

# IHP news 514 : World TB day

(22 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,

While Global Health seems to be going through a “[midlife crisis](#)” (or worse), and Planetary Health seems not up to this century’s [enormous challenges](#) either, the global needs only seem to increase. This week’s IHP issue will pay attention, among others, to **World Water Day** (with plenty of reports, showing the importance of SDG 6), **World TB Day** (and the inevitable [Lancet Commission on TB that goes with it](#) ), (equally inevitable) nasty Trump administration scheming at the **Commission on the Status of Women (CSW) in Geneva**, a new [report on gender equity in the health workforce](#), the horrifying impact of **cyclone Idai**, [perhaps the southern hemisphere's worst such disaster so far](#), the **2<sup>nd</sup> High-Level UN conference on South-South Cooperation (BAPA+40) in Buenos Aires**, **International Day of Happiness** (and the **2019 World Happiness report**, a slightly surrealistic exercise nowadays ), the launch of **international guidelines on human rights and drugs policy** (in Vienna), a [WHO expert panel paving the way for strong international governance on human genome editing](#), must-read CGD reflections on [Gavi@20](#) ... and much more.

If you allow me a short reflection perhaps, linked to **Frans Timmermans’** final ( & rather enthusiastic) **quote** at the [Global Solutions summit](#) in Berlin (18-19 March), “*I can’t wait till Greta Thunberg’s generation is in charge!*”. While that obviously shows the EC’s “number Two” is full of praise for [Greta and her generation](#), I sure hope that his(/mine) generation still pull off some major transformative change(s) too, while in power. After all, “*The Global Solutions World Policy Forum brings together #G20 leaders and leading scientists to find solutions to the world's great challenges.*” Meanwhile, according to Alice Swift, the response youngsters often get from right-wing and centrist responses to climate change, is a [“fantasy of techno-fixes and “studying hard” to solve climate change](#)”. In her words: “*Theresa May told kids during the last Climate Strike that they should instead attend their lessons and study hard “so that they can develop into the top scientists, engineers and advocates we need to help tackle this problem”.*” I’m sure this sounds familiar, also if you’re not from the UK (where the “grown-ups” clearly are in charge nowadays ). You sometimes wonder who needs to go back to the school benches, but then again, most right-wing politicians are probably lost causes (and speaking from experience, it’s not as if one gets any smarter as the years go by, school benches or not :)

The one thing that young people don’t understand, however, is that **adults compromise**. Most of us actually have to, while we try to find our way in this life and on this planet. With exception of (unfortunately, rare) people like Thunberg and Monbiot – who [argued](#), correctly, last week **we need a new human right for future generations** - most adults know they have to compromise, whether it’s in their private/family life, professional life, organisations, ... or to run a country. When you’re young, on the other hand, the sky is the limit. And so it should be.

As most sensible adults know by now, however, trouble is, in this case: the climate doesn't allow for much compromising.

Enjoy your reading.

Kristof Decoster

## Featured Article

### AfHEA 2019: Experiences and lessons learned

**Adie Vanessa Offiong (IHP correspondent Nigeria)**

*The 5<sup>th</sup> Africa Health Economics and Policy Association (AfHEA) conference took place from March 11 to 14. This edition which was also the 10<sup>th</sup> anniversary of the biennale focused on achieving universal health coverage at primary healthcare level.*

It was a gathering of stakeholders from across the globe who converged to attend the 5<sup>th</sup> AfHEA Biennial Scientific Conference on Primary Health Care as a Foundation for Universal Health Coverage (UHC).

The event, held in Accra, Ghana, West Africa from where it was born, out of the International Health economics Association (IHEA). It was a thrill for me as an aspiring health systems policy research (HPSR) expert coming from the mainstream media.

Against the backdrop of the jollof rice 'war' between Ghana and Nigeria, I was very excited to moderate a session involving an all Ghanaian team with dons like Prof. Irene Agyepong, Dr. Isaac Morrison and Dr Charity Sarpong, among others who presented papers and were panellists. They spoke on a per capita payment system as a viable strategic purchasing option for assuring universal access to primary healthcare (PHC) in Ghana.

This edition which was also the 10<sup>th</sup> anniversary of AfHEA was themed 'Securing PHC for all: the foundation for making progress on UHC in Africa,' with global actors and stakeholders in the industry presenting papers on their findings from their various researches, health ministries, organisations and governments. The goal was charting the way forward for Africa to achieve UHC by 2030.

Supported by Ghana's Ministry of Health, the World Bank, World Health Organisation Africa Region, iDSI Health, Bill & Melinda Gates Foundation, the Korean government and UNFPA among others, AfHEA 2019 spotlighted the challenges people in Africa face every day in accessing healthcare and what financial protection or its non-existence they are having to contend with.

It was also a forum which brainstormed on how innovations, new research and political will power could advance UHC and change the narratives to ensure health for all, even at the lowest level of healthcare provision.

Representatives from the various ministries of health, researchers and other stakeholders from across the continent spoke on their respective journeys towards achieving UHC reflecting on the challenges and successes in the various papers and discussions they presented and/or participated in.

In his speech at the opening ceremony of the conference, Ghana's Vice-President, Dr. Mahamudu Bawumia said the government has approved the operationalization of Zipline's drone technology to deliver drugs and blood to rural areas in the country. This is in a bid to ensure a cost-effective approach of providing quality healthcare.

He said, "Next month, Ghana will begin the introduction of drone technology in the delivery of medical supplies. We are taking a lead from Rwanda who pioneered this in Africa. Once we start our drone delivery service will be the largest in Africa. We are also innovating means of healthcare delivery to reduce cost and be as efficient as possible. We are trying to rely on technology to help us be more efficient and also be cost-effective."

This initiative which is expected to start in April 2019, challenges other African leaders, especially the 'giant' of the continent, Nigeria, where communities would rather resort to traditional self-treatment methods than visit PHCs where they are very often met with the lack of medicines.

The five-day event started with pre-conference workshops on grants writing, applied health economics in Africa, tracking progress towards UHC and promoting informed choices in young people as per sexual and reproductive health.

One of the takeaways at the opening plenary was from Dr. Asamoah Bah, former WHO Deputy Director General who made an analysis of global health in comparison to fashion where styles trend until they later go out of vogue. Bah took participants down memory lane where the snag was Primary Health for All by the year 2000 which was reflective of the different campaigns that have happened over the years with regards to UHC and PHC and why it is important for them to be sustainable rather than fade out of style.

Nigeria's Dr. Emmanuel Meribole highlighted some of the country's achievements in the last five years regarding UHC, the national health act and the basic healthcare provision fund among others. The plenary while raising questions on accountability and the need for it, also called for a critical view on policies and programmes beyond simply adopting them.

The conference also featured sessions on hospital management and financing, public health research issues, the influence of cultural practices on the spread of diseases and health systems strengthening among others.

This year, there was something new to AfHEA introduced by Leanne Brady, a Health Policy & Systems Researcher, for which she was also recognised at the conference gala night. This was a session on decolonising health policy and systems research to include and exclude a number of elements like allowing for more Low and Middle Income Countries to participate more actively and decolonising colonial residues which still determine actions in former colonies as well as the sensitivity of choosing locations for confabs that would benefit the global south.

As part of the celebrations, individuals along with the local organising committee were honoured for their efforts towards pursuing the ideals of AfHEA at the gala night which was held at the famous Labadi Beach Hotel. They included among others, the local organising committee for successfully organising this year's outing and Leanne Brady for suggesting a new angle to the usual AfHEA format.

Prof Di McIntyre received the François Diop Award for lifetime contributions and achievements in health economics.

At the closing session there was a call for more youth engagement at the forum with emphasis on not ignoring them on the road to UHC as their health concerns should command their own context and shape the conversations surrounding it.

Some of the takeaways from the conference included the need for more synergised working structures among all stakeholders from policy makers to financiers, academia, health economists and the media.

According to Prof. John Ataguba a health economist at the University of Cape Town, South Africa, purchasing is often forgotten within health financing. "Purchasing is an aspect of health financing that Nigeria needs to begin to look at strategically. Strategic purchasing is basically ensuring that decisions made in terms of purchasing services have some underlying principles in ensuring that you cut down cost and also ensuring that you can get services as less expensive as possible but of adequate quality to the last person who uses the services."

While there were over 450 registered attendees at the outing this year from about 40 countries with Nigeria having the largest number of members, it is hoped that lessons taken away will not gather dust only to be cleaned out and rehearsed in time for the next biennial.

## Highlights of the week

### World TB Day (24 March) & Lancet Commission on TB

Lancet Commission - [Building a tuberculosis-free world: The Lancet Commission on tuberculosis](#)

Cfr the **press release**:

*"The Lancet: Experts set out targets to eliminate tuberculosis within a generation*

*Tuberculosis can be treated, prevented and cured, yet it kills 1.6 million people a year, more people than any other infectious disease.*

*The savings from averting a TB death are estimated to be three times the costs, and may be much greater in many countries.*

***Despite existing treatments, global research investment must increase by four times to transform TB outcomes, according to major report published ahead of World TB Day.***

***Authors stress the need for accountability in TB - assessing progress in 10 high burden countries and announcing the launch The Lancet TB Observatory – an independent annual report evaluating progress towards the 2022 UN High Level Meeting targets***

***A world free of tuberculosis (TB) is possible by 2045 if increased political will and financial resources are directed towards priority areas including providing evidence-based interventions to everyone, especially to high risk groups, and increasing research to develop new ways to diagnose, treat, and prevent TB. Funding this response will require substantial investments, and accountability mechanisms will be necessary to ensure that promises are kept and targets are reached. ...”***

In addition to this new Commission, for the purposes of this newsletter, we also recommend you go through the following **Comments/Articles**:

- [Building a tuberculosis-free world on a foundation of universal health coverage](#) (by Ban Ki Moon, one of “the Elders” now)
- [Time to bring tuberculosis out of the shadows](#) (by E Zuccala & R Horton)
- Lancet Global Health - [Assessing tuberculosis control priorities in high-burden settings: a modelling approach](#)
- Lancet Global Health - [Leveraging health diplomacy to end the tuberculosis epidemic](#) (by Michael Reid, Eric Goosby and Sebastian Kevany) (must-read!!!)

Excerpts from this last article:

***“.. The UN's Sustainable Development Goals highlight the importance of the broader multisectoral agenda to ending the tuberculosis epidemic; ... .. ending tuberculosis is predicated on improving air pollution, regulating certain industries, and optimising urban development. Global health diplomacy is essential to ensuring that such links are made, and that partnerships that include stakeholders from the relevant sectors are forged. ... .. In this regard, global health diplomacy has an important role in shaping markets for drug-resistant tuberculosis drugs and providing means for high-burden countries to leverage donor financing, so as to consolidate demand and negotiate lower prices for second-line tuberculosis drugs. Such combined negotiation and public health initiatives will become crucial as high-burden countries increasingly assume cofinancing while transitioning out of donor eligibility requirements, such as those of The Global Fund to Fight AIDS, Tuberculosis and Malaria....”***

***... Understanding tuberculosis as a global health security threat is essential to ending the epidemic. ... .. As the Lancet Commission on tuberculosis emphasises, global tuberculosis efforts are moving beyond traditional siloed development assistance approaches to a new era of country ownership and holistic, multisectoral global cooperation. Global health diplomacy is essential both to motivate these new approaches and to create the enabling environment needed to secure substantive progress towards ending the tuberculosis epidemic once and for all.”***

## WHO - New WHO recommendations to accelerate progress on TB

<https://www.who.int/news-room/detail/20-03-2019-new-who-recommendations-to-accelerate-progress-on-tb>

*“WHO has issued [new guidance](#) to improve treatment of multidrug resistant TB (MDR-TB). WHO is recommending shifting to fully oral regimens to treat people with MDR-TB. This new treatment course is more effective and is less likely to provoke adverse side effects. WHO recommends backing up treatment with active monitoring of drug safety and providing counselling support to help patients complete their course of treatment. The recommendations are part of a larger package of actions designed to help countries increase the pace of progress to end tuberculosis (TB) and released in advance of World TB Day....”*

See also HPW - [New WHO Recommendations To Accelerate Progress On TB](#)

For articles freely available for the occasion in **Health Policy & Planning**, see this compilation: [TB: Health Policy & Systems Research](#).

## Commission on the Status of Women (CSW63, Geneva)

### Guardian - US accused of trying to dilute global agreements on women's rights

[Guardian](#);

Earlier this week, the Guardian reported: “... **US officials in New York are attempting to water down language and remove the word “gender” from documents being negotiated at the UN, in what is being seen as a threat to international agreements on women’s rights.** In negotiations at the Commission on the Status of Women (CSW), which resume at UN headquarters this week, **the US wants to replace “gender” in the forum’s outcome document with references only to women and girls.** The move follows similar attempts by the US last year to change language in documents before the UN human rights council. In draft documents, seen by the Guardian, **the US is taking a step further at CSW by refusing to reaffirm the country’s commitment to the landmark Beijing declaration and platform for action, agreed at the fourth world conference of women held in 1995....”**

The **Washington Post** also reported that **Christian conservatives in the Trump administration try to build a global antiabortion coalition, and that they were better prepared than last year.**

Still, they miserably failed.

See **Rewire News** - [Trump Administration Fails to Roll Back Support for Landmark Women’s Rights Agreement at United Nations](#) (recommended analysis)

*“The U.S. delegation to the United Nations Commission on the Status of Women (CSW) tried and failed to roll back support for a landmark 1995 document that has long provided a blueprint for developing the rights, health, and safety of women and girls worldwide.”*

... Tarah Demant, director of Amnesty International's gender, sexuality, and identity program told Rewire.News that **U.S.-led efforts to undercut support for the Beijing declaration failed late Monday.** "We are deeply troubled by the attempts of the US delegation to the UN to change the language of commitment to the Beijing Platform for Action from 'reaffirm' to 'make note of,'" Demant said in a statement to Rewire.News. "The Beijing Platform for Action is a landmark international women's rights document to which the United States and governments around the world have long been committed. By seeking to water down these global commitments, the US government threatens women's rights. **Though these attempts ultimately failed, the US government is once again showing it will use whatever vehicle it can to weaken basic human rights for women.**"..."

Guardian Letter - [Women losing out under US visa policy](#)

"Margaret Owen says the **systematic and widespread refusal of visas to many women from developing countries has stopped them attending the annual UN Commission on the Status of Women.**" "... US embassies and consulates appear to be mandated, under the present US administration, to bar applications from NGOs using quite unjustified demands for documents."

## HRH & gender equity

WHO - Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce

<https://www.who.int/hrh/resources/health-observer24/en/>

"The report, produced by the WHO Global Health Workforce Network's Gender Equity Hub, (co chaired by WHO, and Women in Global Health), is the latest gender and equity analysis on the health workforce— looking collectively for the first time at issues of leadership; decent work free from all forms of discrimination, harassment, including sexual harassment; gender pay gap; and occupational segregation—across the entire workforce. **It calls for gender-transformative policies and measures to be put in place if global targets such as universal health coverage (UHC) are to be achieved.** This report serves as an essential resource to all policy-makers, practitioners, researchers, educators and activists that must make it part of their core business to understand and effect change." The report was launched at CSW63 on Wednesday.

One of the reads (and must-acts) of the week.

## UN & #MeToo

UN News - Encouraging progress made in 2018, in 'zero tolerance' effort to end sexual exploitation and abuse across UN

<https://news.un.org/en/story/2019/03/1034901>

*“The United Nations recorded a total of 259 allegations of sexual exploitation and abuse (SEA) during 2018, according to the latest report by Secretary-General António Guterres presented to the General Assembly. Although the figures rose compared with the previous two years, the report shows increased awareness among UN and UN-related staff, and improved and harmonized reporting tools across the Organization.”*

The **Code Blue** campaign doesn't agree with this assessment: [S-G's special measures report on ending UN sex abuse fails on every front.](#)

## Global health governance

### NEJM- Public-Private Partnerships in Global Health — Driving Health Improvements without Compromising Values

A R Iliff & A K Jha; [https://www.nejm.org/doi/full/10.1056/NEJMp1812630?query=featured\\_home](https://www.nejm.org/doi/full/10.1056/NEJMp1812630?query=featured_home)

*“Some global health policymakers increasingly look at public-private partnerships with suspicion. The controversy surrounding this issue was magnified when the Global Fund partnered with Heineken to use the company's supply-chain expertise to deliver medicines in Africa.”*

A few excerpts:

*“.. We therefore propose a set of practical principles that might help public health entities assess whether to enter into specific partnerships. If these criteria, modeled after the World Health Organization (WHO) Framework of Engagement with Non-State Actors, were applied consistently, the global health community might succeed in maximizing the benefits and minimizing the harms of public-private partnerships...”*

And they're rather “kind” for the Heineken-GF partnership, I have a feeling... as they conclude: “... In cases such as the partnership between the Global Fund and Heineken, we can support a practical approach that applies clear standards to prospective partners, so that we don't ask rural Africans with life-threatening conditions to pay the price for our concerns about corporate values and behavior.”

### Wellcome Trust - Wellcome's partnership with the World Health Organization

<https://wellcome.ac.uk/what-we-do/our-work/wellcomes-partnership-world-health-organization>

Good overview of what this partnership entails. The partnership focuses on: epidemics and other health emergencies; antimicrobial resistance & global health research and development.

## Jeremy Youde - Do Proposed Reforms of the World Health Organization Go Far Enough?

<https://www.worldpoliticsreview.com/articles/27663/do-proposed-reforms-of-the-world-health-organization-go-far-enough>

Nuanced analysis of the major WHO revamp, announced by Tedros two weeks ago, in World Politics Review. Recommended.

## Updated list of non-State actors in official relations with WHO

<https://www.who.int/about/collaborations/non-state-actors/non-state-actors-list.pdf?ua=1>

Check it out.

## Kristof Decoster (blog) - Is global health truly “a lost cause”?

<https://kdecoster.blogspot.com/2019/03/is-global-health-truly-lost-cause.html>

In this ‘Global Health’s midlife crisis (or worse?)’ blog, I compile some of the most recent stances (and different angles) on whether global health is indeed “lost”, in the new times & versus the new (huge) challenges we’re facing – starting from recent articles by **Horton, Rachel Thompson, Andrew Harmer** (a tweet) and **Bollyky et al.**, while providing my own take here and there.

Check out also **Laurie Garrett**’s reaction below the post, in which she assesses **global health** – (although ‘assessing’ is perhaps too diplomatic a term, ‘assassinating’ is perhaps a more appropriate term :))

As for **Planetary health**, she also doesn’t mince words: Excerpt: “...*Planetary Health is never going to substitute for serious action connecting global health and climate change -- it is 100% an academic exercise with little pragmatic connection to, well, to anything. At its best "Planetary Health" might become a sort of climate change IHME database chronicling the myriad ways that people are perishing in the Anthropocene...*”

She goes on then, with a rather specific / no nonsense **suggestion** for the Planetary Health field.

## Ebola DRC – “Moderate intensity” but again a spike ...

Some reads & updates from this week:

### Cidrap - Spike in Ebola cases continues in DRC

<http://www.cidrap.umn.edu/news-perspective/2019/03/spike-ebola-cases-continues-drc>

*“According to the World Health Organization's Ebola dashboard, officials today recorded 12 new Ebola cases in the ongoing outbreak in North Kivu and Ituri provinces in the Democratic Republic of the Congo (DRC). The cases bring the outbreak's total to 980 cases, including 606 deaths.*

*The new cases have brought to an end the downward trend mentioned last week in a press conference held by World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus, PhD. In mid-March, DRC officials were seeing 25 cases per week, half the number of cases seen in mid-January. But in the past 5 days, the DRC has recorded 44 cases and several community deaths, which increase the probability of the virus spreading among family members and close contacts. On Twitter, WHO director of the health emergencies program Mike Ryan, MD, said the increase is likely due, in part, to the security challenges. ...*

## Stat News - CDC's Redfield: It could take another year to control Ebola in DRC

[Stat news:](#)

The Ebola outbreak in Congo could drag on for another year, and vaccine supplies could run out, the CDC director Robert Redfield warned last week. He also worried whether there would be enough vaccines.

While Dr. Tedros was hoping that the epidemic could be controlled within next 6 months, CDC Director, Redfield, who also traveled to Congo with the WHO DG last week said, **“it would be a mistake not to plan for a more prolonged outbreak, given the evident complexity of stopping transmission of the virus in northeastern DRC. We cannot underestimate this outbreak. We need a long-term strategy”** ...

*“... That could prove challenging from a funding point of view. The WHO and other United Nations agencies involved in the outbreak are already struggling to raise the money needed to finance the response through July of this year. Agencies and nongovernmental organizations working to stop the virus have estimated their efforts will cost \$148 million — but have only been able to raise about 60 percent of that amount, Tedros said...”*

See also NPR - [U.S. Government Beefs Up Presence Near Congo's Ebola Epicenter](#)

*“The U.S. Centers for Disease Control and Prevention has had a light presence when it comes to the Democratic Republic of Congo's Ebola outbreak. But now that is changing. Dr. Robert Redfield, the CDC director, tells NPR that he'll be assigning about a dozen health experts to work in the DRC for a year and positioning at least some of them much closer to the epicenter than earlier teams...”*

Cidrap - [DRC Ebola total rises by 4 as survey shows high vaccine acceptance](#)

*“... In other developments, a new survey conducted among residents of the DRC's Ebola-hit region found that **the vaccine was well tolerated and had high acceptability** (with 82% of acceptance rate for family members across the treatment and control group), and 84% of the treatment group (people vaccinated) classified as ‘promoters’ of the vaccine. Community mistrust and insecurity were the key reasons for social resistance to the EVD control efforts. ...”*

Jeremy Farrar in The Telegraph - [Attacks on health workers risk Ebola spiralling out of control](#) (14 March)

“... The UK is among countries contributing, and the World Bank has committed \$80 million over the coming months – vital, though less than half of what’s needed to cope for even just another six months. But **more than money, it is time for a radical shift in the nature and level of the response.** For 20 years, terrorist groups and armed militias have operated in this region. The people, many displaced by conflict, are wary of authorities and some believe the threat of Ebola is being exaggerated for political ends. **Public health measures won’t work here without significant logistical and security expertise, as well as negotiators skilled in conflict resolution.** In this situation, **all the responders needs the full, coordinated backing of other UN agencies and global communities to end the outbreak.**

*“... **We do not have an effective model for dealing with outbreaks in unstable regions. Yet conflict is a major risk factor for infectious disease, while violence and displacement only heighten the need to earn people’s trust in order for any epidemic response to succeed. This, then, is our choice in an increasingly unstable world: act decisively now, and learn to deal with one of the great health threats of our time. Or delay, and risk future epidemics reaching our borders before there’s time to prepare. We must not allow this fire to get out of control before we try to put it out”***

Reuters - [Congo Ebola outbreak spreads to city of Bunia](#)

*“Health authorities in Democratic Republic of Congo have confirmed a case of Ebola in **another city of close to 1 million people**, the health ministry said on Wednesday. **Bunia** is the second-largest city in eastern Congo to confirm a case of the haemorrhagic fever during the current outbreak, which was declared last August and is believed to have killed 610 people and infected 370 more to date....”*

And elsewhere, in Liberia:

[Ebola Simulation in Three Counties Gives Liberia’s Health System a Failing Grade](#)

*“**To test the country’s resilience and preparedness to deal with another Ebola outbreak, the National Public Health Institute of Liberia conducted a simulation in three counties: Bong, Lofa & Nimba. The Chief Medical Officer of Liberia Dr. Francis Kateh then conducted a debriefing meeting with all the health officials and workers to announce the country’s failing grade in this simulation exercise and identify the lapses and resource constraints the country need to address. This simulation was a wake up exercise for the health workers to practice the right steps and procedures in infection prevention and control. ...”***

## Social media determinants of health ?

On Twitter, **Kent Buse** started a discussion, after the horrific events in New Zealand, which were, for a while, live on FB.

*“Have been thinking **it is time to update my text book Making Health Policy to include such a determinant** -- increasingly at play in framing issues, setting agendas & influencing advocates, voters & decision makers **#socialmediadeterminantsofhealth #SMDoH”***

*“My starting point likely Luke's 3 faces of power: Exploring interests & networks behind the algorithms - how they leverage data exhaust, etc, to manipulate consumers, voters & policy-makers, and policy & health implications @Lucy\_Gilson”*

Others weighed in, suggesting for example ‘**Digital determinants of health**’.

A final tweet from a participant: *“So yes, although I fully agree with the complexity of interplaying factors, speaking simply as a governance person there are clear pathways if we see the digital a) as **settings/places** where people gather and b) as **global public goods**...”*

Meanwhile, **The Telegraph** reported - [Dr Google will see you now: Search giant wants to cash in on your medical queries](#)

*“ Google wants to harness the billion health-related questions people ask it every day to provide better healthcare, despite criticism that the Search giant has played a role in spreading dangerous misinformation about measles vaccinations. Google Health boss David Feinberg said that around 7 per cent of Google’s daily searches were health related, equivalent to 70,000 every minute....”*

## AMR

### Devex - A global hub for antimicrobial resistance is taking shape

<https://www.devex.com/news/a-global-hub-for-antimicrobial-resistance-is-taking-shape-94332>

In Berlin, that is. *“Germany is funding a research center to coordinate efforts to fight antimicrobial resistance. Here's what it's doing first.”*

*“... The hub was launched at last year's World Health Assembly, although activities only really got underway toward the end of 2018. The secretariat is focusing first on creating a dashboard to document research and development efforts already underway, while it works to set future priorities.*

*“... Development actors are pushing to ensure those reflect the particular needs of low- and middle-income countries, concerned that those nations tend not to guide the global AMR agenda given their lack of funding for research....”*

### Scidev.net - Drug resistance could make 28 million people poor

<https://www.scidev.net/sub-saharan-africa/health/news/drug-resistance-could-make-28-million-people-poor.html>

Antimicrobial resistance negatively impacts low- and middle-income countries.

*“ About 28 million people could fall into extreme poverty by 2050 if high antimicrobial resistance is not addressed, a meeting has heard. Antimicrobial resistance occurs when medicines for*

controlling infections caused by germs such as bacteria, fungi, viruses and parasites are no longer effective. **According to the World Bank, antimicrobial resistance could cut annual global gross domestic product by about US\$1 trillion by 2030 and reduce global livestock production by almost eight per cent.** ... According to **Jonathan Wadsworth**, lead agriculture specialist at the World Bank Group, antimicrobial resistance will negatively affect Sustainable Development Goals such as those that focus on poverty, good health and well-being. ...”

“... **According to the meeting held in Kenya last month (21-22 February) to launch the CGIAR Antimicrobial Resistance Hub**, even low level of antimicrobial resistance could drive about eight million people into extreme poverty by 2030...” CGIAR is a global partnership that unites organisations engaged in research for a food-secured future.

## Landmark International Guidelines Launched On Human Rights, Drug Policy (Vienna)

HPW - [Landmark International Guidelines Launched On Human Rights, Drug Policy](#)

“A coalition of United Nations Member States, United Nations entities and leading human rights experts meeting at the Commission on Narcotic Drugs in Vienna, Austria, [today] launched a landmark set of international legal standards to transform and reshape global responses to the world drug problem. **[The International Guidelines on Human Rights and Drug Policy](#) introduce a comprehensive catalogue of human rights standards.** Grounded in decades of evidence, they are a guide for governments to develop human rights compliant drug policies, covering the spectrum from cultivation to consumption. Harnessing the universal nature of human rights, the document covers a range of policy areas, from development to criminal justice to public health. ... **The guidelines come at an important moment, when high-level government representatives are convening at the Commission on Narcotic Drugs to shape a new global strategy on drugs.** Under the mounting weight of evidence that shows the systemic failures of the dominant punitive paradigm, including widespread human rights violations, governments are facing growing calls to shift course...”

- See also a related **Guardian op-ed** - [The campaign for a 'drug-free world' is costing lives](#)
- And for some stats on the current (horrible) situation, see **Project Syndicate** - [Legalization Is the Only Viable Drug Policy](#) (by J M Santos et al)

“...The market for illicit drugs represents the world’s largest criminal commodity business. With an **estimated annual turnover of \$426-652 billion**, it is approximately one-third the size of the global oil market, and it is controlled by criminals who care little for others’ health, rights, and safety. **Around the world, drug-related deaths have been surging, rising from 183,500 in 2011 to roughly 450,000 in 2015 – an increase of 145% in just four years.** Meanwhile, more than \$100 billion continues to be spent every year in a futile attempt to eradicate the illegal-drugs market...”

# GAVI

## CGD - Gavi@20: What's Next for Global Immunization Efforts

Amanda Glassman ; <https://www.cgdev.org/blog/gavi-at-20-whats-next-global-immunization-efforts#.XJLSAHGGpcY.twitter>

*“The Board of Gavi, The Vaccine Alliance, will retreat next week to discuss a new strategy and replenishment. My colleagues and I have put together a preliminary set of six short notes that examine different dimensions of Gavi’s work and make recommendations for ways to address identified issues.”*

One of the reads of the week.

## Global Fund update

### GF - Japan Makes Significant Contribution to Global Fund

<https://www.theglobalfund.org/en/news/2019-03-21-japan-makes-significant-contribution-to-global-fund/>

*“The Global Fund to Fight AIDS, Tuberculosis and Malaria applauds Japan’s latest contribution of US\$339.3 million to the Global Fund, signaling strong leadership in global health by Japan. Yasutoshi Nishimura, Japan’s Deputy Chief Cabinet Secretary, said, “Japan puts priority on human security and supports the Global Fund’s philosophy of country ownership and sustainability. Japan will cooperate closely with the Global Fund to promote the effective investment for achieving Universal Health Coverage making the use of the upcoming occasions of G20 Summit and TICAD 7.” The contribution of US\$339.3 million brings Japan close to fulfilling its Fifth Replenishment pledge of US\$800 million, made in May 2016 by Prime Minister Shinzo Abe, before hosting the G7 Summit in Ise Shima, Japan. The pledge was an increase of 46 percent compared to Japan’s previous pledge, when measured in Japanese yen, and the largest percentage increase among the public donors...”*

### U.S. President’s 2020 Budget backpedals on his pledge to end AIDS “in America and beyond”

<http://www.aidsmap.org/node/4880>

*“Proposed cuts, if approved, would undermine U.S. leadership in global health, advocates say.”*

*“President Donald Trump’s proposed budget for fiscal year 2020 has, made public on 11 March, has contradicted the pledge he delivered in his February 2019 State of the Union address to increase spending on HIV. The budget, which proposes major cuts to the United States’ global health spending, includes a 29 percent reduction (compared to fiscal year 2019) in appropriations for the Global Fund, and has caused profound concern within the global health advocacy community. (The proposed cut to PEPFAR would be 22 percent.) The proposed budget calls for a \$1-billion cut to the United States’ three-year commitment to the Global Fund in the next Replenishment period.”*

*“Any way you look at it, this is a devastating proposed cut,” said Chris Collins, President at Friends of the Global Fight. He explained that this budget proposes \$1.1 billion for 2020 instead of the \$1.56 billion advocates are seeking. The \$1.56 billion level would be consistent with the U.S. continuing to provide 33% of resources to the Global Fund in the next replenishment cycle, assuming a \$14-billion replenishment (\$14 billion is the Global Fund’s official target). But the budget also calls for a change to the policy on this proportion, suggesting that the U.S. reduce its contribution to 25 percent of the Fund’s overall budget instead of the 33 percent it has historically maintained. **“This proposed budget is more than just a funding cut,” Collins said. “If enacted, it would signal a rapid retreat in U.S. global health leadership and would seriously undermine the Global Fund’s replenishment.” ...**”*

But as you know, Congress will decide in the end.

In the new GFO issue, read also [Global Fund country coordinating mechanisms are good; they could be better](#) (by Ida Hakizinka et al) “CCM potential could be fulfilled by strengthening leadership, representation and integration”.

And this GFO analysis by David Garmaise - [OIG audits of Global Fund grants to Rwanda and Benin raise issues related to data availability and quality](#)

*“For grants in Rwanda, which follows a results-based financing model, availability of good and reliable data is especially critical. The recent audit of Global Fund grants in Rwanda by the Office of the Inspector General (OIG) was primarily about data — specifically, the availability and quality of data. Similar issues were raised in the OIG’s recent audit of grants in Benin. **This article provides a summary of the OIG’s findings for both audits. The OIG published a report on the Rwanda audit on 25 February. ...**”*

## PEPFAR

### CGD (blog) - With Budget Cuts Looming Again, Can PEPFAR Keep the Gas on its Acceleration Strategy?

S Rose et al; <https://www.cgdev.org/blog/budget-cuts-looming-again-can-pepfar-keep-gas-its-acceleration-strategy>

In-depth analysis. “... The newly released FY2020 request goes even further, aiming to cut State’s global health funding (by-and-large PEPFAR) by 25 percent (or \$1.4 billion), compared to FY2019 enacted levels. If past is prelude, a cut of this magnitude is unlikely to materialize in any final spending bill. But **we wondered what the request suggests about PEPFAR’s ambitions to accelerate investment to get to HIV/AIDS epidemic control—the point where the number of people living with HIV starts to decline rather than increase, because total new HIV infections falls below total deaths among HIV-positive individuals—by FY2020. In addition, what will the implications be for the Global Fund, which is seeking to raise \$14 billion for its next three-year cycle (2021–2023) at its upcoming replenishment in October? More broadly, what does it portend for the health financing landscape—and health outcomes—in countries where significant PEPFAR support could be scaled back?...**”

Some of their predictions: (PEPFAR) Money remains targeted towards epidemic control in priority countries; and **The Global Fund's target replenishment may be at risk.**

## GFF - Global Financing Facility Announces Selection Process for Next Round of Countries to Receive GFF Support

<https://www.globalfinancingfacility.org/global-financing-facility-announces-selection-process-next-round-countries-receive-gff-support>

***“The Global Financing Facility (GFF) has launched a process to select the next round of countries to receive support to help improve the health and nutrition of women, children and adolescents and accelerate progress toward the SDGs. The GFF will select eight to 10 countries in this round as part of its efforts to expand assistance to the 50 countries with the highest maternal, newborn and child mortality burdens and the largest financing gaps. Currently, 27 countries receive support from the GFF to tackle the greatest health and nutrition issues. The GFF secretariat has contacted ministries of finance and health in eligible countries that are not yet receiving GFF funding to request letters of interest in joining the GFF. To be considered for this selection round, countries must submit a letter of interest to the secretariat by April 1, 2019....”***

## World Bank leadership update

- Devex - [David Malpass unchallenged to be next World Bank President](#)

As already mentioned in last week's IHP news, a press release confirmed **David Malpass [i.e. Trump's pick ] as the only candidate nominated to be the next WB President.** Several bank members and some key global leaders showed **concerns over the non-competitive selection process** being followed with one nomination.

*“There are many qualified women and men available to head the most important and influential actor in global development; the executive directors performed badly in not finding several for a competitive selection,” said Paul Cadario, a former senior manager at the bank.*

***“There are worrying signs that the U.S. candidate for president of the World Bank will not be an active leader on climate action — which would be a major loss for the world. The board must demand that whoever becomes president makes continued progress on climate change at the bank,”*** Helena Wright, senior policy adviser at think tank E3G, told Devex.”

- CGD (blog) - [Establishing Credibility and Legitimacy: Seven Challenges for David Malpass](#) (by M Ahmed)

However, ***“Past statements need not predetermine the direction of the Malpass presidency. Through his initial pronouncements and actions, Mr. Malpass can demonstrate that he is now the leader and guardian of an organization of 189 member countries acting together to achieve shared goals and promote common interests. A good starting point would be for Mr. Malpass to acknowledge that the 2030 Sustainable Development Goals and the Paris climate agreement provide a framework for action that most of the bank’s members have endorsed. Recognizing the value added by multilateral, regional, and national development finance institutions acting as a system, not just in their own narrow interests, would also be an important step.”***

Masood Ahmed (President CGD) then goes on, **listing seven priorities for the World Bank that Mr. Malpass should consider endorsing in his initial statements and actions.**

## World Water Day (22 March)

### Lancet Editorial – On the question of water: a matter of life and death

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30731-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30731-7/fulltext)

***“The theme of this year's World Water Day on March 22—Leaving No One Behind—is a commitment to those who are disproportionately affected by insufficient access to safe water, such as women, children, refugees, and socioeconomically marginalised people. The urgency of this task is cemented in Sustainable Development Goal (SDG) 6—to ensure the availability and sustainable management of water, the provision of adequate and equitable sanitation and hygiene, and cessation of open defecation by 2030. The staggering number of people for whom safe water trickles in insufficient quantity and quality—2 billion according to the UN—begs the question of how such a target could ever be reached. According to the UN, voices of marginalised people must be heard in decision making processes....”***

### Safe Drinking Water, Sanitation, Are ‘Basic Human Rights’: New UN Water Development Report

<https://www.healthpolicy-watch.org/safe-drinking-water-sanitation-are-basic-human-rights-new-un-water-development-report/>

***“Safe water and access to proper sanitation are essential to eradicate poverty, build peaceful societies and ensure that no one is left behind on the path towards sustainable development, according to the 2019 [UN World Water Development Report](#), launched on Tuesday in Geneva. In collaboration with the UN Educational, Scientific and Cultural Organization (UNESCO), the Sustainable Development Goals (SDGs) and the World Water Assessment Programme, the report **Leaving no one Behind**, stresses that **water for all is “entirely achievable”.*****

***“Access to safe, affordable and reliable drinking water and sanitation services are basic human rights”, the report spells out. And yet, billions still lack these facilities. ... .... The report underscores that exclusion, discrimination, poverty and inequalities are among the main obstacles to achieving the water-related goals of the 2030 Agenda for Sustainable Development. While the wealthy generally receive high levels of service at low prices, the poor often pay a much higher price for services of similar, or lesser quality....”***

Coverage, among others, in [Bloomberg](#) - [Africa's Booming Cities Are Running Out of Water](#)

*"...Cities and towns in several other African nations including Mozambique, Zimbabwe and Ivory Coast have been plagued by similar water shortages in recent months, manifestations of a global supply squeeze brought on by drought, population growth, urbanization and insufficient investment in dams and other infrastructure. Water use has risen about 1 percent a year since the 1980s and more than 2 billion people now live in countries experiencing high water stress, the United Nations said in its World Water Development Report released in Geneva on Tuesday. It projects demand will grow as much as 30 percent by 2050..."*

*"The scourge is set to become exponentially worse in Africa..."*

See also [Deutsche Welle](#) - [World's poor pay more for water than the rich: UN](#).

- Thomson Reuters Foundation reports on another new report - [Poor people's right to water cut off by thirsty exports, unequal supply](#)

Coverage of a [new WaterAid report](#) - *"Exports of crops - like coffee, rice, avocados and cotton - are important sources of income for many countries. But large amounts of water are used to produce them, even as poor communities struggle to get enough for their basic needs, a situation made worse by climate change, WaterAid said in the report published on Tuesday..."*

- Devex - [Water scarcity poses 'fundamental risk to stability,' new report finds](#)

Coverage of yet another key report: **"Ensuring equal access to water is a key component to maintaining societal stability and preventing conflict in fragile states, according to a new report by the Chicago Council on Global Affairs.** Accessible, affordable water access is at the center of ensuring the world's growing population — which, in 2019, includes approximately 821 million food-insecure people and 150 million malnourished children, according to the report — has enough to eat. The report, which noted that "as water scarcity intensifies, we must remember that without water, there is no food, and without food, there is no security," found that communities, where water access is disputed or becomes a point of tension, can be a dangerous multiplier for underlying conflict..."

**UN News – More children killed by unsafe water, than bullets, says UNICEF chief**

<https://news.un.org/en/story/2019/03/1035171>

*"A lack of safe water, is far deadlier for children than war in more than a dozen conflict-affected countries, the UN Children's Fund (UNICEF) said on Thursday, in a report launched to coincide with World Water Day, marked on 22 March."*

*"UNICEF's 16-nation study into how water supplies affect children caught up in emergencies, also shows that **children under-five are on average more than 20 times more likely to die from illnesses linked to unsafe water and bad sanitation, than from conflict...**"*

## UHC

### Policy Report - Towards Transformative integration of the HIV and AIDS response into UHC: Building on the strengths and successes of the HIV and AIDS response: Experiences from Indonesia, Kenya, Uganda and the Ukraine

[https://aidsfonds.org/assets/resource/file/PITCH\\_Global-Report\\_UHC\\_WEB.pdf](https://aidsfonds.org/assets/resource/file/PITCH_Global-Report_UHC_WEB.pdf)

*“This policy report was developed by **Gorik Ooms and Krista Kruja** of the London School of Hygiene and Tropical Medicine and the **PITCH global policy advisors Marielle Hart, Arben Fetai and David Ruiz**.” (PITCH stands for the ‘Partnership to Inspire, Transform and Connect the HIV response’)*

**Make sure you at least read the executive summary of this short policy report. It’s one of the reads of the week.** The main findings are concerning.

For some of the **key messages**, see also the **blog** [Shattering the myths around 'universal' coverage](#)

*“... New research conducted by Aidsfonds, Frontline AIDS and the London School of Hygiene and Tropical Medicine in Indonesia, Kenya, Uganda and Ukraine **reveals major areas of concern as countries move towards UHC, while at the same time transitioning from international to domestic funding for HIV programmes.** In each of these countries the decision on whether HIV services should be included in a national health insurance scheme is still to be determined. **Just taking the issue of antiretroviral treatment (ART) alone, if access becomes contingent on being part of a national health insurance scheme, people who cannot afford to contribute may be denied life-saving treatment.***

*... **Discriminatory laws and policies may also stop HIV services being integrated into UHC.** ...*

*... **The study also suggests that civil society organisations that are currently able to influence national health agendas through HIV-related platforms may find themselves in a weaker position as countries move towards UHC...***

**One of the key recommendations: “By pushing for active involvement in UHC at a country level, civil society can bring the learnings of the past four decades of the HIV response to help shape a vision for rights-based, person-centred UHC that, if implemented, leaves no one behind.”**

### Chatham House Expert Comment - As Mali Scraps Healthcare Fees, It Is Time to Bury The Bamako Initiative

<https://www.chathamhouse.org/expert/comment/mali-scraps-healthcare-fees-it-time-bury-bamako-initiative>

By **Rob Yates**. *“The end of the controversial Bamako Initiative, which paved the way for charging the poor to access health care, could finally be in sight as its birthplace Mali joins the growing number of African countries scrapping user fees in moving towards universal health coverage (UHC).”*

## New name for Astana

Cfr a tweet:

*“What is this with **#PrimaryHealthcare** conferences that city which hosts it lose its name? **#AlmaAta** is now **#Almaty** & now in less than 6 months, **#Astana** is **#NurSultan** “*

Nursultan is the first name of Nazarbaiev, who resigned as president of Kazakhstan.

## WEF - New Global Coalition Will Focus on Improving Value of Healthcare

<https://www.weforum.org/press/2019/03/new-global-coalition-will-focus-on-improving-value-of-healthcare>

*“A group of senior healthcare leaders, in cooperation with the World Economic Forum, is launching a **Global Coalition for Value in Healthcare** to address the rising costs of healthcare. Coalition will focus on **payment-model reform, health informatics standardization and the dissemination of best practices to health systems around the world**. A [new report](#) defines the agenda for the coalition, **Value in Healthcare: Accelerating the Pace of Health System Transformation....”***

## Vaccination

### HPW - WHO Stakeholders Meet To Establish A “Different Approach” For Post-2020 Vaccine Strategy

<https://www.healthpolicy-watch.org/who-stakeholders-meet-to-establish-a-different-approach-for-post-2020-vaccine-strategy/>

*“The World Health Organization and global partners wrapped up a meeting today to develop a vision and strategy prototype for the post-2020 decade of action on vaccines and immunizations. This new plan of action for 2021-2030 will take a different approach that is **more “bottom up” and collaborative in engaging countries and other stakeholders** to tackle emerging immunization challenges, including recent measles and diphtheria outbreaks and growing “vaccine hesitancy” across WHO regions. The **3-day meeting, entitled “Co-creating the Future of Vaccines and Immunization,” took place in Geneva this week from 19-21 March**, and marked a key milestone in the development of a unified vision and plan for 2021-2030 that will guide WHO’s work on vaccines and immunization....”*

### FT (Editorial) - Anti-vax movement must be resisted for the sake of world health

<https://www.ft.com/content/f692c3f0-4974-11e9-8b7f-d49067e0f50d>

*“Reckless scepticism is buoyed on a flood of scientific hoaxes and misinformation”*

*“...Health officials are celebrating a symbolically significant victory in the struggle against the anti-vax movement, which is campaigning worldwide to give parents the right to stop their children from being vaccinated against infectious diseases. Italy last week reimposed a law that had been suspended, making inoculation compulsory before nursery school attendance — and imposing €500 fines on parents whose children have not been vaccinated by the time they enter primary school at the age of six. The country is an important test case, because it has one of Europe’s most active anti-vax campaigns and a populist government, some of whose senior members are on record as vaccine sceptics. ... Every country should adopt the target of a 95 per cent vaccination rate for the dozen diseases for which a safe, inexpensive and effective childhood vaccine is available. Today few countries achieve that level, which epidemiologists say is required for herd immunity — when there are too few people susceptible to infection for a virus to spread among a population. ... Besides tightly enforcing vaccination at school entry, governments must insist that social media stem the flood of scientific hoaxes and misinformation that has propelled the anti-vax movement. Facebook and YouTube have promised to remove advertising from sites that cross medically acceptable boundaries and to reduce their prominence in search results. For the sake of public health worldwide, they must be held to their word.”*

## **Guardian - Key to saving lives of newborns lies in half a teaspoon of blood, study claims**

[https://www.theguardian.com/global-development/2019/mar/20/key-to-saving-lives-newborns-half-a-teaspoon-of-blood-study-claims?CMP=twtd\\_a-global-development\\_b-gdndevelopment](https://www.theguardian.com/global-development/2019/mar/20/key-to-saving-lives-newborns-half-a-teaspoon-of-blood-study-claims?CMP=twtd_a-global-development_b-gdndevelopment)

See also last week’s IHP news. *“A groundbreaking study has claimed that the key to saving the lives of newborns is found in just half a teaspoon of blood. Research has revealed dramatic changes in the immune systems of newborns, which scientists say could transform our understanding of disease in babies. Co-led by the MRC Unit The Gambia, at London School of Hygiene & Tropical Medicine, and published in [Nature Communications](#), the research revealed changes in development pathways within the cells of newborns related to fighting infection....”*

*“...Researchers said they hoped the findings would inform vaccine studies targeted at newborns, the population most vulnerable to fatal infections, particularly in the developing world....”*

## **Feud MSF – CEPI**

Stat - [Doctors Without Borders blasts coalition working on vaccine development](#)

(gated)

*“A feud has broken out between the Coalition for Epidemic Preparedness Innovations and Doctors Without Borders, which accused the public-private coalition devoted to vaccine development of watering down a policy for equitable access to any treatments. Despite several pleas by Doctors Without Borders, CEPI declined to reinstate portions of its original access policy. The guidelines were adopted at the time the coalition was created in 2017 in the wake of the Ebola virus, with backing from the Bill and Melinda Gates Foundation and several governments, among others....”*

# International Day of Happiness (March 20) & World Happiness Report 2019

*“March 20 is the International Day of Happiness and **this year's theme is Happier Together**, focusing on what we have in common, rather than what divides us.”*

## UN SDSN - World Happiness Report 2019

<http://worldhappiness.report/>

Coverage for example in **Reuters** - [Finland tops world's happiest countries list again: U.N. report](#)

*“**Finland topped the ranking of the world’s happiest countries for the second year in a row, with the Nordic countries taking the leading spots**, an annual survey issued on Wednesday showed. **South Sudan came last in the U.N. Sustainable Development Solutions Network’s 2019 World Happiness Report**. It ranked 156 countries according to things such as GDP per capita, social support, healthy life expectancy, social freedom, generosity and absence of corruption. Taking the harsh, dark winters in their stride, **Finns’ happiness is boosted by access to nature, safety, affordable childcare, free education and heavily subsidized healthcare. ...**”*

Not really related to this report, but you might also want to read an **analysis by Annie Quick** (New Economics Foundation) - [Does New Economics need wellbeing? Without power analysis, wellbeing economics misses the mark](#)

## Global Solutions Summit 2019 ( 18-19 March, Berlin)

*#GlobalSolutions Summit 2019 - The World Policy Forum brings together #G20 leaders and leading scientists to find solutions to the world's great challenges. #T20”*

For our purposes, the only thing you probably need to know:

- Tweet: *“**Ambassador Takeshi Yogi presents Japan’s #G20 agenda which includes #globalhealth #globalsolutions2019**”*
- Excerpt from a **Comment from Ilona Kickbusch & Detlev Ganten** (WHS) in the [Global Solutions Journal](#), related to UHC:

*“This is why the **decision of the Japanese government to continue its longstanding commitment to UHC and make it a priority in their G20 Presidency is so important**. Indeed, **the plans to bring together finance ministers and health ministers and to convey the results of their joint conclusions to the heads of state will be a first in the G20 process**. This continuity of the health agenda in the G20 context – after Germany first put health on the G20 agenda – shows the willingness of political leaders to heed the call for transformational approaches by the UN and the SDGs. **The interface of the UN High-Level Meeting process [cfr: UHC HL summit in September ] and the G20 process can lead to a strong reinforcing dynamic** to which the Global Solutions process and Summit can*

contribute significantly. That is why the World Health Summit and the Global Solutions Summit are determined to cooperate closely....”

## Planetary Health

### Guardian – Cyclone Idai 'might be southern hemisphere's worst such disaster'

[Guardian](#);

*“The devastating cyclone that hit south-eastern Africa may be the worst ever disaster to strike the southern hemisphere, according to the UN. Cyclone Idai has swept through Mozambique, Malawi and Zimbabwe over the past few days, destroying almost everything in its path, causing devastating floods, killing and injuring thousands of people and ruining crops. More than 2.6 million people could be affected across the three countries, and the port city of Beira, which was hit on Friday and is home to 500,000 people, is now an “island in the ocean”, almost completely cut off....”*

### Guardian - US and Saudi Arabia blocking regulation of geoengineering, sources say

<https://www.theguardian.com/environment/2019/mar/18/us-and-saudi-arabia-blocking-regulation-of-geoengineering-sources-say>

Report from last week’s conference in Nairobi: *“The United States and Saudi Arabia have hamstrung global efforts to scrutinise climate geoengineering in order to benefit their fossil fuel industries, according to multiple sources at the United Nations environment assembly, taking place this week in Nairobi. The world’s two biggest oil producers reportedly led opposition against plans to examine the risks of climate-manipulating technology such as sucking carbon out of the air, reflective mirrors in space, seeding the oceans and injecting particulates into the atmosphere. Deeper analysis of the risks had been proposed by Switzerland and 12 other countries as a first step towards stronger oversight of potentially world-altering experiments that would have implications for food supply, biodiversity, global inequality and security....”*

Meanwhile, David Keith argues in Project Syndicate that [We need to talk about Geoengineering](#)

He’s probably right. *“There is growing scientific interest in solar geoengineering as a possible means of combating climate change in conjunction with emissions cuts. But by foregoing debate and research on these new technologies now, political leaders may actually increase the risks of their future misuse. Negotiations on geoengineering technologies ended in deadlock at the United Nations Environment Assembly in Nairobi, Kenya, last week, when a Swiss-backed proposal to commission an expert UN panel on the subject was withdrawn amid disagreements over language. This is a shame, because the world needs open debate about novel ways to reduce climate risks....”*

## Capitalism is destroying the Earth. We need a new human right for future generations

<https://www.theguardian.com/commentisfree/2019/mar/15/capitalism-destroying-earth-human-right-climate-strike-children>

By G Monbiot.

## Real World Economics Review – Degrowth, a theory of radical abundance

<http://www.paecon.net/PAEReview/issue87/Hickel87.pdf>

New article by Jason Hickel. 15 p.

## Lancet Planetary Health – March Issue

[https://www.thelancet.com/journals/lanplh/issue/vol3no3/PIIS2542-5196\(19\)X0004-2](https://www.thelancet.com/journals/lanplh/issue/vol3no3/PIIS2542-5196(19)X0004-2)

Editorial - [Power to the children](#)

No prizes to be won on what this editorial is about .

## Lancet Offline – Public health and the fight against extremism

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30680-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30680-4/fulltext)

Horton reflects on Christchurch and emphasizes “The health professions have an important part to play in defeating the views that foster far-right hate speech and violence.”

As one of the reads on this (difficult) journey, he recommends **Paul Morland's** recently published **The Human Tide: How Population Shaped the Modern World**, and concludes: “...*The justification of all far-right extremist political parties is that white domination is under threat. Morland shows that these shifts in demography are not a threat. They are the predictable evolution of human populations. Health workers have a vital voice in leading public debate about the realities of these transitions and the importance of promulgating the idea of a common, not a divided, humanity. Health leaders must begin to offer a positive and internationalist vision for human societies. Our task is urgent.*”

## WHO expert panel paves way for strong international governance on human genome editing

See WHO for the announcement - [WHO expert panel paves way for strong international governance on human genome editing](#)

Coverage & analysis, for example, in **Nature News** - [World Health Organization panel weighs in on CRISPR-babies debate](#)

*“The World Health Organization (WHO) **should create a global registry of studies that involve editing the human genome**, and research funders and publishers should require scientists to participate in it, **a group advising the WHO said on 19 March...**”*

*“In its statement, the panel also opposed the clinical application of research that alters the genome of human eggs, sperm or embryos — called the germ line — in ways that can be passed to future generations. ... .. But she emphasized that **the WHO panel is not calling for a permanent moratorium on such research...**”*

See also **Stat News** - [World Health Organization advisers call for registry of studies on human genome editing](#).

## Some key papers & journal articles of the week

### Health Systems & Reform - Securing Resources for Health Emergencies Management

K Abe et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2019.1594546>

Among others, this article focuses on the difference between WHO’s Contingency Fund for Emergencies (CFE) and the World Bank’s Pandemic Emergency Financing Facility (PEF) (with some detail on the latter’s Cash & Insurance Windows), and how they should evolve further (cfr: CFE 2.0 & PFE 2.0).

### The Milbank Quarterly - Learning From History About Reducing Infant Mortality: Contrasting the Centrality of Structural Interventions to Early 20th-Century Successes in the United States to Their Neglect in Current Global Initiatives

A Bhatia et al; [Milbank Quarterly](#);

*“Current efforts to reduce infant mortality and improve infant health in low- and middle-income countries (LMICs) can benefit from awareness of the history of successful early 20th-century initiatives to reduce infant mortality in high-income countries, which occurred before widespread use of vaccination and medical technologies. Improvements in sanitation, civil registration, milk purification, and institutional structures to monitor and reduce infant mortality played a crucial role in the decline in infant mortality seen in the United States in the early 1900s. **The commitment to sanitation and civil registration has not been fulfilled in many LMICs.** Structural investments in sanitation and water purification as well as in civil registration systems should be central, not peripheral, to the goal of infant mortality reduction in LMICs.”*

## Archives of Disease in Childhood (Series) - Informing design and implementation for early child development programmes

[https://adc.bmj.com/content/104/Suppl\\_1](https://adc.bmj.com/content/104/Suppl_1)

Start with the Editorial - [Reaching the dream of optimal development for every child, everywhere: what do we know about 'how to'?](#) (by A Banerjee, S Peterson et al)

*“Early child development (ECD) is fundamental for the health, well-being and life opportunities of every child, everywhere. It is central to many Sustainable Development Goals (SDGs) and the global child health redesign process, led by WHO and UNICEF. A strong investment case for ECD has been made by academics, as well as large intergovernment investment platforms including G20 and the World Bank. **The Nurturing Care Framework, launched in May 2018, provides a policy roadmap for multiple sectors to enable a world where families and communities can support their children’s developmental needs including health, nutrition, safety and security, responsive care and opportunities for early learning ... . However, there is a major gap in evidence-based guidance on how to implement at scale, especially in low- and middle-income countries (LMIC). ... . This series, involving 33 authors from 24 institutions, including WHO and UNICEF, and coordinated by the London School of Hygiene and Tropical Medicine, outlines evidence to inform these design and implementation decisions. The five papers in the series are organised around an adapted version of a widely used, four-step programme cycle (figure 1) described in detail in the first paper6 and involving: (1) situation analyses, (2) planning and implementation, (3) monitoring and evaluation and (4) funding with accountability to drive equity....”***

Make sure you also check out the paper [Accountability for funds for Nurturing Care: what can we measure?](#)

In this article, the authors aimed to estimate a baseline for the WHO, UNICEF and World Bank Nurturing Care Framework (NCF) with a special focus on childhood disability. Focus on **2007-2016**.

*“... **US\$79.1 billion of development assistance were disbursed, mostly for health and nutrition (US\$61.9 billion, 78% of total) and least for disability (US\$0.7 billion, 2% of total). US\$2.3 per child per year were disbursed for non-health ECD activities. Total development assistance for ECD increased by 121% between 2007 and 2016, an average increase of 8.3% annually. Per child disbursements increased more in Africa and Asia, while minimally in Latin America and the Caribbean and Oceania. We could not find comparable sources for domestic funding and out-of-pocket expenditure. Estimated international donor disbursements for ECD remain small compared with RMNCH....”***

## Toulouse School of Economics (WP) - Pooled Procurement of Drugs in Low and Middle Income Countries

P Dubois et al ; <https://www.tse-fr.eu/publications/pooled-procurement-drugs-low-and-middle-income-countries>

*“We use data from seven low and middle income countries with diverse drug procurement systems to assess the effect of centralized procurement on drug prices and provide a theoretical mechanism that explains this effect. Our empirical analysis is based on exhaustive data on drug sales quantities and*

*expenditures over several years for forty important molecules. We find that centralized procurement of drugs by the public sector allows much lower prices but that the induced price reduction is smaller when the supply side is more concentrated.”*

## **Lancet Letter – Beyond representation: women at global health conferences**

E Schroeder et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32854-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32854-X/fulltext)

Focusing here on the most recent **World Health Summit** in Berlin.

And also: *“Of the 11 agencies leading the global action plan for Sustainable Development Goal (SDG) 3 only three are led by women. Notably, one of these agencies, the Global Financing Facility, ultimately reports to the World Bank, which is led by men. Global health remains dominated by male perspectives, and opportunities for influence, impact, and financial decisions are not shared equally...”*

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

### **Oxfam (blog) - The hump counter attack! Jose Manuel Roche sets me straight on the global transition (or lack of it)**

<https://oxfamblogs.org/fp2p/the-hump-counter-attack-jose-manuel-roche-sets-me-straight-on-the-global-transition-or-lack-of-it/>

*“Quite a few people disagreed with aspects of my recent post “shifts in the global distribution of income”. José Manuel Roche, Head of Research for Save the Children UK, felt moved to respond. “*

Roche kicks off: “...I enjoyed Duncan’s recent [blog](#) about the shift from a two hump to a one hump world....”

**Must-read.** The current world is a **camel with multiple humps**, apparently !

### **OECD Development Matters (blog) – The Future of Development Co-operation: Not the end, just the beginning of a new era?**

Andy Sumner; <https://oecd-development-matters.org/2019/03/15/the-future-of-development-co-operation-not-the-end-just-the-beginning-of-a-new-era/>

By **Andy Sumner**. Second in series of two blogs.

*“Yesterday’s [blog](#) listed five areas of change related to global poverty and economic development in developing countries. What do these changes mean for development co-operation? **First, development co-operation needs to adapt to the new polarisation within the developing world.***

*More precisely, the old model of supporting 'stuck' and 'ODA-dependent' developing countries needs to be complemented with a new model of collaborating with 'moving' and 'post-ODA' developing countries...."* + 4 more pieces of advice.

Sumner concludes: ***"In sum, a new polarisation within the developing world is emerging and much of global poverty is concentrated in moving and post-ODA countries. At the same time, economic development is getting harder as deindustrialisation is raising questions about future employment and productivity growth, and by extension future poverty reduction. Consequently, rather than winding down development co-operation as countries exit ODA, international support for inclusive economic development must adapt to a new era."***

You might also want to read Dave Algozo's [Where's the aid and development sector headed?](#)

(with a very nice & colourful visualization of key trends)

## **CEVR Tufts (blog) - Prioritizing Interventions to Address Threats to Global Health: It's (in Part, At Least) About the Economics**

Dan Ollendorf; <https://cevr.tuftsmedicalcenter.org/news/2019/new-entry?platform=hootsuite>

***"The World Health Organization recently released their 2019 list of 10 key threats to global health. ... One thing is certain – with all of these threats at an urgent or emergent level, countries and health systems need a systematic way to prioritize interventions to address them. Cost-effectiveness analysis (CEA) is an increasingly accepted tool for prioritization in low- and middle-income settings (LMICs). In some cases, these studies are used to inform the design of a comprehensive essential benefits package at the country level; in others, it is a specific comparison of one type of intervention to another. We examined data from our Tufts Global Health Cost-Effectiveness Analysis (GH CEA) Registry, a standardized, curated database of published studies in LMICs that report results using the cost-per-disability adjusted life year (DALY) averted measure, to understand where research on these threats is more or less abundant. Our resulting "heat table" is presented below...."***

## **Guardian - Why the sleep industry is keeping us awake at night**

D Leader; <https://www.theguardian.com/books/2019/mar/09/the-big-sleep-business-are-we-being-sold-an-impossible-dream>

*"We're told that getting eight unbroken hours of sleep will protect us from cancer and dementia, and make us happier. But are we being sold an impossible dream?"*

Yes, the world 'neoliberalism' falls . . . By the author of a new book, Darian Leader: "Why can't we sleep?" Very charming read.

## **BBC – Why we need to reinvent democracy for the long term**

Roman Krznaric; <http://www.bbc.com/future/story/20190318-can-we-reinvent-democracy-for-the-long-term>

Key read/idea for the planetary health paradigm/challenge ahead.

Among others, suggesting an **extension of the decoloniality debate**: *“...The time has come to face an inconvenient reality: that **modern democracy – especially in wealthy countries – has enabled us to colonise the future.** We treat the future like a distant colonial outpost devoid of people, where we can freely dump ecological degradation, technological risk, nuclear waste and public debt, and that we feel at liberty to plunder as we please. ... .. **The daunting challenge we face is to reinvent democracy itself to overcome its inherent short-termism and to address the intergenerational theft that underlies our colonial domination of the future. How to do so is, I believe, the most urgent political challenge of our times. ... .. We are in the midst of an historic political shift. It is clear that a movement for the rights and interests of future generations is beginning to emerge on a global scale, and is set to gain momentum over coming decades as the twin threats of ecological collapse and technological risk loom ever larger.** The dream of a benign dictator is not the only option to deal with our long-term crises. Democracy has taken many forms and been reinvented many times, from the direct democracy of the Ancient Greeks to the rise of representative democracy in the 18th Century. **The next democratic revolution – one that empowers future generations and decolonises the future – may well be on the political horizon....”***

I hope it with him : ).

### **Branko Milanovic (blog) - Formal and actual similarities between climate change and global inequality, and suboptimality of the nation-state**

<https://glineq.blogspot.com/2019/03/formal-and-actual-similarities-between.html>

Elegant blog. In both cases, we go for ‘second best’ solutions, it seems.

*“...Thus in one case we try to keep what is globally good (migration) by reducing fears of those who may, locally, be affected negatively. In the case of climate change, we try to avoid something that is globally bad by using the only instrument that we have (nation-state) which is clearly suboptimal for that purpose. **We are thus in both cases trying to devise what may be called “second-best” solutions, mostly because of a political limitation called the nation-state.**”*

### **IHP - Yemen’s health system fragmentation during the conflict: The impact on the health and nutrition status of a vulnerable population**

<https://www.internationalhealthpolicies.org/yemens-health-system-fragmentation-during-the-conflict-the-impact-on-the-health-and-nutrition-status-of-a-vulnerable-population/>

Statement by **EV 2018 Sameh Al-Awlaqi** at the **Human Rights Council in Geneva**. He talked about the challenges and fragmentation of the Yemeni health system and their impact on the vulnerable population in Yemen, and concluded his speech with recommendations for policymakers and the humanitarian community to overcome these bottlenecks in the short and long term.

### **Nature (book review) - How algorithms could bring empathy back to medicine**

[Nature](#)

*“Thomas R. Insel lauds a call for **artificial intelligence** to give doctors back the freedom to focus on their patients.”*

*“... We are in the first act of what will probably be a five-act play. **The characters are clear: technology giants Google, Baidu, Alibaba, Apple, Amazon, IBM and Microsoft, along with hundreds of health-tech start-ups in the United States and Europe — including my own — and more than 130 medical AI companies in China. ...”***

See also **Gates’ view** - [Bill Gates says Artificial Intelligence should improve education and medicine](#) *“AI is both promising and dangerous”.*

As for **Peter Piot**, [‘Better surveillance, AI can help in early detection of epidemics’](#). (He said this at a lecture in Hyderabad)

## **Nature (News) – Gigantic EU research programme takes shape**

[Nature](#);

*“Horizon Europe will fund a mix of academia–industry collaborations and discovery science — but its proposed budget of €100 billion has yet to be agreed.”*

*“The European Union’s three governing institutions — the European parliament, council and commission — reached agreement in the small hours of 20 March on the outline of the EU’s next seven-year research-funding programme, Horizon Europe. Like its predecessor, Horizon 2020, the new programme will fund collaborations between academia and industry, and prestigious discovery science. But the agreement also includes some fresh ideas, including a **greater focus on innovation** and initiatives to help poorer nations compete for funds...”*

## **IHP - The future of global health? Some reflections from CUGH 2019**

Salma Abdalla; <https://www.internationalhealthpolicies.org/the-future-of-global-health-some-reflections-from-cugh-2019/>

Salma Abdalla (EV 2018) shares some of her reflections after attending the Consortium of Universities for Global Health (CUGH 2019) conference in Chicago. Among others, she reflects on ‘global health’, the importance of tackling both “more typical” global health issues and more existential threats. Recommended!

## **Global health events**

### **UN News - What is ‘South-South cooperation’ and why does it matter?**

<https://news.un.org/en/story/2019/03/1034941>

***“This week in Argentina’s capital, Buenos Aires, over one thousand people, including high level government delegations and representatives from the private sector and civil society, [will] gather for the Second High-level United Nations Conference on South-South Cooperation, or BAPA+40.”***

***“The Conference marks the 40th anniversary of the United Nations Conference on Technical Cooperation Among Developing Countries, which was also held in Buenos Aires. The central theme of discussion will be how South-South cooperation represents an opportunity to achieve the 2030 Agenda for Sustainable Development .... UN News has put together a handy guide to answer some questions regarding this important meeting...”***

For a first report from the conference, see **UN News - [Global South cooperation ‘vital’ to climate change fight, development, Guterres tells historic Buenos Aires summit.](#)**

## **Coming up soon:**

### **2<sup>nd</sup> WHO Africa Health Forum (Cabo Verde, 26-26 March)**

**<https://www.africanews.com/2019/03/13/who-africa-health-forum-to-shape-next-steps-in-universal-health-care-on-the-continent/>**

***“...The Government of Cabo Verde and the World Health Organization (WHO) Regional Office for Africa are hosting the second WHO Africa Health Forum in Praia, Cabo Verde, 26–28 March 2019, under the theme of “Achieving Universal Health Coverage and Health Security: The Africa We Want to See.”***

### **Fourth Annual Health Financing Forum: Exploring Frontiers of Resource Mobilization for Health (9-10 April, Washington)**

**[http://www.worldbank.org/en/events/2019/04/09/fourth-annual-health-financing-forum-exploring-frontiers-of-resource-mobilization-for-health?cid=EXT\\_WBSocialShare\\_EXT](http://www.worldbank.org/en/events/2019/04/09/fourth-annual-health-financing-forum-exploring-frontiers-of-resource-mobilization-for-health?cid=EXT_WBSocialShare_EXT)**

***“The World Bank Group and USAID, in collaboration with the Global Financing Facility, will host the 4th Annual Health Financing Forum on April 9-10 in Washington. This year's 4th Annual Health Financing Forum will explore the frontiers of resource mobilization for health including innovations that have the potential to catalyze significant progress in health financing. The Forum will be structured around three themes: digital innovations in financial protection programs, the political economy of resource mobilization, and the role of private capital investment in the achievement of health and development goals.”***

Do check out also the **[concept note](#)**.

But see this **tweet** from Senait Fisseha: ***“It simply doesn’t make sense to have two Resource Mobilization Forums on Global Health on the same dates(April 9-10) by @worldbank in #WashingtonDC @WHO in #Stockholm when we are promoting SDG action plan & alignment, & both @WHO & the bank are signatories. #WhereistheSDGRoadMap?”***

## Global governance of health

### Taxjustice Network - Ten reasons why the Destination Based Cash Flow Tax is a terrible idea

N Shaxson; <https://www.taxjustice.net/2019/03/19/ten-reasons-why-the-destination-based-cash-flow-tax-is-a-terrible-idea/>

Bit difficult, this blog, if you don't work for JP Morgan & co. So I just refer to the opening paragraphs, as they set the scene (for the **state of affairs in the current global tax reform discussions**):

***“A complete revolution in international tax is now needed, and big players are waking up to the fact — so there is everything to play for, and reform must urgently be steered in the right direction. What gets decided in the next couple of years could shape international tax for generations.***

***There are, at present, three main competing visions of how things might proceed which have political traction. They are:***

- (1) **Try to patch up the existing system.** That's what's been going on with the OECD's Base Erosion and Profit Shifting, or '**BEPS**' project, **which is now collapsing into complexity and incoherence** because, as we've said, the fundamental principles underpinning the system are unworkable. The system will limp on for a while yet.*
- (2) **Unitary tax, with apportionment by formula.** This is the basis for our preferred vision, which we believe would be best for rich and poor countries, and would also provide the most coherent basis for taxing multinationals. There's a very simple explainer here, a longer document here, and an intermediate-level discussion here, showing how it could be implemented partially, or in stages, and combined with a minimum tax arrangement.*
- (3) **Destination-Based Cash Flow Tax (DBCFT)** – which was also the heart of a dramatic tax reform proposal by Donald Trump's administration in 2016, the so-called 'Ryan Blueprint' which was (thankfully) never implemented. We explain the DBCFT below.*

Option (3) would be a disaster, this author argues. He & his organization are in favour of option 2.

### Devex - 'Chill out' about DFID merger rumors, says Mordaunt

<https://www.devex.com/news/chill-out-about-dfid-merger-rumors-says-mordaunt-94506>

***“The United Kingdom's aid chief Penny Mordaunt has reassured civil society groups that the Department for International Development will not be “hoovered up” by the Foreign & Commonwealth Office, and that there are no plans to scrap the 0.7 percent aid-spending target. Following recent concern in the aid community about the future of DFID, Mordaunt finally opened up about her plans for the department during her opening speech at the Bond conference in the U.K.'s capital city, London, on Monday....”***

## Book – The Palgrave Handbook of Global Health Data Methods for Policy and Practice

S MacFarlane et al ; <https://link.springer.com/book/10.1057/978-1-137-54984-6>

*“This handbook compiles methods for gathering, organizing and disseminating data to inform policy and manage health systems worldwide. Contributing authors describe national and international structures for generating data and explain the relevance of ethics, policy, epidemiology, health economics, demography, statistics, geography and qualitative methods to describing population health....”*

## Lancet Editorial – Venezuelans' right to health crumbles amid political crisis

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30729-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30729-9/fulltext)

*“... As we went to press, a UN team was visiting the country on an official human rights mission following a surprising invitation from Maduro, who has been reluctant to accept humanitarian aid. There is hope that Maduro will be transparent with the UN team and allow them to observe the true complexity of the situation. The UN human rights team is also scheduled to speak with members of Guaido's party. **Whatever the outcome of the UN's mission, the urgent implementation of effective measures to facilitate the coordinated international response to the Venezuelans' plight cannot come soon enough. The right to health and to food cannot be politicised and the international community is failing if these universal rights are not restored in Venezuela.**”*

## Devex - New US development finance institution edges toward launch

<https://www.devex.com/news/new-us-development-finance-institution-edges-toward-launch-94497>

*“The Trump administration has submitted a plan to Congress outlining what it will accomplish before the **new U.S. Development Finance Corporation opens its doors in October**. The document is fairly broad, but it does provide some insight into the process of creating the new agency....”*

## Devex - Development finance institutions grapple with their growing role

<https://www.devex.com/news/development-finance-institutions-grapple-with-their-growing-role-94408>

*“Development finance institutions' spending has doubled in the past five years and as they play a greater role in global development, they are also facing greater scrutiny.”*

## **Eurodad - International financial institutions, social protection and gender: missing the target**

<https://eurodad.org/Entries/view/1547050/2019/03/18/International-financial-institutions-social-protection-and-gender-missing-the-target>

*“Social protection has been at the forefront of discussions of late, with it playing a central role in the Sustainable Development Goals, featuring heavily at this year’s United Nations Commission on the Status of Women, and as the International Monetary Fund developing an institutional view on social protection. Social protection, including floors, is an important component of the 2030 Agenda for Sustainable Development, including SDG target 1.3, which reflects the collective pledge to “implement nationally appropriate social protection systems for all, including floors” for reducing and preventing poverty. Moreover, target 1.3 commits all UN Member States to “achieve substantial coverage of the poor and the vulnerable” by 2030. While the UN links social protection coverage as key to the achievement of gender equality, the outcome depends on how the system is designed. To address gender gaps social protection systems should be both universal and gender-sensitive. In contrast, when poorly designed they can exacerbate entrenched gender roles and gender inequality. However, universality is typically not the approach taken by the International Financial Institutions: rather, they frequently promote targeted approaches to social protection...”*

Focus here, among others, on the WB. *“...Forthcoming Eurodad research on World Bank conditionality shows that 21 prior actions – reforms to be undertaken by borrowing countries before loan disbursement – focused on enhancing targeted approaches to social programmes in 13 countries. Two of these programmes, in Rwanda and Guatemala, were among the least effective in reaching the poor according to a 2019 survey of 38 social protection schemes...”*

## **NYT – ‘It is unspeakable’: how Maduro used Cuban doctors to coerce Venezuela Voters**

[NYT](#)

Call it ‘reverse or wicked global health diplomacy/South-South collaboration’.

Cuban doctors who were sent to work in Venezuela were used as political pawns to advance Maduro’s agenda, according to doctors who made the trip as part of a “special pact” between Cuba and Venezuela.

Cuba denied the claims.

## Life Sciences, Society & Policy - Digital epidemiology and global health security; an interdisciplinary conversation

T Eckmanns et al; <https://lssjournal.biomedcentral.com/articles/10.1186/s40504-019-0091-8>

*“Contemporary infectious disease surveillance systems aim to employ the speed and scope of big data in an attempt to provide global health security. Both shifts - the perception of health problems through the framework of global health security and the corresponding technological approaches – imply epistemological changes, methodological ambivalences as well as manifold societal effects. Bringing current findings from social sciences and public health praxis into a dialogue, this conversation style contribution points out several broader implications of changing disease surveillance. The conversation covers epidemiological issues such as the shift from expert knowledge to algorithmic knowledge, the securitization of global health, and the construction of new kinds of threats. Those developments are detailed and discussed in their impacts for health provision in a broader sense.”*

## European leaders must end the humanitarian and human rights crisis at Europe's borders

[Amnesty](#);

“Celebration” of the third anniversary of the EU-Turkey deal.

*“European leaders must end the unfair and unnecessary containment policy which is preventing asylum seekers from leaving the Greek islands and urgently reach a common responsibility-sharing agreement for hosting asylum seekers across European countries, said Amnesty International and 24 other NGOs in an open letter, published on the eve of the deal’s third anniversary.”*

## Global Public Health – Re-imagining global health through social medicine

V Adams et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2019.1587639>

*“The conceptual and practical work done by social medicine and global health have often overlapped. In this paper, we argue that new efforts to apprehend ‘the social’ in social medicine offer important insights to global health along five lines of critical analysis: (1) reconfigurations of the state and new forms of political activism, (2) philanthrocapitalism and the economisation of life, (3) The economy of attention, (4) anthropogenic climate change, and (5) the geopolitics of North and South.”*

And a quick link: [RBM Partnership to End Malaria Appoints Dr Abdourahmane Diallo as CEO](#)

*“The RBM Partnership to End Malaria today announced the appointment of Dr Abdourahmane Diallo, MD, MPH as the Partnership’s next CEO. Dr Diallo, currently Minister and Health Advisor to*

*the President of Guinea, brings to the role extensive leadership experience and expertise in national and international public health systems....”*

## UHC

### Lancet Editorial – A tiered health-care delivery system for China

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30730-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30730-5/fulltext)

*“China's health-care reform will be regarded as successful when a tiered health-care delivery system is fully achieved”, said the head of China's National Health Commission, Minister Ma Xiaowei, on March 8, during this year's “two Sessions” (the annual meetings of the national legislature and the top political advisory body)....”*

*“...Recognising the importance of revamping its primary health-care system, the Chinese Government has made primary health care a priority in its Healthy China 2030 strategy, with a series of policies such as the introduction of contracted GPs, and financially supported technology innovations like telemedicine. However, considering the serious shortages of trained and qualified GPs, widespread gaps in the quality of primary health care, and the deeply entrenched habit of patients to seek treatment from large hospitals, the implementation of a tiered health-care delivery system throughout China will be a complicated and daunting task....”*

### Int Journal of Envir Research & Public Health - The Devil Is in the Detail—Understanding Divergence between Intention and Implementation of Health Policy for Undocumented Migrants in Thailand

R Supanchaimat, J Hanefeld, A Mills et al ; <https://www.mdpi.com/1660-4601/16/6/1016>

*“Migrants’ access to healthcare has attracted attention from policy makers in Thailand for many years. The most relevant policies have been (i) the Health Insurance Card Scheme (HICS) and (ii) the One Stop Service (OSS) registration measure, targeting undocumented migrants from neighbouring countries. This study sought to examine gaps and dissonance between de jure policy intention and de facto implementation through qualitative methods....”*

### Amref Health Africa and R4D Launch the Strategic Purchasing Africa Resource Center

<https://www.r4d.org/news/amref-health-africa-and-r4d-launch-the-strategic-purchasing-africa-resource-center/>

From a few weeks ago. Short report.

## Congress slams Ayushman Bharat, says, scheme to benefit private hospitals, insurance companies

<http://www.uniindia.com/news/india/cong-slams-ayushman-bharat-says-scheme-to-benefit-pvt-hospitals-insurance-companies/1531166.html>

News from India where the health care reform debate is heating up again, with elections coming up soon.

Lashing out at Modi's flagship Ayushman Bharat, **Congress** Leader and former Union Minister **Jairam Ramesh**, said the two pillars of the programme are actually private insurance companies and the private hospitals, who are benefitting from the scheme instead of the beneficiaries. Criticizing the programme for its inability to address the country's increasing out-of-pocket expenditure on health, coming primarily from outpatient care, he added the Congress party will introduce a 'right to health care act' and invest in public provisioning of health care.

Rahul Gandhi also [lashed out](#), "calling the scheme a handout to the 15-20 richest businessmen in India."

## Outlook India – Transforming India's Health system

A Kumar; <https://www.outlookindia.com/website/story/india-news-transforming-indias-health-system/326944>

A different opinion comes from a NITI Aayog advisor:

*"Building a well-functioning health system is a work of decades; but **the govt has for the first time initiated systematic efforts by taking a comprehensive view of the health system**, writes Alok Kumar, Adviser, NITI Aayog."*

While Congress members are criticizing Modi's Ayushman Bharat, Alok Kumar, Advisor (Social Sector) at NITI Aayog, on the other hand, is applauding the Modi Government to adopt a holistic approach by introducing various programmes like Indradhanush Mission (to improve vaccination), Poshan Abhiyan (to improve nutritional outcomes), Swachh Bharat Mission (to eliminate open defecation), National Rural Drinking Water Programme and Ayushman Bharat (to prevent people from going into poverty due to catastrophic health expenditures), thereby addressing multiple social determinants of health like nutrition, sanitation, water etc. together. While he acknowledged the increasing burden of NCDs, the currently fragmented health care system, substantially low public spending on health and predominant presence of the private sector in the delivery system, he believes that the Government has initiated the right steps in comprehensively building a robust health system.

## Planetary health

### Environmental Research - Ambient air pollution and health in Sub-Saharan Africa: Current evidence, perspectives and a call to action.

P Katoto et al; <https://www.sciencedirect.com/science/article/pii/S0013935119301574>

Highlights: “Continuous air quality monitoring hardly occurs in Sub-Saharan Africa (SSA). SSA cities exhibit higher ambient air pollution (AAP) than WHO standards. Most health studies of AAP in SSA were cross-sectional and relied on questionnaires. Children and the elderly were found to be more susceptible to AAP. Africa-specific longitudinal studies of ambient air pollution are needed.”

### BMJ Editorial - Pesticides and autism

<https://www.bmj.com/content/364/bmj.l1149>

“Prenatal and early life pesticide exposure are linked to modest increases in risk of autism.”

### Guardian - Climate change could make insurance too expensive for ordinary people – report

<https://www.theguardian.com/environment/2019/mar/21/climate-change-could-make-insurance-too-expensive-for-ordinary-people-report>

*“Insurers have warned that climate change could make cover for ordinary people unaffordable after the world’s largest reinsurance firm blamed global warming for \$24bn (£18bn) of losses in the Californian wildfires. Ernst Rauch, Munich Re’s chief climatologist, told the Guardian that the costs could soon be widely felt, with premium rises already under discussion with clients holding asset concentrations in vulnerable parts of the state. “If the risk from wildfires, flooding, storms or hail is increasing then the only sustainable option we have is to adjust our risk prices accordingly. In the long run it might become a social issue,” he said after Munich Re published a report into climate change’s impact on wildfires. “Affordability is so critical [because] some people on low and average incomes in some regions will no longer be able to buy insurance.” ...”*

### HPW - China To Host World Environment Day 2019 On Air Pollution

<https://www.healthpolicy-watch.org/china-to-host-world-environment-day-2019-on-air-pollution/>

China will host the global World Environment Day celebrations on 5 June 2019 with a theme of air pollution.

## Globalization & Health - Climate change adaptation in South Africa: a case study on the role of the health sector

M F Chersich et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0466-x>

*“...We applied systematic review methods to assess progress with climate change adaptation in the health sector in South Africa. This case study provides useful lessons which could be applied in other countries in the African region, or globally...”*

Among the results: *“...Several policy frameworks for climate change have been developed at national and local government levels. These, however, pay little attention to health concerns and the specific needs of vulnerable groups. Systems for forecasting extreme weather, and tracking malaria and other infections appear well established. Yet, there is little evidence about the country’s preparedness for extreme weather events, or the ability of the already strained health system to respond to these events. Seemingly, few adaptation measures have taken place in occupational and other settings. To date, little attention has been given to climate change in training curricula for health workers...”*

Quick link: [Top oil firms spending millions lobbying to block climate change policies, says report \(Guardian\)](#)

*“ The largest five stock market listed oil and gas companies spend nearly \$200m (£153m) a year lobbying to delay, control or block policies to tackle climate change, according to a new report (from InfluenceMap). Chevron, BP and ExxonMobil were the main companies leading the field in direct lobbying to push against a climate policy to tackle global warming, the report said...”*

## Infectious diseases & NTDs

### Stat – An AIDS therapy involving parasite injections was discredited. China is reviving it — for cancer

[Stat](#) ;

« **American surgeon Henry Heimlich** is best known for inventing a way to rescue choking victims, but a quarter-century ago, he was **vilified for promoting a fringe treatment for AIDS and Lyme disease**. Called **malarial therapy**, it involved **injecting patients with the malaria-causing parasite, supposedly to stimulate their immune systems**. The U.S. Centers for Disease Control and Prevention issued a report saying the procedure “cannot be justified,” and another critic compared its use to the discredited practice of bleeding patients with leeches. Despite the criticism, Heimlich launched trials of the therapy in HIV patients in Mexico and China in the 1990s. **Now, the scientist who led the**

*Chinese study is using malarial therapy again — this time to treat cancer patients. And the still-unproven intervention is being hailed in China as a miracle cure....”*

One of the many issues with this sort of Wild West (or is it Wild East ?) therapy: “...**Many researchers are also concerned about malarial therapy’s public health implications. China is one of the dozens of countries poised to eradicate malaria by 2020. “It’s extremely disconcerting that they are deliberately infecting patients with malaria parasites,”** said Zhai. “Have they analyzed the risk of causing a malaria epidemic?”...”

Lovely name, though: Henry Heimlich.

## **Bioterror fears over Marburg virus, Ebola's deadlier 'cousin', as US begins \$10m vaccine project**

[Telegraph](#);

*“America has begun a \$10m project making a vaccine to a deadly cousin of the Ebola virus considered a potential bioterrorism weapon. Finding a way to stop **Marburg virus** is “an urgent public health and biodefence need”, the US government said....”*

*“...The US government's **Biomedical Advanced Research and Development Authority (BARDA)** has awarded a two-year, \$10 million contract to a Massachusetts-based biotech firm to work on the vaccine....”*

And a quick link:

- **Washington Post** - [As Zika danger wanes, travel warnings are eased for pregnant women](#)

*“U.S. and international health officials are easing warnings against travel to regions with Zika virus because the threat has diminished markedly since the virus began to sweep across the globe four years ago....”*

See also **BMJ News** - [Zika warnings eased around the world as growing immunity brings lower risk](#)

*“The World Health Organization has said that it will relax its Zika travel recommendations in the coming weeks, days after the US Centers for Disease Control (CDC) eased warnings which at various times have advised pregnant women or those seeking to become pregnant to avoid 88 countries....”*

## NCDs

### Lancet Psychiatry - The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30048-3/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30048-3/fulltext)

Cfr the **press release**:

*“The Lancet Psychiatry: Daily use and high potency cannabis linked to higher rates of psychosis*

*Study is the first to show the impact of cannabis use on population rates of psychosis, highlighting the potential public health impact of changes to cannabis legislation; Link with psychosis was strongest in London and Amsterdam, where high potency cannabis is commonly available...”*

*“...Daily cannabis use, especially of high potency cannabis, is strongly linked to the risk of developing psychosis, according to a case-control study from 11 sites across Europe, published in **The Lancet Psychiatry** journal. In cities where high potency cannabis is widely available, such as London and Amsterdam, a significant proportion of new cases of psychosis are associated with daily cannabis use and high potency cannabis. Many countries have legalised or decriminalised cannabis use, leading to concerns that this might result in an increase in cannabis use and associated harms. ...”*

Have to admit that nowadays in London, you can use a bit of high potency cannabis to get through the day :).

### The Telegraph - Tobacco companies are using e-cigarettes as a 'Trojan Horse', experts warn

<https://www.telegraph.co.uk/news/2019/03/02/tobacco-companies-using-e-cigarettes-trojan-horse-experts-warn/>

*“Tobacco companies are using e-cigarettes and “heat not burn” products as a “Trojan Horse” in an attempt to undermine tobacco control regulations and “rehabilitate” their image, experts have warned. Multinational tobacco firms’ efforts to re-cast themselves as champions of public health has already led to lucrative advertising and sponsorship deals in areas where they had previously been banned....”*

## Science – Dubious diagnosis - The war on ‘prediabetes’ could be a boon for pharma—but is it good medicine?

[Science:](#)

We reckon you already have a hunch from the title. In-depth analysis. Focus here on the US.

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

### Global Health Science & Practice (Supplement) - Saving Mothers, Giving Life: A Systems Approach to Reducing Maternal and Perinatal Deaths in Uganda and Zambia

L Quam et al ; [http://www.ghspjournal.org/content/7/Supplement\\_1](http://www.ghspjournal.org/content/7/Supplement_1)

Check out the **Editorial** first - [Saving Mothers, Giving Life: A Systems Approach to Reducing Maternal and Perinatal Deaths in Uganda and Zambia](#)

*“The 5-year public-private partnership boldly addressed maternal mortality in Uganda and Zambia using a systems approach at the district level to avoid delays in women seeking, reaching, and receiving timely, quality services. This supplement provides details on the **Saving Mothers, Giving Life partnership and approach**, including the model, impact, costs, and sustainability.”*

### BMJ Editorial - Calling time on formula milk adverts

<https://www.bmj.com/content/364/bmj.l1200>

The BMJ and sister journals will no longer carry ads for breastmilk substitutes.

### Globalization & Health - Agricultural trade policies and child nutrition in low- and middle-income countries: a cross-national analysis

K A-Gbewonyo et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0463-0>

*“There has been growing interest in understanding the role of agricultural trade policies in diet and nutrition. This cross-country study examines associations between government policies on agricultural trade prices and child nutrition outcomes, particularly undernutrition...”*

## Lancet Global Health Comment - Measuring what matters for maternal and newborn health

N Diamond-Smith et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30149-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30149-4/fulltext)

*“Quality of care for maternal and newborn health has gained increased attention over the past 5–10 years, with many calls to action and recommendations to improve it. Measures are needed to ascertain whether these recommendations are being implemented and to drive future improvements. But **quality of care for maternal and newborn health is complex to measure. In The Lancet Global Health, Vanessa Brizuela and colleagues contribute to this area** by connecting ever-changing quality recommendations to the practical needs of measurement. **They assess how multinational facility assessment tools for quality of maternal and newborn health services compare to the most recent WHO recommendations and quality standards for maternal and newborn health.** Given the 352 quality measures in the WHO recommendations, this comparison is no small feat...”*

Comment accompanying the new **study in the Lancet Global Health** - [“Measuring quality of care for all women and newborns: how do we know if we are doing it right? A review of facility assessment tools”](#)

## SS&M - Agenda setting for maternal survival in Ghana and Tanzania against the backdrop of the MDGs

S Smith et al;

[https://www.sciencedirect.com/science/article/abs/pii/S0277953619301224?dgcid=rss\\_sd\\_all](https://www.sciencedirect.com/science/article/abs/pii/S0277953619301224?dgcid=rss_sd_all)

*“High-level political support for the MDGs drew international attention to included causes at the turn of the century. Influences of this normative framework on national-level health agenda setting remain little investigated. **This study investigates the agenda status of maternal survival against the backdrop of the MDGs in two countries in sub-Saharan Africa.** Informed by replicative case studies conducted in Ghana and Tanzania, **the study finds the MDGs played a significant role in the issue's increasing status in both countries by helping to align several factors that facilitate the agenda setting process,** including: ideas concerning the severity of the problem and expectations for its redress; institutions that shape policies, programs and monitoring; and economic and political interests. **The agenda setting process was similar in the countries but for two dynamics.** HIV/AIDS dominated Tanzania's health policy agenda in the early 2000s, crowding out attention to maternal and other health issues. A network of concerned actors that expanded to form a broad political coalition later facilitated agenda setting in Tanzania, including securing some budgetary commitments. By contrast, Ghana's core maternal health network remained technically oriented and closed to broader political and civil society engagement, limiting its capacity to expand issue attention and budgetary commitments beyond the health sector.”*

## JAMA viewpoint - Current and Future Challenges for Children Across the World

Z A Bhutta et al ; <https://jamanetwork.com/journals/jama/fullarticle/2728949>

*“This Viewpoint argues that children have been left behind in UN and other global health efforts, calls for a focus on health measures beyond survival to define success, and outlines requirements to achieve real improvements in child health, including access to preventive care, a focus on education and nutrition, and introduction of information systems to monitor the population effects of health services.”*

## Global Health Action - A human rights-based framework to assess gender equality in health systems: the example of Zika virus in the Americas

C Vlassof et al; <https://www.tandfonline.com/doi/full/10.1080/16549716.2019.1570645>

*“...The authors present a simple two-part framework from the human rights perspectives of the health system as duty bearer, incorporating WHO’s six health system building blocks, and of its clients as rights holders. The authors apply the framework to ZIKV in the Americas, and identify strengths and weaknesses at every level of the health system. They find that when considering gender, health systems have focused mainly on dichotomous sex differences, failing to consider broader gender relations and processes affecting access to services, quality of care, and health outcomes....”*

And a quick link:

O’Neill Institute (blog) - [Women's Day, a reminder for old-age protection in 2019](#)

## Access to medicines

### Stat - Chile takes several ‘unorthodox’ steps to push back on drug prices, angering pharma

<https://www.statnews.com/pharmalot/2019/03/18/chile-drug-prices-patents/>

(gated)

*“Searching for ways to beat back rising drug costs, the Chilean legislature is advancing three measures — regulating prices, easing the mechanism for issuing a compulsory license, and creating a government web site to monitor pricing — that have alarmed the pharmaceutical industry. One of the initiatives in particular has drug makers concerned. The proposed law, which*

last week passed the Health Commission, **will allow the government to determine the price of a patented medicine based on whether the buyers have “economic accessibility.”** In other words, if the drug is priced out of reach, the health ministry will have the right to cap its price....”

## Human resources for health

### HRH - Setting the global research agenda for community health systems: literature and consultative review

S Agarwal et al; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-019-0362-8>

*“Globally, there is renewed interest in and momentum for strengthening community health systems, as also emphasized by the recent Astana Declaration. Recent reviews have identified factors critical to successful community health worker (CHW) programs but pointed to significant evidence gaps. This review aims to propose a global research agenda to strengthen CHW programs....”*

*“...Research gap areas that were identified in the literature and validated through expert consultation include selection and training of CHWs, community embeddedness, institutionalization of CHW programs (referrals, supervision, and supply chain), CHW needs including incentives and remuneration, governance and sustainability of CHW programs, performance and quality of care, and cost-effectiveness of CHW programs. Priority research questions included queries on effective policy, financing, governance, supervision and monitoring systems for CHWs and community health systems, implementation questions around the role of digital technologies, CHW preferences, and drivers of CHW motivation and retention over time.”*

## Miscellaneous

### Boston Review - Economics needs to embrace a transdisciplinary approach.

<https://bostonreview.net/forum/economics-after-neoliberalism/complexity-economists-inclusive-economics-complexity-economics>

By a bunch of **complexity economists**. One of the many responses so far on ‘Economics after Neoliberalism’.

Make sure you also check out the contribution by **Arvind Subramanian** - "[Neoliberalism has not been all bad for developing countries. Any program for economic change must confront their unique challenges.](#)" He focuses here mainly on India.

But see a tweet in reaction (by Devika Dutt) – "*Arvind Subramaniam makes an important argument about missing developing country perspectives in a prominent new initiative (EfIP), but with all due respect, neoliberalism has not worked in developing countries either.*"

## **Open Democracy & Sheffield Political Economy institute - Confronting root causes: forced labour in global supply chains**

<https://www.opendemocracy.net/en/beyond-trafficking-and-slavery/confronting-root-causes/>

*"Forced labour is all around us, but not how you think. This report pulls together research from across the world to explain where it comes from and what we can do about it."*

## **LSE (blog) - Beware the well-intentioned advice of unusually successful academics**

<https://blogs.lse.ac.uk/impactofsocialsciences/2019/03/15/beware-the-well-intentioned-advice-of-unusually-successful-academics/>

*"There is a wealth of advice and 'how to' guides available to academics on the subject of how research can have an impact on policy and practice. In this post **Kathryn Oliver and Paul Cairney** assess the value of this literature, arguing that **unless researchers seek to situate research impact within processes of policymaking and academic knowledge production, this advice can ultimately reinforce current inequalities in research impact.**"*

## **Emerging Voices**

### **Delivery of integrated infectious disease control services under the new antenatal care guidelines: a service availability and readiness assessment of health facilities in Tanzania**

E N Odidja et al ; <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-3990-8>

*“Tanzania remains among the countries with the highest burden of infectious diseases (notably HIV, Malaria and Tuberculosis) during pregnancy. In response, the country adopted World Health Organization’s (WHO) latest antenatal care (ANC) guidelines which recommend comprehensive services including diagnostic screening and treatment for pregnant women during antenatal. However, as Tanzania makes efforts to scale up these services under the existing health system resources, it is crucial to understand its capacity to deliver these services in an integrated fashion. Using the WHO’s service availability and readiness assessment(SARA) framework, **this study assesses the capacity of the Tanzanian Health System to provide integrated Malaria, Tuberculosis and HIV services....”***

## **Health Research Policy & Systems - What do the implementation outcome variables tell us about the scaling-up of the antiretroviral treatment adherence clubs in South Africa? A document review**

F Mukumbang (EV 2018) et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0428-z>

*“The successful initiation of people living with HIV on antiretroviral treatment (ART) in South Africa fomented challenges of poor retention in care and suboptimal adherence to medication. Following evidence of the potential of **adherence clubs (ACs)** to improve patient retention in ART and adherence to medication, the **South African National Department of Health drafted a policy in 2016 encouraging the rollout of ACs nationwide**. However, little guidance on the rollout strategy has been provided to date, and the national adoption status of the AC programme is unclear. To this end, **we aimed to review the effectiveness of the rollout of the antiretroviral AC intervention in South Africa to date through an implementation research framework....”***

## **Research**

### **SS&M (Review article) - Understanding the nourishment of bodies at the centre of food and health systems – systemic, bodily and new materialist perspectives on nutritional inequity**

N Nisbett; <https://www.sciencedirect.com/science/article/pii/S0277953619301145?via%3Dihub>

*“That nutritional inequalities continue to proliferate at a global level requires new insight from all disciplines, given their formation at the intersection of broader inequities in food, health and other systems. **This paper argues that critical social scientific perspectives are needed to supplement public health and food focused approaches**, which, while helpful, tend to reduce research and intervention to remedial action on malnourished bodies or on food production. A number of alternative perspectives draw on work on both bodies and on systems which are reviewed here....”*

## TMIH - Clinical performance among recent graduates in nine low- and middle-income countries

T P Lewis et al ; <https://onlinelibrary.wiley.com/doi/10.1111/tmi.13224>

*“Recent studies have identified large and systematic deficits in clinical care in low-income countries that are likely to limit health gains. This has focused attention on effectiveness of pre-service education. One approach to assessing this is observation of clinical performance among recent graduates providing care. However, no studies have assessed performance in a standard manner across countries. **We analyzed clinical performance among recently graduated providers in nine low- or middle-income countries....”***

*“These results show **substantial gaps in clinical performance among recently graduated clinicians**, raising concerns about models of clinical education. ...”*

Tweet: *“**Recent clinical #graduates in nine LMICs perform on average only half of essential clinical actions in primary care visits.**”*

## BMI Quality & Safety - Characteristics of healthcare organisations struggling to improve quality: results from a systematic review of qualitative studies

V Vaughn et al ; <https://qualitysafety.bmj.com/content/28/1/74>

*“...Five domains characterised struggling healthcare organisations: poor organisational culture (limited ownership, not collaborative, hierarchical, with disconnected leadership), inadequate infrastructure (limited quality improvement, staffing, information technology or resources), lack of a cohesive mission (mission conflicts with other missions, is externally motivated, poorly defined or promotes mediocrity), system shocks (ie, events such as leadership turnover, new electronic health record system or organisational scandals that detract from daily operations), and dysfunctional external relations with other hospitals, stakeholders, or governing bodies....”*