ethics and politics collide in donor-funded global health research

K Storeng & J Palmer; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30429-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30429-5/fulltext)

One of the (poignant) reads of the week.

*"In this Viewpoint, we share our experience of censorship in evaluation research for global health. Our experience shows a broader trend of donors and implementing partners who deliberately use ethical and methodological arguments to undermine essential research. In a context of chronic underfunding of universities and their growing dependence on donor-driven research grants, **we propose several structural and cultural changes to prevent manipulation of research governance systems and to safeguard the independence of research.** We experienced some of the limitations of current systems in research ethics and governance within an evaluation of a programme funded by the UK's Department for International Development (DFID). ... With a budget exceeding 140 000 000, the programme aimed to reduce deaths from unwanted pregnancies in 14 countries in Africa and Asia through policy and service delivery interventions. These were implemented by two leading international reproductive health non-governmental organisations (NGOs): Marie Stopes International (MSI) and Ipas. The evaluation research, commissioned by DFID, was done by an international, interdisciplinary consortium led by the London School of Hygiene and Tropical Medicine, with which we are affiliated. ... **We felt that the NGOs had used the research ethics framework to censor our work,** and therefore we appealed the university's decision.*

*... Although we present only one case study, similar dynamics play out between other public, private, and philanthropic donors and researchers who undertake evaluations and other commissioned global health research. ... Such risks are pronounced within a landscape marked by chronic underfunding of universities and reliance on soft funding through research projects that are short term and donor prioritised, in which the stated or tacit threat of withdrawing support for future contracts can influence published findings. ... **Meanwhile, donors are under intense pressure to show that their investments deliver results.** As such, it can be difficult for all parties to withstand the pressure to contribute to positive bias in support of success stories about programmes and interventions even when the consequence is misrepresentation of what is working and how public funds are used...."*

## BMJ Global Health - Operationalising the Global Financing Facility (GFF) model: the devil is in the detail

N Salisbury; <https://gh.bmj.com/content/4/2/e001369>

*“Recent modelling exercises project that if fully funded, the Global Financing Facility could contribute to significant health gains for women and children, and by doing so help to facilitate the achievement of the health-related Sustainable Development Goals. **Operationalisation of this approach is sure to be complicated by myriad global-level and country-level variables that affect implementation, and there are many lessons to be learnt from the experiences of Gavi and the Global Fund as they pertain to design, implementation, monitoring, evaluation and learning.** Careful coordination across funding mechanisms, at all levels (from global to country), will be crucial to achieving impact, and should be institutionalised into donor processes. The Global Financing Facility should embed opportunities for evaluation and learning at all stages to contribute to process improvement as the model evolves.”*

## First info & looking ahead to some key (upcoming) global health events

### WHO – Inaugural Partners’ Forum (Stockholm 9-10 April)

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

*“The Inaugural WHO Partners Forum is the first of a series of conversations with partners to help WHO meet the strategic goals laid out in its Thirteenth General Programme of Work (GPW13) for 2019-2023. Participants will meet from 9 to 10 April 2019 in Stockholm, Sweden. The draft agenda is available for download [here](#).”* It is co-hosted by WHO and the Government of Sweden.

For more info on this Forum (background, expected outcomes, deliverables, ...), see also WHO - [Inaugural WHO Partners Forum](#)

On the purpose of this meetings, see also a few tweets:

**Anders Nordström** - “Sweden is looking forward to the first WHO Partners meeting. Focus will be on effective partnerships and financing for WHO. It is an informal meeting aiming at gathering ideas and advice. There will be a wide range of partners joining. Sweden is committed to an even stronger WHO.”

But others are more critical, especially from civil society.

See for example **Mohga Kamal-Yanni** (Oxfam) – “Is it a policy setting forum? Is it the old idea presented during M Chan's time and rejected by member states? Is it a way to dilute the policy role of WHA? If not funding and not policy then what is it? building relations for what? If policy then WHA is what??”

PS: it appears that civil society organisations who are also donors to WHO have a better chance of having received an invitation ...

## 72<sup>nd</sup> World Health Assembly (Geneva, 20-28 May)

First documents are already available. See [here](#).

## World Health Summit Berlin (October 27-29)

<https://www.worldhealthsummit.org/conference.html>

With some info already on key themes, speakers, ... Looks really interesting.

## Ebola DRC – (again) a call for more international support & wide mistrust

Some news & reads from this week:

Cidrap News - [WHO names new Ebola chief in DRC as 7 more cases noted](#)

*“**Peter Graaff** is the new World Health Organization (WHO) special representative for the ongoing Ebola outbreak in the Democratic Republic of the Congo (DRC). WHO Director-General Tedros Adhanom Ghebreyesus, PhD, appointed Graaff, who previously served as the WHO's director of Ebola emergency response in Liberia and West Africa. Graaff, a Dutch national, **will be based in Kinshasa and will coordinate the outbreak response with both the WHO and the DRC government....**”*

## WHO - WHO reaffirms commitment to Democratic Republic of the Congo as Ebola outbreak nears 1000 cases amid increased violence

<https://www.who.int/news-room/detail/23-03-2019-who-reaffirms-commitment-to-the-democratic-republic-of-the-congo-as-ebola-outbreak-nears-1-000-cases-amid-increased-violence>

(as of 23 March). **WHO called, once again, on the international community to join** the urgent push to end the outbreak.

However, **financing** is still lacking, for the time being, according to Tedros himself:

*“**For the next 6 months, the combined financial need for all response partners is at least US\$ 148 million. As of 19 March, US\$ 74 million had been received....**”*

And on Monday, [the UN humanitarian chief called on the international community to support the fight against Ebola in the Democratic Republic of Congo \(DRC\)](#) (via Xinhua)

*“We don't think the world is paying enough attention to Ebola,” UN Undersecretary-General for Humanitarian Affairs Mark Lowcock told reporters, making a 326-million-U.S. dollar appeal to fight the deadly disease. Lowcock said the appeal is to meet the urgent humanitarian needs of the DRC....”*

FT Health - [The world must wake up to the threat of latest Ebola outbreak](#)

*“The number of confirmed deaths has passed 1,000, making it the second worst in history.”*

And check out also this paragraph: *“...Mr Piot, now director of the London School of Hygiene and Tropical Medicine, says the strategy needs to be adjusted. Health workers have been immunising people with an experimental vaccine produced by Merck. That has almost certainly slowed the disease's spread. But Mr Piot says a different Johnson & Johnson-produced vaccine, of which there are a million doses, should be aggressively employed to form a “curtain” of immunised people....”*

### **Lancet Infectious Diseases – Institutional trust and misinformation in the response to the 2018–19 Ebola outbreak in North Kivu, DR Congo: a population-based survey**

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(19\)30063-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(19)30063-5/fulltext)

Cfr the press release:

*“The Lancet Infectious Diseases: Low levels of public trust during violent conflict may have thwarted attempts to control Ebola. A quarter of people surveyed during active 2018 Ebola outbreak in the Democratic Republic of Congo believed the virus was not real, and would not accept vaccination against infection*

*Mistrust and misinformation can stop people taking measures to prevent the spread of Ebola virus disease (EVD), increasing the likelihood that they refuse vaccination, according to a study with nearly 1,000 people published in **The Lancet Infectious Diseases** journal.*

*The study highlights the vital importance of understanding that, among people who have learnt from experience to distrust authority, how and by whom health messages are communicated can be just as important as what is said.*

*Of 961 adults interviewed, only 349 thought that local authorities could be trusted to represent their interests and 230 believed rumours that the Ebola virus does not exist. Among individuals who believed the virus was real, those who thought the risk of contracting the virus was high were less likely to seek care or to accept vaccination. This might be due to fear that a medical setting could expose them to the virus. ... Higher trust was positively correlated with seeking care and accepting vaccination. ... **The research was conducted in the cities of Beni and Butembo at the epicentre of an active Ebola outbreak in the east of the country.** It is a highly insecure, densely-populated environment. Violent conflict over two decades has resulted in thousands of deaths and injuries, including attacks against civilians and targeted attacks on EVD response teams. Delayed presidential elections have contributed to an unstable political situation. ...”*

Devex - ['Chanjo'? Ebola warnings puzzle communities in Goma](#)

*“A new report helps draw attention to what may have been a neglected part of the Ebola response in the Democratic Republic of the Congo, a country with over 200 spoken languages.”* On the importance of **language** for effective risk communication.

## Lancet Infectious Diseases (Editorial) – Trust issues

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(19\)30128-8/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(19)30128-8/fulltext)

This nice editorial draws a comparison between mistrust on (measles) vaccination & in the Ebola DRC outbreak. “...Yet there are **similarities in their mistrust**. A belief that vaccines cause autism or that Ebola is a government ploy likely has as much to do with wider grievances and distrust of authority as with the specifics of the scientific evidence and education. Part of the problem is that a lack of faith in government, the health-care system, and pharmaceutical companies is not always irrational...” And concludes: “...It is impossible to build trust while at the same time abusing it.”

## UHC (& PHC)

### The Milbank Quarterly - Forty Years After Alma-Ata: At the Intersection of Primary Care and Population Health

S Galea & M Kruk; <https://www.milbank.org/quarterly/articles/forty-years-after-alma-ata-at-the-intersection-of-primary-care-and-population-health/>

Excerpts:

*“...How then do we reconcile a global push for deeper engagement with primary care and UHC together with an appreciation of the ineluctable role of the more foundational drivers of population health? ... We would suggest that primary care can serve to bridge the gap between clinical medicine and population health. Primary care providers work at the frontier of the health system, close to people. ...”*

*“... The Declaration of Astana reinforces this observation by invoking “Health for All” as a core goal and suggesting that the primary health care agenda, at the heart of UHC, should emerge from political will towards achieving better health. We applaud the conflation of these two ideas but argue for an even greater synthesis, suggesting that the two are not separate ideas at all. **Primary health care should exist to protect and promote the health of populations. It simply cannot achieve that without engaging with foundational social and economic forces, and without tangling with the causes of the health of populations.** When viewed this way, **primary care’s clinical function**—the restitution of health for those who are sick—**complements its political function, embracing the challenges needed to create a world where populations are not sick to begin with.** A recognition of the inexorably political role of primary care may be a step too far for the global community in 2018, which still views health as primarily a technical endeavor. But the Declaration of Astana advances on the Declaration of Alma-Ata by putting the UHC imperative—with primary health care at its core—front and center. “*

## WHO (policy brief) – Purchasing health services for universal health coverage: how to make it more strategic?

Inke Mathauer et al; [https://www.who.int/health\\_financing/documents/how-to-make-purchasing-health-services-more-strategic/en/](https://www.who.int/health_financing/documents/how-to-make-purchasing-health-services-more-strategic/en/)

*“This policy brief aims to show how strategic purchasing contributes to progress towards UHC and how countries can make their purchasing more strategic.”*

## Vox - Trump just guaranteed health care will be a huge issue in the 2020 election

<https://www.vox.com/policy-and-politics/2019/3/26/18282282/trump-2020-election-odds-obamacare-unconstitutional-doj>

*“President Trump just guaranteed health care will remain a dominant issue through the 2020 presidential campaign, opening up a massive vulnerability in his reelection bid. **In a legal brief filed this week, the Trump Justice Department argued to a federal court that the entire Affordable Care Act should be found unconstitutional.** That would mean an end to the private markets where 15 million Americans buy their coverage, an end to the expansion of Medicaid that covers 15 millions more, and an end to protections for people with preexisting conditions. According to the Urban Institute, **if the entire law were eliminated, as the Trump administration is now advocating for, nearly 20 million fewer Americans would have health insurance.** The Justice Department’s move is stunning, considering the price House Republicans paid in the 2018 midterms for attempting to repeal the law in Congress....”*

*“...If Trump maintains this position heading into the 2020 campaign, **his health care record could become one of his biggest liabilities.** ... **The president’s health care record is simple: repeal Obamacare, cut Medicaid, and restrict reproductive rights....”***

See also NPR Goats & Soda - [Trump Administration Says Entire Affordable Care Act Should Be Repealed](#)

## Scroll.In - The Election Fix: How will voters pick between Ayushman Bharat and a Right to Healthcare?

<https://scroll.in/article/917623/the-election-fix-how-will-voters-pick-between-ayushman-bharat-and-a-right-to-healthcare>

Over to India then, and the role health care plays in the upcoming election. Check out this very nice analysis. *“A look at India’s healthcare crisis and what **the BJP and the Congress** have to offer voters.”*

## Plos One - [Role of insurance in determining utilization of healthcare and financial risk protection in India](#)

by S Prinja et al.

Assessment of this new paper via my colleague **Werner Soors**: *“Over the last decade, **RSBY** – India’s flagship health insurance for the poor – was subject to a multitude of local and/or focal studies,*



receiving accolades and criticism alike. **What makes this study different is its comprehensiveness: based on a sample that should be representative for the whole of India, it scrutinizes RSBY performance in both UHC dimensions – service utilisation and financial protection.** The outcome? While RSBY makes no difference in overall utilisation of in- and outpatient care, it does make catastrophic health expenditure for inpatient care significantly worse. **With RSBY now puffed up into Modi-care, the writing is on the wall.”**

## Principled Aid Index (ODI)

### ODI (Briefing paper) – The Principled Aid Index: understanding donor motivations

<https://www.odi.org/publications/11294-principled-aid-index-understanding-donor-motivations>

*“Amid a rising tide of political populism in Europe and beyond, the idea that aid should serve the national interest is gaining currency. Yet there is little explicit recognition that aid oriented towards securing domestic interests is not always the most efficient, nor the most effective, way to maximise global development ambitions. Conversely, we forget that aid focused on delivering global development can itself service the national interest. **ODI's Principled Aid (PA) Index ranks bilateral Development Assistance Committee (DAC) donors by how they use their official development assistance to pursue their long-term national interest in a safer, sustainable and more prosperous world.** The PA Index is accompanied by a [policy brief](#), which makes the **following recommendations:** Donors should advance their national interest by pursuing a principled aid allocation strategy. There is an urgent need for donors to be more public spirited in their aid allocations, maximising every opportunity to achieve development impact. OECD DAC donors should hold each other accountable for delivering principled aid in the national interest. Development cooperation agencies should forge a new political consensus on principled aid across OECD DAC and non-DAC providers.”*

Alongside, a [working paper](#) outlines the conceptual framework and methodological approach that informed the Index's development. There's also an [interactive index](#) & infographics.

For coverage, you might want to check **Thomson Reuters Foundation** - [Poor lose out as rich countries link aid with trade: think-tank](#)

*“Rich countries are using their aid budgets to promote their own national interests rather than focusing on helping people in poor countries, according to research published by a global think-tank on Tuesday. As populism and economic pressures rise, countries that have pledged to spend part of their national income on aid are opting for short-term political or economic wins over poverty reduction, Britain's Overseas Development Institute (ODI) said. ODI researcher Nilima Gulrajani said **donor countries were increasingly tying their aid with trade and investments to promote their own economic interests....”***

## IP-Watch “transition”

<https://www.ip-watch.org/2019/03/25/transition-at-ip-watch-a-new-path-forward/>

Sad news about IP-Watch. After 15 years of original, independent, thoughtful, and timely reporting on global policymaking from the inside, Intellectual Property Watch (IP-Watch) announced earlier this week a pause on reporting services as it embarks on a transition phase to devise new strategies for future work.

Let's hope they come back soon. Meanwhile, we hope its sister publication [Health Policy Watch continues the IP-Watch tradition of vibrant health reporting](#).

## Tobacco control

### Health Affairs (blog) - How Evidence Has Fueled Bloomberg Philanthropies' Work In Tobacco Control

Kelly Henning et al; <https://www.healthaffairs.org/doi/10.1377/hblog20190325.697700/full/>

In-depth analysis of the work of **Bloomberg Philanthropies** on global tobacco control so far.

*"The experience of applying evidence-based practices helped inform how Bloomberg Philanthropies approached its work on tobacco control. **When it launched in 2007, the Bloomberg Initiative to Reduce Tobacco Use focused its efforts on accelerating global progress on reduction of tobacco use in the developing countries with the greatest number of smokers in the world. ... A reliance on data has played a central role in the initiative's global impact. ... The Bloomberg Initiative to Reduce Tobacco Use also has relied on two important population surveys to measure progress: the Global Adult Tobacco Survey (GATS), now completed by residents in more than thirty countries, and the WHO Report on the Global Tobacco Epidemic (MPOWER report), now in its seventh iteration. GATS and the MPOWER reports have served as critical global resources to track tobacco use in developing countries and adoption of proven tobacco control policies worldwide.***

*"...In addition to providing targeted support to more than 100 developing countries worldwide, the Bloomberg initiative has partnered closely with ten large developing countries, including Brazil and China, to provide broader, more in-depth support for their tobacco control efforts. ... The Bloomberg initiative is now working to systematically and powerfully counter the influence of the tobacco industry via its Stopping Tobacco Organizations and Products (STOP) Initiative, which was launched in 2018. STOP brings together the world's experts in monitoring the tobacco industry's nefarious tactics, highlighting them for the public, and countering the misinformation in country..."*

## AMR

### HPW - The Economist AMR Summit: "Broadening" Stakeholders To Strengthen Call To Action

<https://www.healthpolicy-watch.org/the-economist-amr-summit-broadening-stakeholders-to-strengthen-call-to-action/>

***“A “broader” call to action engaging a “wider universe of advocates,” is needed to more effectively tackle antimicrobial resistance (AMR) – including everyone from financial investors to environmental groups. This was the message emerging out of a **global meeting** on the issue [yesterday] in London....”***

***“The meeting, entitled “**AMR Summit – Preventing an Antibiotic Apocalypse**,” convened Tuesday by The Economist, brought together dozens of representatives from industry, civil society and international organisations to consider “**why the global call to action on such a critical public good is now sputtering, and how renewed energy and momentum might be unlocked** in the global fight against AMR...”***

Meanwhile, **Jim O’Neill**, for one, is **losing his patience with Big Pharma**.

- See for example BBC - [Take over pharma to create new medicines, says top adviser](#)

***“Part of the drugs industry should be taken over to make new antibiotics, an influential economist has argued. Lord Jim O’Neill, who advised the government on antibiotic resistance, said he was shocked by pharmaceutical companies failing to tackle drug-resistant infections. He said the solution may be to “just take it away from them and take it over”....”***

- And FT Health - [Industry must turn words into action on superbugs, says Jim O’Neill](#)

Excerpt: ***“ Health experts have intensified criticism of the pharmaceutical industry for failing to respond to the rise of drug-resistant superbugs by developing new antibiotics, at a meeting called by Wellcome, the London-based medical research charity. Jim O’Neill, author of a 2016 UK government review of antimicrobial resistance, accused pharma companies of “spewing out nonsense about their commitment to producing antibiotics”. “If they produced one-tenth of the commitment in their words, we would be getting somewhere,” he said. ... Only three large pharma companies remained seriously engaged in antibiotic development, according to Wellcome, while in 1980 there were 25. The fundamental problem is that companies do not expect the market to generate sales revenues from new antibiotics that would come close to recouping development costs and delivering a profit, because the drugs would be held in reserve to treat the sickest patients for short periods. ... Lord O’Neill continues to advocate a “play or pay” mechanism to fix the market. An international body such as the World Health Organisation would levy a small charge, perhaps 2 per cent, on all drug sales by pharma companies that do not have antibiotic development programmes. This would help to fund a market entry prize of \$1bn to \$1.5bn for each genuinely novel antibiotic that meets a defined medical need. Lord O’Neill said that more than \$10bn would be required to reward the developers of the range of new antibiotics required to combat different pathogens; some of the funding might come from governments as well as an industry levy....”***

## Guinea worm disease eradication

**Lancet Editorial - Guinea worm disease eradication: a moving target**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30738-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30738-X/fulltext)

*“Deadlines for the eradication of Guinea worm disease have come and gone without success. The first deadline was set in 1991, when the World Health Assembly adopted a resolution calling for the eradication of the disease, which is caused by the nematode *Dracunculus medinensis*, within 4 years. This target was not met, so a second 2009 deadline was set; this too was not met. After an additional failed deadline in 2015, a new date of eradication has been **scheduled for 2020**. However, **data from the US Centers for Disease Control and Prevention (CDC) and the Carter Center**, a US-based global health non-governmental organisation, **puts even this new target in question**.*

*“Key to understanding whether eradication of a disease is possible are comprehensive scientific and epidemiological data and **whether there is an important zoonotic reservoir of the disease**. ... **dogs** have emerged as an important reservoir. ...”*

The Editorial ends in a gloomy way: *“...progress has been remarkable using simple but effective public health methods. The employment of these measures must continue. **Eradication of Guinea worm disease is a noble goal, but the added challenges and complexities now facing the programme suggest that this aim is, at best, many years away. At worst, it is simply a pipe dream.**”*

## Horizon Europe

### Lancet Comment - Horizon Europe: towards a European agenda for global health research and innovation

I Abubakar et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30287-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30287-9/fulltext)

*“The European Commission (EC) has published its plans for Horizon Europe. Building on the success of Horizon 2020, Horizon Europe is a €100 billion research and innovation programme that provides the strategic underpinning for the next decade of scientific and technological progress in the European Union (EU). ... **Health is one of five clusters within the second pillar of Global Challenges and Industrial Competitiveness**. The health cluster reaffirms the EU's commitment to the UN's SDGs and specifically mentions SDG 3 on health for all and SDG 13 on climate action.”*

*“...**Only €7.7 billion of Horizon Europe's proposed €100 billion budget is allocated to the health cluster**. This amount represents a proportional decline in the allocation of funding to health from 9.7% of the total funding in Horizon 2020 and is considerably less than the \$37 billion annual budget of the US National Institutes for Health. ...”* The health cluster outlines themes that encompass the key challenges in global health. It is encouraging that LMIC-based research is included in the infectious disease theme, which acknowledges that “health challenges are complex, interlinked and global in nature and require multidisciplinary, crosssectorial and transnational collaborations”. **However, beyond infectious diseases, there is no reference to research in, or with, LMICs.** In Horizon 2020, third country participation has declined compared with the preceding Seventh Framework Programme, especially with regard to LMICs. This shows the importance of explicit mention of institutes in LMICs as partners and co-beneficiaries of Horizon Europe funding.”

The authors conclude: “...We urge the EC to revisit the proportion of funding directly available to health research, to consider embedding research in the LMIC context more overtly, and to explicitly reference global health research within each of the main health themes. These changes would

support countries towards universal health coverage and the achievement of the SDGs and contribute to the strengthening and impact of the EU’s domestic health agenda.”

## World TB Day – a few more reads

We covered World TB Day in last week’s IHP newsletter, but still want to flag a few reads here:

### The Conversation - A human-rights approach is essential to end the global TB epidemic

<https://theconversation.com/a-human-rights-approach-is-essential-to-end-the-global-tb-epidemic-113913>

By **Madhukar Pai** who was one of the Lancet Commissioners on TB (see the Lancet Commission published last week).

### MSF – World TB Day: Treating the untreatable

[MSF](#):

“... We’re fighting to ensure more people have access to the latest and most effective treatments as well. **In February, two tuberculosis survivors filed a patent challenge in India to try to block Johnson & Johnson (J&J) from extending its monopoly on the TB drug bedaquiline**, a medicine critical in the treatment of drug-resistant forms of TB. The World Health Organization recommends bedaquiline as a core part of a new, all-oral treatment regimen for DR-TB that would relegate toxic older drugs to last-resort options only. But this medicine will only reach the people who need it most if J&J prices it affordably and registers it widely—or stops standing in the way of the production of cheaper generic versions. **If this new patent is granted, J&J’s monopoly on bedaquiline would be extended from 2023 to 2027, keeping cheaper generic versions of the drug off the market for an additional four years....**

“...**MSF supports the patent challenge and is calling on J&J to stop attempts to extend its monopoly on a lifesaving drug** with the potential to improve cure rates for patients battling DR-TB in India and around the world. **We are also urging J&J to cut the price of bedaquiline to \$1 a day** so that many more lives can be saved....”

In case you wonder why this is all more than urgent, see this sad story in **Stat News** - [India should heed a teenager’s historic fight for lifesaving tuberculosis treatment](#)

“Malala Yousafzai and Greta Thunberg have shown us the formidable power of a single adolescent girl with determination. **Shreya Tripathi of India, who didn’t live to see her 20th birthday**, belongs

with Malala and Greta in the pantheon of **teenagers whose unswerving principles have brought the powerful to their knees....**” Among others, she fought the Indian government to get access (for her and many others) to bedaquiline. For her, it came too late.

## Access to medicines

### Guardian - Kenya steps up Aids battle as building starts on \$100m drug factory

[https://www.theguardian.com/global-development/2019/mar/28/kenya-aids-building-starts-100m-drug-factory?CMP=twl\\_a-global-development\\_b-gdnddevelopment](https://www.theguardian.com/global-development/2019/mar/28/kenya-aids-building-starts-100m-drug-factory?CMP=twl_a-global-development_b-gdnddevelopment)

*“Construction has started on a multi-million dollar **Aids drug factory that will become the largest in Africa when it opens later this year.** The \$100m facility will bring 1,000 jobs to Kenya and reduce the reliance of almost half of the continent’s countries on European imports. **The drugs, which will be made in Nairobi in a partnership between the government, the Global Fund and local drug manufacturers, will dramatically reduce Kenya’s spending on its Aids epidemic,** said the country’s medical director, Dr Jackson Kioko. ... .. “In addition, we will supply to other African countries, especially our regional neighbours. ... .. **The factory, which will supply 23 African countries, will also be able to manufacture drugs to fight malaria and tuberculosis.** Most of the drugs will be under patent from European parent companies, including GlaxoSmithKline....”*

## Some key papers & journal articles of the week

### Public Health – The right to health: from citizen's right to human right (and back)

Gorik Ooms et al ; <https://www.sciencedirect.com/science/article/pii/S0033350619300393>

*“If health is a human right and if human rights are ‘rights held by individuals simply because they are part of the human species’, then all people, wherever they live, should be entitled to the same collective efforts that can protect or improve their health. In reality, not all people on the planet have access to the same set of health-related entitlements. There are huge disparities between the entitlements one can claim when living in a high-income country and the entitlements one can claim when living in a low-income country. Even within each country, there are disparities. The health-related entitlements people really have seem to be dependent on their belonging to a nation, family, or household. **In this article, we explore and critically analyze two trends from a right-to-health perspective: the stagnation or even decrease of international assistance for health services in low- and middle-income countries and the increasing exclusion of undocumented migrants from health care in high-income countries.** We argue that **both trends constitute violations of the right to health;** we posit an explanation for why they are occurring in countries that express support for human rights by expanding on the supposition that human rights are evolving from what were citizen's rights; and we discuss the role of individual human right supporters in an age of nationalism.”*

## **Health Research Policy & Systems - Taking stock of 10 years of published research on the ASHA programme: examining India's national community health worker programme from a health systems perspective**

K Scott et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0427-0>

*"As India's accredited social health activist (ASHA) community health worker (CHW) programme enters its second decade, we take stock of the research undertaken and whether it examines the health systems interfaces required to sustain the programme at scale...."*

Some of the results: "...Over half the articles had a health system perspective, including almost all those on general ASHA work, but only a third of those with a health condition focus. The most extensively researched health systems topics were ASHA performance, training and capacity-building, with very little research done on programme financing and reporting, ASHA grievance redressal or peer communication...."

## **Health Research Policy & Systems – The dark side of coproduction: do the costs outweigh the benefits for health research?**

K Oliver et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0432-3>

*"Coproduction, a collaborative model of research that includes stakeholders in the research process, has been widely advocated as a means of facilitating research use and impact. We summarise the arguments in favour of coproduction, the different approaches to establishing coproductive work and their costs, and offer some advice as to when and how to consider coproduction...."*

## **Globalization & Health – A decade of aid coordination in post-conflict Burundi's health sector**

J Cailhol, L Gilson et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0464-z>

*"The launch of Global Health Initiatives in early 2000' coincided with the end of the war in Burundi. The first large amount of funding the country received was ear-marked for human immunodeficiency virus (HIV) and immunization programs. Thereafter, when at global level aid effectiveness increasingly gained attention, coordination mechanisms started to be implemented at national level. This in-depth case study provides a description of stakeholders at national level, operating in the health sector from early 2000' onwards, and an analysis of coordination mechanisms and stakeholders perception of these mechanisms."*

*"...One main finding was that HIV epidemic awareness at global level shaped the very core of the governance in Burundi, with the establishment of two separate HIV and health sectors. This led to complex, nay impossible, inter-institutional relationships, hampering aid coordination...."*



## Globalization & Health - A narrative review of health research capacity strengthening in low and middle-income countries: lessons for conflict-affected areas

G Bowsher et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0465-y>

*"...In this narrative review, we draw together evidence from low and middle-income countries to highlight challenges to research capacity strengthening in conflict, as well as examples of good practice...."*

*"...We find that authorship trends in health research indicate global imbalances in research capacity, with implications for the type and priorities of research produced, equity within epistemic communities and the development of sustainable research capacity in low and middle-income countries. Yet, there is little evidence on what constitutes effective health research capacity strengthening in conflict-affected areas. There is more evidence on health research capacity strengthening in general, from which several key enablers emerge: adequate and sustained financing; effective stewardship and equitable research partnerships; mentorship of researchers of all levels; and effective linkages of research to policy and practice...."*

## Globalization & Health - Community health extension program of Ethiopia, 2003–2018: successes and challenges toward universal coverage for primary healthcare services

Y Assefa et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0470-1>

*"Ethiopia has been implementing a community health extension program (HEP) since 2003. We aimed to assess the successes and challenges of the HEP over time, and develop a framework that may assist the implementation of the program toward universal primary healthcare services...."*

## Health Policy – New partnerships, new perspectives: The relevance of sexual and reproductive health and rights for sustainable development

S Mayhew et al; <https://www.sciencedirect.com/science/article/pii/S0168851018306389>

*"In the light of the opportunities presented by the Sustainable Development Goals (SDGs) debate is being reignited to understand the connections between human population dynamics (including rapid population growth) and sustainable development. Sustainable development is seriously affected by human population dynamics yet programme planners too often fail to consider them in development programming, casting doubt on the sustainability of such programming. **Some innovative initiatives are attempting to cross sector boundaries once again, such as the Population Health and Environment (PHE) programmes, which are integrated programmes encompassing family planning service provision with broader public health services and environmental conservation activities.** These initiatives take on greater prominence in the context of the SDGs since they explicitly seek to provide cross-sector programming and governance to improve both human and planetary wellbeing. Yet such initiatives remain under-researched and under promoted."*



## Global Policy Forum (Working Paper) – A Fatal Attraction: Business engagement with the 2030 agenda

K Seitz et al; <https://www.globalpolicy.org/component/content/article/270-general/53104-a-fatal-attraction-business-engagement-with-the-2030-agenda.html>

*“Governments have dedicated a pivotal role to the private sector in the implementation and financing of the 2030 Agenda and the SDGs. This has pushed a turn towards the private sector, the promotion of multi-stakeholder partnerships between public and private actors. However, far too often there is a considerable gap between the social and environmental commitments companies make publicly in political fora like the UN and the actual effects of their production patterns and investment strategies on people and the environment. **A new working paper, published by Brot für die Welt, Global Policy Forum and MISERERO provides an overview of the ways and means by which the UN involves business actors in the debates around the implementation of the 2030 Agenda.** It describes new initiatives and alliances of business actors around SDG implementation at the international level, and their main messages and policy proposals. With a few selected examples **it contrasts the sustainability rhetoric of corporations with their business reality.** And finally, the working paper draws conclusions and formulates recommendations for policymakers on how to increase the benefits of UN-business interactions in implementing the 2030 Agenda - and how to reduce associated risks and negative side effects.”*

## HP&P - A critical interpretive synthesis of informal payments in maternal health care

M Schaaf & Steph Topp; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czz003/5418567?searchresult=1>

One of the reads of the week. *“Informal payments for healthcare are widely acknowledged as undercutting health care access, but empirical research is somewhat limited. This article is a critical interpretive synthesis that summarizes the evidence base on the drivers and impact of informal payments in maternal health care and critically interrogates the paradigms that are used to describe informal payments....”*

## Health Promotion International (Supplement) - Democracy and health promotion

[https://academic.oup.com/heapro/issue/34/Supplement\\_1](https://academic.oup.com/heapro/issue/34/Supplement_1)

Check out the **Editorial** first - [Democracy and health promotion](#) (by M Akerman et al)

*“... **In May 2016, the International Union for Health Promotion and Education (IUHPE)** was hosted for its 22nd World Conference by ABRASCO (Associação Brasileira de Saúde Coletiva) and the Curitiba City Administration in this city with a world reputation for inclusion and ecological approaches to urbanization and well-being. It is no surprise that **the theme of the Conference was Promoting Health and Equity.** A series of keynote speakers including David Stuckler (United Kingdom), Jaime Breihl (Ecuador), Adriano Massuda (Brazil), Lamiss Ben El Haj (Morocco) and Robert Quigley (New Zealand) highlighted the deeply political nature of health and health promotion, only made more poignant through the equity lens that the conference added. The conference sessions required participants and organizing entities to clearly state that political, social, economic, cultural and*

scientific conditions were necessary to promote health and equity. ... **The theme of Democracy was a central concern for participants, and therefore, the slogan ‘There is no Health without Democracy’** (Franco et al., 2004; Navarro et al., 2006) **resonated throughout the plenaries**, from the Opening (proffered by David Stuckler) to the Closing Ceremony (proffered by David McQueen) and was clearly stated in the **Curitiba Statement** (which is also part of this Supplement) entitled: ‘To assure Democracy and Human Rights in all countries around the world’ (IUHPE, 2016)....”

## **BMC Public Health (Letter) - Urban health in Africa: a critical global public health priority**

J Veary et al; <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-6674-8>

“The African continent is predicted to be home to over half of the expected global population growth between 2015 and 2050, highlighting the importance of addressing population health in Africa for improving public health globally. By 2050, nearly 60% of the population of the continent is expected to be living in urban areas and 35–40% of children and adolescents globally are projected to be living in Africa. Urgent attention is therefore required to respond to this population growth - particularly in the context of an increasingly urban and young population. To this end, **the Research Initiative for Cities Health and Equity in Africa (RICHE Africa) Network aims to support the development of evidence to inform policy and programming to improve urban health across the continent**. This paper highlights the importance of action in the African continent for achieving global public health targets. Specifically, **we argue that a focus on urban health in Africa is urgently required in order to support progress on the SDGs and other global and regional public health targets, including UHC, the new Urban Agenda, and the African Union’s Agenda 2063**. Action on urban public health in Africa is critical for achieving global public health targets. **Four key research and training priorities for improving urban health in Africa, are outlined:** (1) increase intersectoral urban health literacy; (2) apply a healthy urban governance and systems approach; (3) develop a participatory and collaborative urban health planning process; and, (4) produce a new generation of urban health scholars and practitioners. We argue that acting on key priorities in urban health is critical for improving health for all and ensuring that we ‘leave no-one behind’ when working to achieve these regional and global agendas to improve health and wellbeing.”

## **Health Systems & Reform - Digital Technology and the Future of Health Systems**

M Mitchell; <https://www.tandfonline.com/doi/full/10.1080/23288604.2019.1583040>

“Digital health is having a profound effect on health systems, changing the balance of power between provider and patient, enabling new models of care, and shifting the focus of health systems toward client-centered health care within low- and middle-income countries. Though many of these changes are just being felt due to resistance by organizations and individuals reluctant to change the status quo, the explosive growth of digital technology globally means that these changes are inevitable. We can expect to see increasing use of telemedicine for remote diagnostics and treatment, protocol-driven health care to improve quality of care, and better access to goods and services through changes in the organization of transportation and delivery services. Data will become central to health systems, whether big data and artificial intelligence tools for surveillance, planning, and management or “personalized data” in the form of universal electronic record systems and customized treatment protocols. As with any disruptive innovation, the growth of digital health will also bring challenges, including who owns, controls, and manages the data being collected and how to maintain privacy and confidentiality in this data-rich world.”

## Some key blogs & mainstream articles of the week

Jason Hickel (blog) - Global Inequality: Do we really Live in a One-Hump World?

<https://www.globalpolicyjournal.com/blog/22/03/2019/global-inequality-do-we-really-live-one-hump-world>

*"Jason Hickel argues that a famous graph purporting to show how globalisation has addressed inequality hides more than it reveals."*

Meanwhile, the 'humpology debate' continues, with now also Andy Sumner & Kathleen Craig weighing in - [Don't get the hump, but what really changed on global income, and what didn't?](#)

Brooking's Institution 'Future for Development' blog – How global development leaders think their field is changing

G Ingram et al; [Brookings](#);

As you can imagine, well worth a read.

This piece highlights key findings from the new [report](#) "Global development disrupted: Findings from a survey of 93 leaders".

In this blog, three key findings are discussed. Funding in flux; players proliferating; and a shifting landscape.

Lancet – Offline: Brexit and Europe—taking the long view

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30761-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30761-5/fulltext)

A contribution indeed living up to its title. And full of wisdom.

## Global health events

UN conference agrees better ways for Global South countries to work together on sustainable development

[UN News](#);

*"The **Second High-Level UN Conference on South-South Cooperation**, known as **BAPA+40**, concluded on Friday in **Buenos Aires**, Argentina, with a **political declaration** agreed by more than 160 Member States renewing the global commitment in the promotion and investment in this type of collaboration between countries."*

See also IISD - [BAPA+40 Hails Potential of South-South Cooperation, Calls for More Support](#)

*“BAPA+40 took place from 20-22 March 2019, in Buenos Aires, Argentina, with governments adopting the ‘Buenos Aires outcome document of the Second High-level UN Conference on South-South Cooperation’ on the last day of the conference. **The UNGA President said that the countries of the South have a more decisive role to play in the global landscape than they had 40 years ago.** China noted that its “door will open wider” to provide more opportunities to other developing countries.”*

## Official website SDG Summit (HLPF) launched (24-25 Sept, NY)

<https://sustainabledevelopment.un.org/sdgsummit>

*“On 24 and 25 September 2019, Heads of State and Government will gather at the United Nations Headquarters in New York to follow up and comprehensively review progress in the implementation of the 2030 Agenda for Sustainable Development and the 17 Sustainable Development Goals (SDGs). The event is the first UN summit on the SDGs since the adoption of the 2030 Agenda in September 2015.”*

## IHP - The scientific and grant writing workshop at the 5th AfHEA conference in Accra: Only a drop in the ocean or the start of a great health research capacity journey?

Juliet Nabyonga et al; <https://www.internationalhealthpolicies.org/the-scientific-and-grant-writing-workshop-at-the-5th-afhea-conference-in-accra-only-a-drop-in-the-ocean-or-the-start-of-a-great-health-research-capacity-journey/>

Short report by Juliet Nabyonga on the scientific and grant writing workshop at the last AfHEA conference in Accra. Including some tips & tricks by Seye Abimbola (on the ‘wow’ effect editors are looking for).

## Global governance of health

### Global Tax reform

ICRICT (Independent Commission for the Reform of International Corporate Taxation ) – A roadmap for global asset registry

<https://www.icrict.com/icrict-documentsa-roadmap-for-global-asset-registry>

*“... **The Independent Commission for Reform of International Corporate Taxation, ICRICT, was created to ensure a wider and more inclusive discussion of international tax rules than is possible through any other existing forum.** ICRICT works from perspective of global public interest rather than national advantage and seeks fair, effective and sustainable tax solutions for developing countries. While ICRICT continues to pursue global reform of corporate taxation, it also sees a role for a similar ‘public interest’ approach in the growing debate on the need for effective taxation of wealth, and the need to create a global register of assets....”*

PS: ICRICT is a **non-profit group of economists, tax experts, human rights specialists and former senior officials which works to promote debate on reform of international corporate taxation, in the global public interest.** (among others, with Piketty, Zucman, Ocampo, ...)

You might also want to check out a **previous report** from this group (7 p.) - [BEPS 2.0 : What the OECD BEPS Process has achieved and what real reform should look like.](#)

And you might also want to read a recent **blog on Global Policy Watch** - [10 Reasons Why an Intergovernmental UN Tax Body Will Benefit Everyone](#) (signed by a number of global NGOs)

*“During the 3rd drafting session to formulate an outcome document for the 3rd International Conference on Financing for Development, **a coalition of 30 NGOs from around the globe is urging governments to pave the way for setting up an intergovernmental body on tax cooperation with universal membership under the roof of the United Nations.** ... arguments were also provided for why the world needs a new institution for a truly global tax governance....”*

## **Devex – European Parliament demands more ambitious aid budget**

V Chadwick; <https://www.devex.com/news/european-parliament-demands-more-ambitious-aid-budget-94580>

*“**The European Parliament called for more aid money and for refocusing it on the Sustainable Development Goals** Wednesday as it agreed its position on the European Commission’s proposed 2021-2027 budget for overseas spending....”*

## **CGD (blog) – A Promising US Fragile States Strategy is Taking Shape, but Key Questions Remain**

S Rose; <https://www.cgdev.org/blog/promising-us-fragile-states-strategy-taking-shape-key-questions-remain>

*“Earlier this month, bipartisan coalitions in the House and Senate introduced legislation to improve the coordination of US government efforts to tackle the root causes of state fragility and violent extremism. If the bills advance, the House and Senate will need to reconcile a few key differences, related to funding levels; which funds to establish; and how to select focus countries, among other things. There are also some bigger picture questions that Congress and the implementing agencies will need to grapple with as the legislation (hopefully) moves forward.”*

## BMJ Editorial – Lethal autonomous weapons

E Javorsky et al ; <https://www.bmj.com/content/364/bmj.l1171>

*“It’s not too late to stop this new and potentially catastrophic force.”*

*“Advances in artificial intelligence are creating the potential to develop fully autonomous lethal weapons. These weapons would remove all human control over the use of deadly force. The medical community has a long history of advocacy against the development of lethal weapons, and the World and American Medical Associations both advocate total bans on nuclear, chemical, and biological weapons. But while some nations and non-governmental organisations have called for a legally binding ban on these new weapons, the medical community has been conspicuously absent from this discourse. **Several countries are conducting research to develop lethal autonomous weapons. Many commentators have argued that the development of lethal autonomous weapon systems for military use would represent a third revolution in warfare, after the invention of gunpowder and nuclear weapons...**”*

See also UN News - [Autonomous weapons that kill must be banned, insists UN chief](#)

*“UN Secretary-General António Guterres urged **artificial intelligence (AI) experts meeting in Geneva** on Monday to push ahead with their work to restrict the development of **lethal autonomous weapons systems, or LAWS**, as they are also known.”*

## Devex - Gates Foundation: Biggest mistakes by EU grant applicants

<https://www.devex.com/news/gates-foundation-biggest-mistakes-by-eu-grant-applicants-94354>

*“Devex speaks to Nuria Molina, Bill & Melinda Gates Foundation's senior EU program officer, about its work in Europe and how to maximize your organization's chances of securing a grant.”*

Don’t get carried away, though – the article is gated ☹️.

## Global Policy - Belt and Road Initiative: Responses from Japan and India – Bilateralism, Multilateralism and Collaborations

S Nanwani; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12666>

For the geopolitical buffs among you. *“The responses from Japan and India to the China-led Belt and Road Initiative (BRI) were not positive unlike many other Asian countries....”*

# Planetary health

## Climate Home News - Leaders told to bring plans, not speeches to UN climate summit

<https://www.climatechangenews.com/2019/03/25/leaders-told-to-bring-plans-not-speeches-to-un-climate-summit/>

Must-read. **"A landmark conference hosted by Antonio Guterres in September** [ on 23 September ] aims to jolt flagging international action on climate change, in line with the latest science."

*"The UN secretary general is calling on world leaders to bring plans, not speeches to a climate summit he is hosting in September. Representatives of Antonio Guterres wrote to heads of government last week, urging them to "demonstrate a leap in collective national political ambition and massive low-emission movements in the real economy". Climate Home News understands organisers do not intend to give politicians the UN podium for speeches, in a departure from the typical format of such events. **"This summit will be action-oriented,"** the note, which was shared with CHN, said. "The deliverables and initiatives that will be showcased need to be implementable, scalable and replicable and have the potential to get us in line with the commitments of the Paris Agreement."..."*

*"... That means cutting global greenhouse gas emissions 45% by 2030 and heading for net-zero emissions by 2050, the letter said, citing last year's blockbuster report from the Intergovernmental Panel on Climate Change (IPCC). The summit seeks to close a huge gap between the goals of the Paris Agreement – to limit warming to 1.5C or below 2C – and the pledges countries have so far made to meet them. Current national commitments are projected to collectively limit warming to 3C. This would lead to global economic, environmental and social damage, according to climate scientists. Worse, most nations are off the pace to meet even these inadequate targets. **The note is the clearest indication yet of the hardline approach Guterres will take,** after a speech last year indicating he would throw himself and "the entire United Nations" into the fight against climate change...."*

Check out also UN News - [New UN Global Climate report 'another strong wake-up call' over global warming: Guterres](#)

*"The increasing number of natural disasters and dangers linked to climate change, highlighted in a **major UN report released on Thursday,** represents "another strong wake-up call" to the world, which must be countered by finding sustainable solutions quickly, UN Secretary-General António Guterres has said. Speaking at the launch of **the State of the Global Climate report by the World Meteorological Organization (WMO),** Mr. Guterres reiterated his call for action, underlining that the **alarming conclusion that climate change is accelerating,** "proves what we have been saying: climate change is moving faster than our efforts to address it."..."*



## Guardian - Climate change denial is evil, says Mary Robinson

<https://www.theguardian.com/environment/2019/mar/26/climate-change-denial-is-evil-says-mary-robinson>

*"The denial of climate change is not just ignorant, but "malign and evil", according to Mary Robinson, because it denies the human rights of the most vulnerable people on the planet. The former UN high commissioner for human rights and special envoy for climate change also says fossil fuel companies have lost their social licence to explore for more coal, oil and gas and must switch to become part of the transition to clean energy...."* Mary Robinson is also the **Chair of the Elders** group.

While I broadly agree with her stance, it's a framing I wouldn't recommend. Reminds me too much of Dubya's "axis of evil", for one. I'd rather encourage everybody who cares about climate change to start using the frame of 'climate breakdown'.

## Guardian - The destruction of the Earth is a crime. It should be prosecuted

G Monbiot; <https://www.theguardian.com/commentisfree/2019/mar/28/destruction-earth-crime-polly-higgins-ecocide-george-monbiot>

This is also a far better framing to use. *"Businesses should be liable for the harm they do. Polly Higgins has launched a push to make ecocide an international crime"*

That would indeed change the global power balance, as Monbiot rightly argues here.

## Coal, oil, and natural gas demand hits record high in 2018

<https://grist.org/article/coal-oil-and-natural-gas-demand-hits-record-high-in-2018/>

*"If the world is going to avoid the worst impacts of climate change, we need to halve greenhouse gas emissions by 2030. Last year, we took another lurching step toward planetary catastrophe. Demand for coal, oil, and natural gas hit new all-time highs in 2018, according to a worrying new report from the International Energy Agency, an intergovernmental organization that compiles statistics on global energy use. IEA data released on Monday show that nearly every major economy on Earth boosted its use of polluting energy sources. The report provides further evidence that the world's two biggest emitters, the United States and China, are choosing to switch from coal to natural gas, not coal to renewables. While natural gas is often touted as being lower in CO2 emissions than coal, it still releases plenty of CO2 as well as methane — an even more powerful greenhouse gas. The move could lock in decades of emissions. In Asia, coal demand itself also continued to grow. In China and India, 2018's growth came from coal power plants that are only 12 years old on average (coal plants typically last about 40 years)...."*



A bit of upbeat news perhaps, see **the Guardian** - [Global 'collapse' in number of new coal-fired power plants](#).

For mapping of coal plants around the globe, see [Carbon brief](#).

## HPW – Asian Public Has ‘Hazy Perceptions’ About Air Pollution

<https://www.healthpolicy-watch.org/asian-public-has-hazy-perceptions-about-air-pollution/>

*“Despite high public interest in severe air pollution episodes, **the real long-term health impacts of air pollution are rarely discussed by news and social media in South and Southeast Asia**, says a new study on public perceptions of the problem in one of the most dangerously polluted areas of the world. **Public focus is on short-term impacts rather than systemic solutions to air pollution, and vehicular emissions crowd out other significant pollutant sources in media discussions**, according to the report **Hazy Perceptions**, by **Vital Strategies**, a leading non-governmental organization focusing on global health....”*

## Infectious diseases & NTDs

### Eurekalert - Widely used malaria treatment to prevent malaria in pregnant women

[https://www.eurekalert.org/pub\\_releases/2019-03/Isot-wum032519.php](https://www.eurekalert.org/pub_releases/2019-03/Isot-wum032519.php)

*“A global team of researchers, led by a research team at the Liverpool School of Tropical Medicine (LSTM), are **calling for a review of drug-based strategies used to prevent malaria infections in pregnant women, in areas where there is widespread resistance to existing antimalarial medicines....”***

*“Professor Feiko ter Kuile, an expert in malaria in pregnancy, recently worked with a multi-disciplinary team including the US Centers for Disease Control and Prevention, the WorldWide Antimalarial Resistance Network (WWARN) and Duke University to complete **the most comprehensive study to date of the impact of sulphadoxine-pyrimethamine (SP) drug resistance on the effectiveness of intermittent preventative treatment (IPTp)**. Published [today] in [Lancet Infectious Diseases](#), the results demonstrate that **the clinical effectiveness of SP in protection of pregnant women against malaria is compromised in certain areas**. The experts call for further urgent investigation into alternative strategies or drugs to prepare for further growing resistance to this mainstay of preventive therapy....”*

## Stat News - The measles virus was down and out. Now it's primed for a comeback

H Branswell; <https://www.statnews.com/2019/03/26/measles-virus-comeback-outbreaks/>

Helicopter view by Helen Branswell on the global comeback of measles. Recommended.

*"...These days, with massive outbreaks in the Philippines and Ukraine, more than 80,000 cases in the past year in Europe, and ongoing epidemics in New York, Washington, Texas, Illinois, and California, measles does not feel like an endangered virus. **There's less talk about measles eradication in 2019. In fact, projections about the future of measles are much more somber now than they were in the early aughts.** More measles, not less, appear to be on the horizon, at least in the near term, experts glumly admit...."*

## Guardian - 'Yet another killer for children left starved by war': cholera grips Yemen

<https://www.theguardian.com/global-development/2019/mar/25/nearly-110000-suspected-cholera-cases-reported-in-yemen-since-january>

*"Yemen is seeing a sharp spike in the number of suspected cholera cases this year, with 1,000 children a day infected in the last two weeks alone, agencies said. More than 120,000 cases have been reported, with 234 deaths in the country, which has been at war for four years this month. Almost a third of the 124,493 cases documented between 1 January and 22 March were children under fifteen...."*

See also HPW - [Two years since world-largest outbreak of acute watery diarrhoea and cholera, Yemen witnessing another sharp increase in reported cases with number of deaths continuing to increase.](#)

## HPW - New Study Suggests Male Circumcision Curbs HIV Among MSM – Calls For Policy Action

<https://www.healthpolicy-watch.org/new-study-suggests-male-circumcision-curbs-hiv-among-msm-calls-for-policy-action/>

*"The largest and most comprehensive study to date of the HIV prevention benefits of male circumcision for men who have sex with men (MSM) found that circumcision reduced the odds of HIV infection among this group by 42 percent in low- and middle-income countries, and overall by 23 percent. Based on this data, the **study published in The Lancet Global Health** asserts that **campaigns promoting male circumcision should also include gay and bisexual men, as well as other men who have sex with men**, to help fight HIV. This is particularly important in low- and middle-income countries with high rates of HIV infections...."*

## HPW - UNAIDS Reports Mixed Progress Towards Reaching The 2020 Target Of Reducing TB Deaths Among People Living With HIV By 75%

<https://www.healthpolicy-watch.org/unaid-reports-mixed-progress-towards-reaching-the-2020-target-of-reducing-tb-deaths-among-people-living-with-hiv-by-75/>

Another report, published last week around World TB Day: *“Ahead of World Tuberculosis Day, on 24 March 2019, UNAIDS is urging countries to step up action to meet the 2020 target of reducing tuberculosis (TB) deaths among people living with HIV by 75%, as outlined in the 2016 United Nations Political Declaration on Ending AIDS. World Health Organization estimates show that, globally, TB deaths among people living with HIV have fallen by 42% since 2010, from 520 000 down to 300 000 in 2017. The estimates show that, by 2017, five low- or middle-income countries achieved or exceeded the target of a 75% reduction in TB deaths among people living with HIV, three years ahead of schedule—India (84%), Eritrea (83%), Djibouti (78%), Malawi (78%) and Togo (75%). A further 18 countries reduced TB deaths among people living with HIV by more than 50% and are on track to achieve the target by the end of 2020, provided that scale-up of services is maintained. However, the estimates also show that most countries are not on track and that deaths are rising in some regions and countries....”*

## BMJ (Analysis) - How are countries in sub-Saharan African monitoring the impact of programmes to prevent vertical transmission of HIV?

A Goga et al; <https://www.bmj.com/content/364/bmj.l660>

*“Ameena Goga and colleagues describe how five countries in sub-Saharan Africa are monitoring the effectiveness of national programmes to prevent vertical transmission of HIV.”*

Some of the key messages: *“Monitoring vertical transmission of HIV is important in high HIV prevalence low and middle income countries where health systems are often weak or stretched beyond capacity. WHO recommends three methods to measure the effectiveness of programmes that prevent vertical transmission of HIV: statistical modelling, surveys or surveillance, and analysis of programme data. Kenya, Malawi, South Africa, Uganda, and Zimbabwe all use statistical modelling to monitor programme effectiveness. All countries are strengthening routine programmatic monitoring, which requires additional systems such as allocating unique identifiers, and developing interclinic data linkages to trace clients who transfer between facilities.”*

Check out also another **BMJ Analysis** – [Is elimination of vertical transmission of HIV in high prevalence settings achievable?](#)

*“Ameena Goga and colleagues argue that **more realistic targets are needed to maintain momentum on reducing vertical transmission in countries with a high HIV prevalence...**”*

And a quick link:

Quartz - [How a Nigerian genome team contained a Lassa fever outbreak with international partners](#)

## NCDs

### The Economist Intelligence Unit (report) – Addressing Non-communicable diseases in adolescence

<https://youthncds.economist.com/>

*“This research programme looks at the challenges of targeting non-communicable disease (NCD) prevention among young people aged 10-24 years. It introduces the Policy Scorecard on Preventing Non-Communicable Disease in Youth, which assesses how **ten representative countries of different income levels** are addressing these challenges. The research includes an infographic summarising the key research findings and an engaging white paper that puts the scorecard findings into context.”*

### EJPH (Editorial) - Comparing alcohol with tobacco indicates that it is time to move beyond tobacco exceptionalism

J McCambridge et al ; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6426020/>

Yes, indeed.

*“Tobacco is distinct in the harm to health it causes, and is produced by an industry which requires a special form of regulation. Such recognition has been crucial to advances in tobacco control and is known as **tobacco exceptionalism**. Paradoxically, **this idea may now limit progress in global health by obscuring how hard won lessons may apply to other commercial sectors that damage people’s health....**”*

### Vox – Vaping may be more dangerous than we realized

J Belluz; <https://www.vox.com/science-and-health/2019/3/28/18277658/vaping-health-effects-vs-smoking>

E-cigarettes are safer than cigarettes but that doesn’t mean they’re harmless. Health worries are increasing. An overview.

## WB Investing in Health (blog) - Paradigm Shift: Peru leading the way in reforming mental health services

<http://blogs.worldbank.org/health/paradigm-shift-peru-leading-way-reforming-mental-health-services>

Insightful blog by **Patricio Marquez**.

## Corporations and Health Watch – Public Health and the ultra-processed food and drink products industry: corporate political activity of major transnationals in Latin America and the Caribbean

<http://www.corporationsandhealth.org/2019/03/22/public-health-and-the-ultra-processed-food-and-drink-products-industry-corporate-political-activity-of-major-transnationals-in-latin-america-and-the-caribbean/>

*“To identify examples of the ‘corporate political activity’ (CPA) of the industry producing and selling ultra-processed food and drink products (UPP) in Latin America and the Caribbean, researchers searched the national websites and social media accounts of large industry actors in fifteen countries in Latin America and the Caribbean. Coding was deductive and based on a framework for classifying the CPA of the food industry. ... During the pilot study, more than 200 examples of CPA were found in Latin America and the Caribbean. ... The authors concluded that food systems in low- and middle-income countries, including in Latin America and the Caribbean, are increasingly penetrated by the UPP industry. ...”*

## FT Health – Pollution can fuel ‘psychotic experiences’ in teenagers, study finds

<https://www.ft.com/content/d4cc9aae-508e-11e9-9c76-bf4a0ce37d49>

“Mental health problems such as paranoia are more common in areas with dirtier air.”

*“Teenagers who regularly breathe polluted air are much more likely to suffer psychotic experiences than those living in cleaner areas, according to a study from King’s College London that surveyed more than 2,000 participants across the UK. The report, which is the first to look at the link between air pollution and teenage mental health, found that those exposed to the highest levels of nitrogen dioxide and nitric oxide were 70 per cent more likely to have psychotic experiences, compared with teenagers subjected to lower exposure....” (based on a study in JAMA Psychiatry)*

## Guardian - Children's chances of surviving cancer less than 30% in poor nations – study

<https://www.theguardian.com/global-development/2019/mar/26/children-chances-surviving-cancer-poor-nations-study>

*“Figures reveal a striking disparity in five-year cancer survival rates for children in developing nations compared with those from rich countries. More than 80% of children diagnosed with the disease in high-income states will live for more than five years, yet fewer than 30% of young people with cancer in low- and middle-income nations have the same chance of survival, research has shown. Every year, 429,000 children and adolescents are expected to develop cancer. The vast majority of those – 384,000 – are from developing countries, according to a **paediatric cancer study** published in Science magazine....”*

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

### Lancet Global Health (Comment) - One step in the right direction: improving syphilis screening and treatment in pregnant women in Africa

F Perez et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30064-6/fulltext?rss=yes](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30064-6/fulltext?rss=yes)

*“...**Mother-to-child-transmission (MTCT) of syphilis is a public health concern worldwide.** The prevention and management of syphilis is an essential element of antenatal care, because it can substantially reduce adverse pregnancy outcomes, including stillbirths, perinatal deaths, and congenital syphilis. However, implementation of effective programmes at antenatal clinics is falling short in most low-income and middle-income countries. Sub-Saharan Africa accounts for 63% of the global burden of maternal syphilis....”*

*“...In this issue of the Lancet Global Health, Fernando Althabe and colleagues **report** on an 18-month cluster randomised trial in which 26 antenatal care urban clinics in Kinshasa, Democratic Republic of Congo (16 clinics) and Lusaka, Zambia (ten clinics) were assigned to receive either a health worker-focused behavioural intervention plus supplies for syphilis testing and treatment (intervention group; 18 357 women) or supplies only (control group; 17 679 women)....”*

This is the **Accompanying Comment**, assessing the results of this new study.

## The Hill (Op-Ed)- No, abortion is not an international right, so the left should stop pushing it

S Garrison; [The Hill](#);

Under the motto, it's always good to know what the other side thinks, check out this Op-Ed by Shea Garrison, from 'Concerned Women for America', and also policy fellow at George Mason University Schar School of Policy and Government. She **reflects on the latest CSW (63) saga**.

*"The Commission on the Status of Women (CSW 63) came to an end this week at the United Nations in New York City. News reports warn that the U.S. seeks to decrease the rights of women and girls by taking away an international "right" to abortion in UN resolutions. Based mainly on propaganda from far-left political interest groups, this information is inaccurate and misleading...."*

Even if you don't agree with her take on things, worth a read.

## Guttmacher Update – Meeting Contraceptive, Maternal and Newborn Health Needs in Ethiopia, Kenya, Nepal & Uganda; Adding It Up Estimates Costs and Benefits of Investing in Sexual and Reproductive Health Services

[Guttmacher](#);

*"New Adding It Up studies from the Guttmacher Institute examine the need for contraceptive services and maternal and newborn health care among adolescent women (aged 15–19) in Ethiopia, Kenya and Uganda, and among all women of reproductive age (aged 15–49) in Ethiopia and Nepal. The studies also present estimates of the costs and benefits of meeting these health care needs, and make country-specific recommendations for improving women's ability to achieve sexual and reproductive health...."*

## Lancet Global Health (Comment) - A promising approach to identifying health system discrimination and bias

R Burger et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30063-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30063-4/fulltext)

Burger comments on a new **Indian standardised patient study** [article](#) in the **Lancet Global Health** by B Daniels, Madhukar Pai et al.

*"Madhukar Pai and colleagues' insightful Article on gender bias in tuberculosis care in India appears in this issue of The Lancet Global Health. It represents an important contribution to the neglected literature on health worker bias in patient care and case management. ... This paper uses the **standardised patients approach** to study **gender bias and discrimination in tuberculosis screening consultations with private sector health workers in India**. The standardised patient*

*method has parallels with audit studies but represents an important innovation, because it allows for more granular observation of the interaction with the provider. ... By use of data generated on the basis of 2602 standardised patient interactions at 1203 private providers in Mumbai and Patna in India, the authors examine whether nurses and doctors treat male and female patients differently. ...”*

## **Survey by researchers university of Ottawa on linkages between FP & environmental sustainability – Your participation is welcomed (before April 5)**

You find the survey here: <https://www.surveymonkey.com/r/Z7X58T2>

*Some background on the survey: “Researchers at the University of Ottawa are conducting a survey to understand better how stakeholders perceive the relationship between family planning, population growth, and environmental sustainability. You are eligible to participate in this survey if you are active in the Reproductive Health and Rights and/or Environmental Sustainability movements. By “active” we mean that you have a marked interest or concern for one or both of these movements, and that you strive to influence them through your work, activism, and/or engagement. This voluntary survey will take about 15 minutes to complete, and will be available until April 5th....”*

## **IISD - UNDP, World Bank Propose Indicators to Measure LGBTI Inclusion in Development**

[IISD](#);

*“The publication proposes 51 indicators across five dimensions - health, education, economic empowerment, civil and political participation, security and violence - as part of the **development of an LGBTI Inclusion Index...**”*

## **Access to medicines**

### **WHO Bulletin - Access to insulin: applying the concept of security of supply to medicines**

D Beran et al; [https://www.who.int/bulletin/online\\_first/BLT.18.217612.pdf?ua=1](https://www.who.int/bulletin/online_first/BLT.18.217612.pdf?ua=1)

*“Security of supply of medicines is fundamental to ensure health for all and improving access to medicines is included in sustainable development goal 3. However, the concept of security of supply has mostly been applied to food, water and energy. Diversity of supply, vulnerability to disruption, expenditure, infrastructure, stability of exporting countries, producers, price stability, access and*



equity, affordability, intellectual property, safety and reliability of supply, and countries' capacity to adapt to market changes are elements of security of supply. Based on these elements, we assessed **security of supply for insulin**, since **access to insulin is a global problem**. We found that **three multinational companies control 99% of the value of the insulin market**. Some countries are vulnerable and import insulin from only one source. Many countries spend large amounts of money on insulin and costs are increasing, and they lack an adequate infrastructure for procurement, supply chain management and distribution of insulin. **The main export countries (Denmark, France and Germany) are stable but most of the global production of insulin is owned by three multinational companies**. Prices and affordability of insulin and access to it vary considerably between countries. **Applying the security of supply concept to insulin** showed that diversification of suppliers needs to be fostered. Global health actors should adopt a security of supply approach to identify medicines that are susceptible to supply issues and address this concern by strategic promotion of local production, strengthening regulatory harmonization, and adding local products to the World Health Organization's programme on prequalification of medicines."

Cfr also a **tweet by 'Health in Myanmar'**:

*"I think #insulin4all @t1international is the first, maybe the only, transnational #socialmovement to emerge for #NCDs. People who look to #HIV to learn what to do about treatment for NCDs should keep up with it. Respect."*

## IP-Watch - Interview With Charles Gore, Medicines Patent Pool Executive Director

<https://www.ip-watch.org/2019/03/22/interview-with-charles-gore-medicines-patent-pool-executive-director/>

*"Charles Gore took over the role of **Executive Director at the Medicines Patent Pool** in July 2018, just after its board decided to greatly expand its mandate into essential medicines. Nine months into his term, IP-Watch's William New talked with him about his role and how the expansion is going...."*

And some quick links from the journal **International Health**:

- [Medical donations are not always free: an assessment of compliance of medicine and medical device donations with World Health Organization guidelines \(2009–2017\)](#)
- [Assessment of developmental risk information on medicines for inclusion on the WHO's Essential Medicines List](#)

## Human resources for health

### Conflict & Health (Debate) - The nursing profession: a critical component of the growing need for a nuclear global health workforce

T G Veenema et al ; <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-019-0197-x>

*“Instability in the global geopolitical climate and the continuing spread of nuclear weapons and increase in their lethality has made the exchange of nuclear weapons or a terrorist attack upon a nuclear power plant a serious issue that demands appropriate planning for response. In response to this threat, **the development of a nuclear global health workforce under the technical expertise of the International Atomic Energy Agency and the World Health Organization Radiation Emergency Medical Preparedness and Assistance Network** has been proposed....”*

Your cheerful read of the week.

## Miscellaneous

### Devex - This Gates-funded university has a plan to transform global health education

<https://www.devex.com/news/this-gates-funded-university-has-a-plan-to-transform-global-health-education-94504>

(gated) On the Institute of Global Health Equity Education, in Rwanda.

### Vox - 800 scientists say it's time to abandon “statistical significance”

<https://www.vox.com/latest-news/2019/3/22/18275913/statistical-significance-p-values-explained>

Last week, a [Comment](#) in Nature started a whole debate on ‘statistical significance’ and p-values. Vox puts it in perspective.

And concludes: “...**The biggest problem in science isn’t statistical significance; it’s the culture.** She felt torn because young scientists need publications to get jobs. Under the status quo, in order to get publications, you need statistically significant results. Statistical significance alone didn’t lead to the replication crisis. The institutions of science incentivized the behaviors that allowed it to fester.”

Since then, other contributions have already been offered in this debate.

For example, **John Ioannidis** - [Retiring statistical significance would give bias a free pass](#) (Nature Letter) There are some more Nature Letters in this discussion.

## Guardian - India: Congress party pledges universal basic income for the poor

<https://www.theguardian.com/world/2019/mar/25/india-congress-party-universal-basic-income-rahul-gandhi>

*“India’s main opposition leader, Rahul Gandhi, says he will mount a “final assault on poverty” if elected in May, by giving a guaranteed income to 250 million of the country’s poorest citizens. The plan announced by the Congress party president on Monday is **loosely modelled on a universal basic income (UBI)** – an idea that has gained momentum in various countries recently – and **would be the world’s largest variation on the scheme....**”*

But he probably won’t win, now that part of India is going berserk, with [“Watchman” Modi](#), and other personality culture expressions. See also [‘Fawning’ Modi biopic breaks Indian election laws, says opposition](#) (Guardian)

## Social Europe - The apogee of capitalism and our political malaise

Branko Milanovic; <https://www.socialeurope.eu/our-political-malaise>

Well worth a read, even if a bit gloomy. *“At the heart of the crisis of trust in politics lies the corrosion of public service by the ethos of private gain.”* And that’s a global phenomenon, Milanovic stresses, not just valid for the North.

*“There is little doubt that the western world is going through a serious political crisis, which can be best described as a **crisis of trust in its political institutions and governments**. Two things often seem, though, to be overlooked. First, **the crisis of trust in institutions is not limited to the west—it is general**. The crisis in the west just receives more attention because western media are dominant and because it was assumed that economically more advanced liberal societies should not suffer such a disconnect between rulers and ruled. **Secondly, the crisis is longstanding**: it goes further back in time than the 2008 financial crash and the malaise created by globalisation. Arguably, **its source is the impressive and somewhat unexpected success of introducing capitalist relations into all domains of life—including into our private lives and, importantly, into politics....**”*

## Devex –Is CDC doing enough to 'make tackling poverty its top priority'?

[Devex](#) ;

*“Despite progress, the CDC Group’s approach to investing in low-income and fragile countries could be more focused, more effective, and produce greater impact, according to **a new report from the Independent Commission for Aid Impact** released Tuesday. Between 2012-2018, **CDC, the United Kingdom's development finance institution**, “made progress in redirecting investments to low-income and fragile states, but has been slow in building in-country capacity to support a more developmental approach” and has not done enough to monitor results, improve evaluation or apply learning, according to the report....”*

## CSIS (Primer) – Nutrition Policy Primer: The Untapped Path to Global Health, Economic Growth, and Human Security

A R Beaudreault ; [CSIS](#) ;

*“This **policy primer on global nutrition** outlines its role as a foundation for lifelong health, economic growth, and political stability and underscores the critical contribution of U.S. funding. The primer serves as a global nutrition 101 for policymakers with key terms, interventions, and target cohorts and a landscape overview of the priority issues in global nutrition, important players, and the U.S. government’s investments. **The primer also identifies critical gaps including a \$70 billion global funding gap toward the World Health Assembly’s stunting, anemia, exclusive breastfeeding, and wasting goals**; data gaps in how best to reach adolescent girls during a critical growth period; and the lack of transparency of U.S. government nutrition investments and impact. The primer sets forth a proposal to increase the annual U.S. investment with specific ideas for how those additional resources can have impact programmatically and operationally, as well as in filling knowledge gaps.”*

## NPR Goats & Soda - Is It Time To Rethink The Fly-In Medical Mission?

[NPR Goats & Soda](#);

In-depth analysis. “... **A 2016 estimate put the annual cost of getting doctors and other health care workers to sites around the world at \$3.7 billion**, paid for by donors or health personnel themselves. **But today there's some real soul-searching going on about this kind of fly-in.** At conferences and in academic papers, health professionals are asking: Is this really the most effective way to provide health care to the developing world?...”

## Guardian - Life expectancy gap widens between rich and poor women

[https://www.theguardian.com/society/2019/mar/27/womens-life-expectancy-in-poor-areas-falls-by-almost-100-days?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/society/2019/mar/27/womens-life-expectancy-in-poor-areas-falls-by-almost-100-days?CMP=Share_iOSApp_Other)

News from the UK: **“The life expectancy of women in the poorest parts of England has fallen by three months**, while that of women in the wealthiest areas rose by almost as much, new figures show....”

Cfr a **tweet by Kent Buse**: *“Evidence just keeps stacking up on the social determinants of health #SDoH as the driver of health inequities”*.

## Emerging Voices

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

<https://www.ncbi.nlm.nih.gov/pubmed/30741107>

By Mauricio Torres (EV 2010).

## Research

### BMJ - Data sharing practices of medicines related apps and the mobile ecosystem: traffic, content, and network analysis

Q Grundy et al; <https://www.bmj.com/content/364/bmj.l920>

This research shows surveillance capitalism in health care.

The article investigates whether and how user data are shared by top rated medicines related mobile applications (apps) and characterises **privacy risks** to app users, both clinicians and consumers.

And the related **BMJ Editorial** - [Commercial health apps: in the user's interest?](#)

*“Study shows how sensitive data from health apps is finding its way to corporations...”*

Meanwhile, **WHO Bulletin** will publish a theme issue on new ethical challenges of digital technologies, machine learning and AI in the health sector. Deadline for submissions is **15 May**. More info in this WHO Bulletin Editorial - [New ethical challenges of digital technologies, machine learning and artificial intelligence in public health: a call for papers](#)