

IHP news 516 : Mobilizing towards the UN High-Level Meeting on UHC

(5 April 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,

In this week's issue we'll pay quite some attention to Monday's [forum](#) of the 'Friends of Universal Health Coverage and Global Health' in New York, which included ["6 Key Asks" from the UHC Movement for the UN High-Level meeting on UHC in September](#). Mobilization for this UN HL Meeting (23 Sept) is in full swing now, and without much doubt, this weekend's [World Health Day](#) (dedicated to UHC), the upcoming WHO Partners Forum (9-10 April, Stockholm), annual IMF/WB Spring Meetings (which include the [Fourth Annual Health Financing Forum](#) (9-10 April)), the [multistakeholder hearing](#) on 29 April in New York and of course the next World Health Assembly will only boost this momentum further. Whether all this effort will eventually lead to a new "UHC era of ['fortunate harmony'](#)" across the globe, that's another issue. With ["most SDGs going into reverse"](#), according to a well-placed expert, the global future looks shaky. Still, there's always a silver lining. The UK might already want to clone John "O-o-o-r-der!!!" Bercow and export him to wherever they'll need him in the years to come. Could be a fine UK export product for decades.

A **UN Security Council meeting** (1 April) on humanitarian attacks, with UN SC members confronted once again with (very dire) annual figures, produced by the Safeguarding Health in Conflict Coalition, was another 'highlight' of the week. They brought a rather sad (and revolting) message, certainly against the backdrop of [World Health Workers Week](#) (1-7 April).

This newsletter also features the usual **updates on key global health actors** (like GAVI, UNAIDS, WB, ...), and a new campaign champions a 'neglected approach to averting climate chaos while defending the living world', i.e. [natural climate solutions](#) - a rare spark of hope amidst all the usual planetary health 'doom & gloom'. **World Autism Awareness Day** was celebrated, the **Ebola DRC outbreak [is spreading faster than ever, 8 months after it was first detected, ...](#)**; and we also feature a number of important reports and publications (among others, on [WASH in health care facilities](#) & a Lancet study on ["suboptimal diets"](#) (*raise your hand or, as in my case, wiggle your belly, if you're guilty* 😊)).

Anyway, do read the whole newsletter if you want to know more !

Enjoy your reading.

Kristof Decoster

Featured Article

WHO SELF-CARES WINS: Tackling the public health ‘sex gap’

Peter Baker, Director, [Global Action on Men’s Health](#)

Many men’s health outcomes are unnecessarily poor, globally, nationally and locally. Average global life expectancy for men lags behind women’s by four years, for example, and there is not a single country where men live longer than women.

Around half of the [sex difference in mortality](#) from all causes in Europe is due to smoking and one fifth is due to alcohol consumption. Globally, [about 45% of male deaths](#) are due to health behaviours. Improving men’s self-care would therefore lead to major improvements in their health.

To mark [World Health Day 2019](#), Global Action on Men’s Health (GAMH) is publishing a new report, [Who Self-Cares Wins: A global perspective on men and self-care](#). The Day is focused on universal health coverage, one important part of which is enabling people to self-care to improve their health and well-being. The UK [Self Care Forum](#) defines self-care as ‘The actions that individuals take for themselves, on behalf of and with others in order to develop, protect, maintain and improve their health, wellbeing or wellness.’

Who Self-Cares Wins challenges the idea that men are invariably self-destructive when it comes to their health – globally, most men do enough physical activity to benefit their health and do not smoke or drink alcohol – but the evidence from multiple studies shows that:

- Men generally have lower health literacy levels than women.
- Male mental health problems are under-diagnosed.
- About a quarter of men globally are too sedentary.
- Men generally have less healthy diets than women.
- Men are much more likely to smoke and drink alcohol than women.
- Men generally under-use primary healthcare services, including GPs, pharmacies, dentists, optometrists and health checks or screening.

Male gender norms are a key barrier to better self-care for men. [Men are expected](#) to be self-sufficient, to act tough, to be physically attractive, to be heterosexual, to have sexual prowess, and to use aggression to resolve conflicts. These norms inevitably make it harder for men to practice better self-care. Men who most closely identify with ‘traditional’ [masculinity](#) are more likely to exhibit damaging lifestyle behaviours.

Health policies and services have not taken men into account. A recent [study](#) suggests that Malawi’s national recommendations for routine health care address women’s needs only, that men’s relative absence from health services contributes to high rates of male morbidity and mortality, and that men need to be successfully engaged within the health care system. Only three countries (Australia, Brazil and Ireland) have specific national men’s health policies, although [Iran](#) is apparently about to introduce one too. Most [global health organisations](#) do not address men’s health.

But *Who Self-Cares Wins* suggests that recent developments – including the SDGs (which call for action on a range of diseases caused by risk-taking behaviours), the adoption of a [men’s health](#)

[strategy](#) by WHO Europe, the forthcoming PAHO report on masculinities and health, and an expanding evidence base about how to engage men effectively in health – provide a significant opportunity to improve men’s self-care.

GAMH also believes that the 2017 UNAIDS report, [Blind Spot](#), should serve as a blueprint for analyses of a range of global men’s health issues. It shows that men are less likely than women to know their HIV status, less likely to access and adhere to HIV treatment and more likely to die of AIDS-related illnesses. It highlights the impact of gender norms on men’s attitudes and behaviours to prevention and treatment and recommends a range of gender-sensitive policy and practice responses, including making health and HIV services more easily accessible to men and boys.

Who Self-Cares Wins calls for:

- Tougher tobacco, alcohol and sugar control measures (men are the biggest consumers of these products).
- Health policies, including national men’s health policies, that recognise the needs of men.
- Full account to be taken of male gender norms in policy and service delivery.
- Establishing self-care as a strategic priority in public health policy and practice.
- Action to improve men’s health literacy.
- Health services that are more accessible to men.
- Better training in men’s health for health and related professionals.
- Accelerated research into improving men’s engagement in self-care and better practical guidance for policymakers and practitioners.
- Recognition of the heterogeneity of men and a more intense focus on communities of men with the worst health outcomes.
- Actions that build on the positive aspects of many men’s experience, knowledge, skills and attitudes to health and wellbeing and involve men as active agents in self-care initiatives.

The report argues that while it is clearly the responsibility of individual men to take care of their own health, strategies to improve men’s health cannot simply be based on exhortations to change lifestyle practices that are rooted in gender norms and other social determinants of health. Action on a multi-layered and systems-wide basis is needed to improve significantly men’s self-care and their health outcomes.

Highlights of the week

Preparations UN High-Level Meeting on UHC in full swing

HPW - Major UN Effort To Achieve Universal Health Coverage Taking Shape

<https://www.healthpolicy-watch.org/major-un-effort-to-achieve-universal-health-coverage-taking-shape/>

Must-read.

*“United Nations members and stakeholders are mobilising to bring about universal health coverage across the world with all eyes on the UN High Level Meeting on Universal Health Coverage planned for 23 September. **An informal meeting of representatives from countries and leading international health organizations at UN headquarters in New York yesterday provided an update on progress and highlighted emerging priorities for the planned High Level Meeting. ...**”*

*“...**The 23 September High Level Meeting at the United Nations is supposed to conclude with a political declaration** to drive action on the issue. The meeting, under the theme, “Universal Health Coverage: Moving Together to Build a Healthier World,” will take place in the midst of the annual UN General Assembly week. **It is considered the last chance to mobilise highest level political support for health issues before the world reaches the 2023 midpoint of the 2030 Sustainable Development Goals. ...**”*

*“...A main focus of yesterday’s meeting was **a set of “Key Asks”** developed by the **International Health Partnership for UHC 2030 (UHC2030)**, a multi-stakeholder platform including countries, international organizations and civil society...”*

Key Asks from the UHC Movement – Moving together to build a healthier world

https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/UN_HLM/The_UHC_Key_Ask_final.pdf

Short document (4 p.) with the 6 key asks. Really nice document (and a big improvement as compared to a previous version). The 6 asks are: (1) Ensure Political Leadership beyond Health. (2) Leave no one behind; (3) Regulate and Legislate; (4) uphold Quality of care; (5) Invest more, invest better; (6) Move together.

For the **references** of these 6 key asks, see this [document](#).

UN Security Council meeting re attacks on health facilities (1 April)

Telegraph - UN urged to act as research shows nearly 1,000 attacks on health workers in 2018

<https://www.telegraph.co.uk/news/0/un-urged-act-research-shows-nearly-1000-attacks-health-workers/>

*“**New figures presented to the United Nations Security Council show there were nearly 1,000 attacks on health care last year.** The annual figures, produced by the **Safeguarding Health in Conflict Coalition** and presented to members of the Security Council on April 1, show that hospitals have been subjected to airstrikes, clinics have been torched and patients assaulted. In total there were 951 attacks on health facilities in 23 countries. The figures show that 156 health workers were killed and more than 700 were injured. And more than 100 health facilities were forced to suspend operations or close. The data is collected from various sources including news reports, humanitarian*

organisations and for the first time, the World Health Organization, which began collecting data on attacks last year....”

See also a viewpoint, published ahead of the meeting in **Global Health Now**, by **Leonard S Rubenstein** (*director of the Program on Human Rights, Health and Conflict at the Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health*) - [Overdue Action Needed to Stop Attacks on Health Care](#) He reckons it’s time the Security Council lives up to its own resolution from 2016, and hopes “[Today’s] French and German initiative at the Security Council discussion [will] be a start.”

This was part of a **special meeting of the Security Council to examine ways to promote and strengthen the rule of law, especially in the humanitarian field**. For more on this SC meeting, see **UN News** - [Wars have rules: 5 things the UN humanitarian chief wants countries to tackle so human suffering in conflict can be minimized](#)

WASH in health care facilities

WHO - 1 in 4 health care facilities lacks basic water services – UNICEF, WHO

<https://www.who.int/news-room/detail/03-04-2019-1-in-4-health-care-facilities-lacks-basic-water-services-unicef-who>

*“One in four health care facilities around the world lacks basic water services, impacting over 2 billion people, according to a new report by WHO and UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP). The WHO/UNICEF JMP [report](#), **WASH in Health Care Facilities**, is the first comprehensive global assessment of water, sanitation and hygiene (WASH) in health care facilities. It also finds that one in five health care facilities has no sanitation service*, impacting 1.5 billion people. The report further reveals that many health centres lack basic facilities for hand hygiene and safe segregation and disposal of health care waste....”*

*“...In an accompanying [report](#), **Water, sanitation, and hygiene in health care facilities: Practical steps to achieve universal access for quality care**, WHO and UNICEF researchers note that more than 1 million deaths each year are associated with unclean births. Infections account for 26% of neonatal deaths and 11% of maternal mortality. **At the 2019 World Health Assembly to be held in May, governments will debate a resolution on Water, Sanitation and Hygiene in Health Care Facilities** which was unanimously approved by the WHO Executive Board earlier this year. **The WHO and UNICEF Practical Steps report** provides details on **eight actions** governments can take to improve the WASH services in health care facilities ...”*

Coverage for example in the **Telegraph** - [Superbugs flourish as a quarter of health facilities lack basic water services worldwide](#)

Lancet (GBD) study on our “suboptimal diet”

Lancet - [Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017](#)

For some **key messages** of this new study, see the press release:

*“The Lancet: **Globally, one in five deaths are associated with poor diet***

Globally, one in five deaths (11 million deaths) in 2017 were associated with poor diet, with cardiovascular disease being the biggest contributor, followed by cancers and type 2 diabetes.

Largest shortfalls in global consumption were seen for foods such as nuts and seeds, milk, and whole grains, while sugary drinks, processed meat and sodium were overeaten.

The largest number of diet-related deaths were associated with eating too much sodium, not enough whole grains and not enough fruits. Across all 15 dietary factors, more deaths were associated with not eating enough healthy foods compared with eating too many unhealthy foods.

Out of all 195 countries, the proportion of diet-related deaths was highest in Uzbekistan, and lowest in Israel. The UK ranked 23rd, the United States 43rd, China 140th, and India 118th.

*People in almost every region of the world could benefit from rebalancing their diets to eat optimal amounts of various foods and nutrients, according to the Global Burden of Disease study tracking trends in consumption of 15 dietary factors from 1990 to 2017 in 195 countries, published in **The Lancet**. ...”*

Lancet Comment - Global diet and health: old questions, fresh evidence, and new horizons

N H Forouhi et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30500-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30500-8/fulltext)

The related Comment.

*« ... the current GBD findings provide evidence to **shift the focus**, as the authors argue, **from an emphasis on dietary restriction to promoting healthy food components in a global context**. This evidence largely endorses a **case for moving from nutrient-based to food-based guidelines**. Their findings also reinforce those of the EAT–Lancet Commission on optimising diets for sustainable food systems, achievable through predominantly plant-based diets...”*

Some excellent **coverage** also in **the Guardian** - [Bad diets killing more people globally than tobacco, study finds](#)

“Unhealthy diets are responsible for 11m preventable deaths globally per year, more even than smoking tobacco, according to a major study. But the biggest problem is not the junk we eat but the nutritious food we don’t eat, say researchers, calling for a global shift in policy to promote vegetables, fruit, nuts and legumes. While sugar and trans-fats are harmful, more deaths are caused by the absence of healthy foods in our diet, the study found. The research is part of the Global Burden of Disease study by the Institute of Health Metrics and Evaluation (IHME) in Seattle, published in the Lancet medical journal. The paper is the most comprehensive analysis on the health effects of diet ever conducted, says the IHME.”

PS: **Anthony Costello** was slightly less impressed by this (in his view) “suboptimal” paper, mostly from a methodological point of view. Cfr a **series of tweets** introduced by “*Er...I have just read the paper from the Lancet on effects of dietary risks in 195 countries, 1990–2017. There are three reasons why this paper grossly misleads and does not warrant the media it has received”...*” One of them being something with ‘complex statistical manipulation of crap data’ 😊.

World Health Day (7 April) & World Health Statistics 2019

Uneven access to health services drives life expectancy gaps: WHO

<https://www.who.int/news-room/detail/04-04-2019-uneven-access-to-health-services-drives-life-expectancy-gaps-who>

“...Women outlive men everywhere in the world – particularly in wealthy countries. The World Health Statistics 2019 – disaggregated by sex for the first time – explains why....”

“The gap between men’s and women’s life expectancy is narrowest where women lack access to health services ...”

“Published to coincide with World Health Day on 7 April, which this year focuses on primary health care as the foundation of universal health coverage, the new WHO statistics highlight the need to improve access to primary health care worldwide and to increase uptake. Between 2000 and 2016, global life-expectancy at birth increased by 5.5 years, from 66.5 to 72.0 years. ...”

For a great summary of this year’s World Health Statistics, see **HPW - [Global Life Expectancy Improved, Women Outlive Men, But Gaps Persist Based On Income](#)**

“Global life expectancy at birth has increased from 65.5 years in 2000 to 72 years in 2016, a new World Health Organization report has found. But despite this overall improvement, significant disparities persist: life expectancy in low-income countries was 18.1 years lower than in high-income countries in 2016. This year’s World Health Statistics Overview, which compiles health statistics for WHO’s 194 Member States, also found that overall, women outlive men everywhere in the world, particularly in high-income countries; but for low-income countries, this gap between men and women is much smaller. This is primarily due to the lower access women have to maternal health services in low-income countries, where one in 41 women die in childbirth, as compared to one in 3,300 women in high-income countries....”

2nd WHO Africa Health Forum (Cabo Verde, end of March)

See also last week's IHP newsletter.

WHO Afro - [WHO Africa Health Forum closes with a road map to achieving universal health coverage and health security](#)

*“The second World Health Organization’s (WHO) Africa Health Forum culminated [today] with a **road map** that governments in the region as well as partners should urgently implement to manage and mitigate Africa’s health needs. Hosted by the Government of the Republic of Cabo Verde and WHO and seeking new ideas and challenging questions under the theme “**Achieving Universal Health Coverage and Health Security: The Africa We Want To See**”, the Forum underscored the central role of good health in the sustainable development of the continent. ... **To take universal health coverage to the next level**, the recommendations call for faster action in building stronger, more resilient national health systems, the prioritizing of primary health care, ensuring that vulnerable groups are reached, the strengthening of public-private partnerships and greater, more efficient, investment. Greater preparedness and prevention of disease outbreaks and other public health emergencies as well as preparedness for detecting and responding when they do occur and preparedness for the impact of natural disasters formed the core of **recommendations for health security**. The full implementation of the International Health Regulations, which cover the capacity standards for all countries in preventing and responding to acute public health risks, needs to be accelerated, with cross-border collaborations strengthened. **Crucial for improving both universal health coverage and health security are public-private partnerships....**”*

GAVI Board retreat (27-29 March, Ottawa)

The GAVI Board got together in Ottawa last week, to discuss **GAVI 5.0** (you might want to re-read CGD notes on this). GAVI 5.0 stands for the **Alliance’s strategy for 2021-2025**. Not much available yet on this meeting, except for:

GAVI - [Japan to host major event to boost vaccination in world's poorest countries](#)

*“Japan will host a launch meeting for Gavi’s third replenishment at August’s TICAD 7 in Yokohama that will set out how Gavi, the Vaccine Alliance, on the eve of its 20th anniversary, will continue its work vaccinating millions of children in the world’s poorest countries.” TICAD refers to “**Tokyo International Conference on African Development**””.*

As you might recall, the UK will host GAVI’s 3rd replenishment, in 2020 (for the period 2020-25).

In other vaccine related news, you might want to read **Heidi Larsson’s** Op-ed (Devex) [It's time to rebuild public confidence in vaccines](#) in which she argues that much more will be necessary than just addressing technical fixes (Facebook, Amazon, ...) even if these are very needed too. But “*we need new modes of engagement rooted in a deeper understanding of the key constituencies and their concerns.*”

UNAIDS action plan

UNAIDS presents a new plan to create a healthy, equitable and enabling environment for UNAIDS staff

http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/april/20190401_PCB_special

*“UNAIDS presented a new Action Plan to its Board members during a special session of the UNAIDS Programme Coordinating Board (PCB), held on 28 March 2019. The Action Plan sets out a series of priority areas that UNAIDS will be working on **to create a positive organizational culture and increase the awareness of managers and staff of their accountability, rights and duties.** “We are transforming a difficult moment into a moment of opportunity,” said Michel Sidibé, Executive Director of UNAIDS...”*

World Bank & Human Capital Index

Devex - Q&A: World Bank human capital index gathers momentum

<https://www.devex.com/news/q-a-world-bank-human-capital-index-gathers-momentum-94550>

*“The number of countries working with the World Bank to improve their health, education, and social protection outcomes as part of the flagship human capital index has nearly doubled in the last six months, according to Annette Dixon, vice president for human development at the development finance institution. **Twenty-seven countries were listed as “early adopters”** when the index was launched to much fanfare during the institution’s annual meetings in Indonesia last October. **But now, 57 countries have signed up to be “human capital countries,”** Dixon told Devex during the Global Education & Skills Forum in Dubai, United Arab Emirates, last weekend...”*

FT – David Malpass sails past doubts to secure World Bank presidency

<https://www.ft.com/content/96738e5c-5714-11e9-91f9-b6515a54c5b1>

*“David Malpass is poised to secure approval from the World Bank’s board as the next president of the Washington-based multilateral lender on Friday, after a low-profile campaign with no competition. The comfortable run experienced by the 63-year-old former chief economist of Bear Stearns on the path to the World Bank presidency marks **a victory for the Trump administration,** which **will now have an avenue to bring its America-first worldview to one of the top international economic institutions.** Mr Malpass has prevailed despite concerns among officials in many countries about his well-documented scepticism of multilateralism, and doubts about his commitment to some of the World Bank’s main goals, particularly combating climate change....”*

*“... **One of the biggest concerns with Mr Malpass’s arrival at the helm of the World Bank is that he will be less committed to the institution’s growing role in financing “global public goods”, from tackling climate change and healthcare to programmes that help refugees.** Mr Malpass has laid out **a narrower vision for the World Bank,** saying it should be more exclusively focused on*

providing assistance to the poorest countries. He consistently warned that multilateralism had gone “too far” and international economic co-operation had become sprawling and ineffective....”

*“... Mr Malpass is expected to take office as early as next week, in time for the spring meetings of the International Monetary Fund and the World Bank, giving him the opportunity to make a high-profile debut. His early actions will be **closely scrutinised for any signs of tensions with China**. In congressional testimony as recently as November, Mr Malpass had warned that the multilateral development banks risked being captured by Beijing’s “geopolitical” influence. **This is likely to translate into less support for the institution’s direct lending to China, and a more critical look at the value of infrastructure projects under the Beijing-financed Belt and Road Initiative....”***

Global Fund replenishment

[Private Sector GF support letter](#)

This letter, by **representatives from the US private sector**, concerned about Trump’s latest budget cut plans for the GF, is **directed at key Congress members** from the Appropriations Subcommittee for State and Foreign Operations and Foreign Operations. They write “...to encourage you to provide increased funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in your Fiscal Year 2020 (FY20) appropriations bills.”

Alternatively, as many of these companies don’t pay much taxes, they might just want to suggest a “voluntary” Global Fund tax on multinationals around the globe.

Planetary Health

Guardian - Toxic air will shorten children's lives by 20 months, study reveals

<https://www.theguardian.com/environment/2019/apr/03/toxic-air-will-shorten-childrens-lives-by-20-months-study-reveals>

*“The life expectancy of children born today will be shortened by 20 months on average by breathing the toxic air that is widespread across the globe, with the **greatest toll in south Asia**, according to a **major study**. Air pollution contributed to nearly one in every 10 deaths in 2017, making it a bigger killer than malaria and road accidents and comparable to smoking, according to the [State of Global Air \(SOGA\) 2019 study](#) published on Wednesday...”*

See also HPW - [Air Pollution Lops Nearly 2 Years Off Global Life Expectancy.](#)

Guardian – A natural solution to the climate disaster

<https://www.theguardian.com/environment/2019/apr/03/a-natural-solution-to-the-climate-disaster>

See this week's intro. "*Climate and ecological crises can be tackled by **restoring forests and other valuable ecosystems**, say scientists and activists.*" Featuring Greta Thunberg, Naomi Klein, G Monbiot, and many others.

*"... **We call on governments to support natural climate solutions** with an urgent programme of research, funding and political commitment. It is essential that they work with the guidance and free, prior and informed consent of indigenous people and other local communities. **This approach should not be used as a substitute for the rapid and comprehensive decarbonisation** of industrial economies. ..."* (but as a vital **complement**)

Or cfr a tweet: "***Momentum for massive ecosystem restoration is building ahead of @UN Secretary-General's #Climate Summit, and UN Decade on Ecosystem Restoration 2021-2030***"

Nature (News) - Global political climate of 'fear' threatens ecologists' work

<https://www.nature.com/articles/d41586-019-01055-3>

"Government policies are increasingly bringing ecologists into conflict with officials."

The Conversation - Emissions inequality: there is a gulf between global rich and poor

N Beuret; https://theconversation.com/emissions-inequality-there-is-a-gulf-between-global-rich-and-poor-113804?utm_source=twitter&utm_medium=twitterbutton

One of the must-reads of the week on the enormous emissions inequality between rich & poor. He concludes: "*...Given the problem is overwhelmingly, dare I say it, rich white men, we don't do ourselves any favours by assigning blame to whole populations – be it humanity, Americans, or even the whole global north. Thinking this way makes it harder to identify the actual source of the problem and formulate solutions to it. That is to say, **rather than signing on for yet another call for meat free Mondays and giving up meat, we'd be better off "eating the rich".***"

The Ecologist – An open letter to David Wallace-Wells

R Read et al; <https://theecologist.org/2019/apr/04/open-letter-david-wallace-wells>

"The best-selling book 'The Uninhabitable Earth' focusses attention on unprecedented climate breakdown - but **places false hope in geoengineering**", according to these 3 British scientists (& adepts of the 'Deep Adaptation Agenda').

*"...Instead of fantasies of one-world command-and-control salvation, we believe that The Uninhabitable Earth should wake us all up to the need for what one of us has recently and influentially named a '**Deep Adaptation agenda**'. This involves building resilience, both physical and psychological, learning to relinquish long-held beliefs and aspirations (such as that of uninterrupted 'progress'), and the attempted restoration of attitudes and practices which our carbon-fuelled way of life has so dangerously eroded. Such an approach, while recognising the certainty that the civilisation*

which has brought us to this pass is finished, accepts also that we cannot know in advance what fine human and societal possibilities may emerge from the crucible of this very recognition....”

“...The sooner we realise that humanity won’t have a Hollywood ending to climate change, the more chance we have to avoid ours becoming a true horror story....”

SDGs in reverse?

Scidev.net - Most SDGs ‘going into reverse’ - UN expert group member

<https://www.scidev.net/global/sdgs/opinion/most-sdgs-going-into-reverse-un-expert-group-member-1x.html>

*“Progress on most Sustainable Development Goals (SDGs) has gone into reverse, according to Jean-Paul Moatti, the director-general of the French National Research Institute for Development (IRD) and a member of the expert group charged by the UN with evaluating progress so far on the objectives. ... The 15-member expert group is working on the first instalment of a four-yearly Global Sustainable Development Report which will give the UN a scorecard on how well countries are doing against the objectives, to be published in September this year. In an interview with SciDev.Net on 29 March, Moatti said that **it was now time to sound the alarm over the SDGs, and explained that the emerging field of sustainability science could offer a way forward. ...”***

*“...The three goals which are now clearly identified in the scientific literature as being the ones which – not meaning that the other ones are not important – **if we don’t solve these we are going to have problems for the whole agenda, these three goals are the ones that are not going well....”***
*“Reduction of inequalities (SDG10), limitation and adaptation to climate change (SDG13) and reduction of the environmental and ecological footprint of our modes of production and consumption (SDG 12) – these are the key goals, the things that we need to tackle everywhere if we want to not only achieve these goals but the whole agenda. **In these three areas, the situation is one of the worst. So, yes, we need to sound the alarm....”***

IATF - Financing for Development 2019 Report

<https://developmentfinance.un.org/fsdr2019>

Cfr the press release: [Major new UN report calls for overhaul of global financial system](#)

*“Sixty-plus international organizations, led by the United Nations and including the International Monetary Fund, the World Bank Group and World Trade Organization, jointly sounded the alarm Thursday in a new report, **warning that unless national and international financial systems are revamped, the world’s governments will fail to keep their promises on such critical issues as combatting climate change and eradicating poverty by 2030....”** Check out their recommendations.*

For some coverage of this report, see also IISD - [UN Report: Repurpose Global Architecture to Finance Sustainable Development](#)

*“The UN’s Inter-agency Task Force on Financing for Development launched the 2019 Financing for Sustainable Development Report, which is **the substantive basis for discussion at the UN Economic and Social Council’s annual Forum on Financing for Development Follow-up**. The report contains **policy recommendations to build supportive financial systems to change the current trajectory**, going beyond raising additional investment. It also includes a “data-rich monitoring of progress,” and puts special emphasis on five SDGs that will be reviewed during the July 2019 session of the UN High-level Political Forum on Sustainable Development (HLPF).”*

*“The report introduces “**integrated national financing frameworks**” to help countries align their financing policies with their strategies and priorities. The authors also call for “**repurposing**” the **global institutional architecture to create a more sustainable global economy...**”*

See also an ODI Analysis - [New pan-agency development financing report suggests major economic crisis brewing](#) (by J Griffiths)

Growing debt crisis in many low-income countries

Guardian - Debt crisis warning as poorest countries' repayment bills soar

<https://www.theguardian.com/business/2019/apr/03/debt-crisis-warning-as-poorest-countries-repayment-bills-soar>

*“Debt repayments by the world’s poorest countries have doubled since 2010 to reach their highest level since just before the internationally organised write-off in 2005, campaigners have warned. The Jubilee Debt Campaign (JDC) said a borrowing spree when global interest rates were low had left many developing nations facing repayments bills that were forcing them into public spending cuts. Plunging commodity prices, a stronger dollar and rising US interest rates had combined to increase debt repayments by 85% between 2010 and 2018, the JDC said. ... **Repayments account for more than 12% of government revenue on average, the highest level since 2004**, the year before the G8 summit held at Gleneagles agreed a comprehensive package of financial assistance involving aid and debt relief. **The International Monetary Fund has become increasingly concerned at the financial vulnerability of poor countries and will discuss the issue at its spring meeting in Washington DC next week. Two-fifths of low-income countries are assessed by the IMF to be at “elevated risk of debt distress”, a doubling since 2013...**”*

Not so “resilient” ?

Via Devex: [The Rockefeller Foundation is ending its 100 Resilient Cities initiative](#)

“The Rockefeller Foundation is ending its 100 Resilient Cities initiative, a high-profile climate change adaptation effort that included funding chief resilience officers in more than 80 metropolitan areas around the world, including Addis Ababa, Bangkok, and Cape Town. The initiative was

launched on the Rockefeller Foundation's centennial in 2013 by former president Judith Rodin, who made resilience a central theme of her tenure and authored a book about it in 2014. Rajiv Shah, who took the reigns at Rockefeller two years ago, previously pledged to continue supporting 100RC. On Monday, 86 of the initiative's staffers were told their jobs would end on July 31...."

But it's called 'transitioning' to a new phase, and 3 different pathways, if I understand this correctly. See [An Update from 100 Resilient Cities](#)

2019 Global Report on Food crises

Devex – Acute hunger hits 113 million people, but data gaps remain

[Devex](#);

*"More than 113 million people across 53 countries experienced acute hunger last year, according to new figures released Tuesday. And the main factors — conflict and insecurity; climate change; and economic shocks — are not expected to abate in 2019. The **"Global Report on Food Crises,"** prepared with 15 development and humanitarian agencies, found that 58 percent of those experiencing acute hunger were in Africa, 24 percent in the Middle East, and 13 percent in South and Southeast Asia...."*

Global Health Security

CSIS Brief – Harnessing Multilateral Financing for Health Security Preparedness

[CSIS](#);

*"The economic consequences of large-scale disease outbreaks can be enormous: pandemics could cause \$570 billion per year in average economic losses over the coming decades. Health security threats have an especially destructive impact on development investments and GDP in low-income and lower-middle-income countries (LICs and LMICs....) ... By contrast, upgrading countries' preparedness is relatively inexpensive and affordable; recent data demonstrates most countries would need to spend approximately \$0.50-\$1.50 per person per year to get an acceptable level of epidemic preparedness. The **financing gap for preparedness** is one of the starkest problems in health security, especially among LICs and LMICs. That **gap is estimated at \$4.5 billion per year**. Investments in preparedness are cost-effective and affordable, but low-income and lower-middle-income country governments continue to underinvest at dangerously low levels. ... **The World Bank Group's International Development Association (IDA) replenishment** takes place every three years and **presents a choice opportunity** to make adjustments that reflect important emerging priorities. **In the current IDA19 replenishment, stakeholders can take a major step towards closing the preparedness financing gap by incentivizing \$1 billion or more per year in preparedness investments in LICs and LMICs.**"*

Lancet Public Health - Public health priorities for China–Africa cooperation

G F Gao & John Nkengasong; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30037-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30037-4/fulltext)

Worth a read. Focus on the cooperation between the African CDC(s) & China.

Global Health Security Index expert panel in London (2 days)

For more info on this Index, see [JH Center for Health Security](#)

*“In partnership with the Nuclear Threat Initiative and the Economist Intelligence Unit, the Center is developing the **Global Health Security Index** to assess a country’s technical, financial, socioeconomic, and political capabilities to prevent, detect, and rapidly respond to epidemic threats with international implications, whether naturally occurring, deliberate, or accidental. The index will draw from internationally-accepted technical assessments including the World Health Organization’s International Health Regulations Joint External Evaluation and the World Organization for Animal Health’s Performance of Veterinary Services Pathway. It will also incorporate other important factors, such as countries’ overall health system strength, commitment to global norms, and the risk environment. The index framework will be piloted in four countries to determine what adjustments, if any, need to be made before it can be scaled up significantly...”*

A few tweets by **Larry Gostin** on the 2-day meeting in London:

*“In London @TheEconomist @NTI_WMD @JHSPH_CHS host Global Health Security Index, **innovative eval of 196 @WHO #IHR States' capacity to detect & respond to novel pathogens**. Index adds > value to #JEE. If every nation objectively evaluates capacities, major advance in global security.”*

*“**GH Security Index aims**: assess & track advances in preparedness (cycle of quality improvement), transparency, accountability, pol leadership, int'l funding. Benefits incl indep external spur to action, supporting @WHO @DrTedros. Evaluates pol instability, key to #DRC #Ebola”*

*“2nd day of Global Health Security Index expert panel in London. **Goes beyond JEE**: rigorous, indep eval of core #IHR capacities. Next week in Cape Town legal experts will interpret IHR, Arts 43, 44 re int'l duties to build core health system capacities. Universal preparedness vital”*

“Global health security index, @WALETOM final words: Instead of JEE think FEE. To keep the world safe: Funding Evaluation Expectation. I would add good governance & accountability. FEE”

AMR

HPW - GARDP Set Up As Independent Legal Entity

<https://www.healthpolicy-watch.org/gardp-set-up-as-independent-legal-entity/>

“The Global Antibiotic Research and Development Partnership (GARDP) is now an independent legal entity following a successful three-year incubation, hosted by the Drugs for Neglected Diseases initiative (DNDi). During this time, GARDP has already begun working with partners to develop antibiotics to tackle drug-resistant infections which pose a threat to global health and development, including the achievement of the Sustainable Development Goals....”

Ebola DRC outbreak – Expanding faster than ever

Reuters - Congo Ebola outbreak spreading faster than ever: WHO

<https://www.reuters.com/article/us-health-ebola-congo/congo-ebola-outbreak-spreading-faster-than-ever-who-idUSKCN1RD2TV>

“Democratic Republic of Congo’s Ebola outbreak is spreading at its fastest rate yet, eight months after it was first detected, the World Health Organization (WHO) said on Monday. Each of the past two weeks has registered a record number of new cases, marking a sharp setback for efforts to respond to the second biggest outbreak ever, as militia violence and community resistance have impeded access to affected areas....”

Other links:

CIDRAP news - [DRC Ebola total hits 1,100; study targets secondary spread](#)

UN News - [DRC Ebola total hits 1,100; study targets secondary spread](#)

Reuters - [Ebola treatment centre in Congo reopens after attack](#)

“An Ebola treatment centre located at the epicentre of the current outbreak in eastern Democratic Republic of Congo has resumed operations after it was attacked last month, the country’s health ministry said on Saturday.” “For now the centre (formerly run by MSF) is managed by the ministry in collaboration with the World Health Organisation (WHO) and UNICEF.”

The Conversation - [Guinea pigs cured of Ebola with antibodies, raising hopes for treatment in humans](#)

Artificial Intelligence & global health

Lancet (Comment) - WHO and ITU establish benchmarking process for artificial intelligence in health

T Wiegand et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30762-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30762-7/fulltext)

“... Two UN agencies, WHO and the International Telecommunication Union (ITU), established a Focus Group on Artificial Intelligence for Health (FG-AI4H) in July, 2018. FG-AI4H is developing a benchmarking process for health AI models that can act as an international, independent, standard evaluation framework...”

With the findings of the new report, AI in Global Health: Defining a Collective Path Forward, as background and context, the panel will discuss some of the most promising use cases of AI in healthcare, the opportunities and challenges to scaling AI in global health, and how the global health community can best accelerate the development and scale of AI in global health.

USAID/Rockefeller Foundation (report) – Artificial intelligence in global health

<https://medical-and-health-news-for-you.blogspot.com/2019/04/just-launched-ai-in-global-health.html>

*“The Rockefeller Foundation and United States Agency for International Development's (USAID) Center for Innovation and Impact (CII) have partnered, in close coordination with the Bill and Melinda Gates Foundation, to develop **AI in Global Health: Defining a Collective Path Forward**. This report **identifies opportunities for donors, governments, investors, the private sector, and other stakeholders to explore and accelerate the appropriate development and cost-effective use of AI at scale in global health**. **AI in Global Health: Explores the current state of the art of AI in healthcare to determine use cases with the highest potential in the global health context; Assesses the most critical challenges to scaling AI in low- and middle-income countries to understand which barriers may require more strategic and deliberate intervention; Explores potential investments as part of a coordinated approach to funding this space effectively...”***

Access to Medicines

WHO Essential Medicines Review : Cancer Drugs, Insulin Analogues Draw Controversy

<https://www.healthpolicy-watch.org/who-essential-medicines-review-cancer-drugs-insulin-analogues-draw-controversy/>

*“Expanding access to costly cancer treatments and the high price of new generation insulin formulas were among the controversial **topics of debate** today as the **WHO Expert Committee on the Selection and Use of Essential Medicines convened for its biennial update of the list of over 400 drugs deemed most essential for treating public health needs globally.***

Scientific American (Editorial) - The World Health Organization Gives the Nod to Traditional Chinese Medicine. Bad Idea

[Scientific American;](#)

“The World Health Organization is now promoting unproved traditional Chinese medicine.”

*“...Over the past decade proponents of TCM have worked hard to move it into the mainstream of global health care—and it appears those efforts are coming to fruition. **The latest (11th) version of the World Health Organization's list known as the International Statistical Classification of Diseases and Related Health Problems (ICD) will include these remedies for the first time.** ... To include TCM in the ICD is an egregious lapse in evidence-based thinking and practice. Data supporting the effectiveness of most traditional remedies are scant, at best. ... China has been pushing for wider global acceptance of traditional medicines, which brings in some \$50 billion in annual revenue for the nation's economy. And in 2016 Margaret Chan, then the WHO director, praised China's plans to do so. But **while it's a good idea to catalogue TCM and make health workers aware of treatments used by millions, their inclusion in the ICD recklessly equates them with medicines that have undergone clinical trials.** ... **Until they undergo rigorous testing for purity, efficacy, dosage and safety, the WHO should remove traditional medicines from its list.** These remedies should be given the same scrutiny as other treatments before being included in standard care practices.”*

Trump cuts aid to 3 “Mexican countries”

[Trump halts Central American aid](#)

*“**The United States has cut its aid to three Central American countries** that President Donald Trump has accused of sending migrants north. The State Department confirmed that **Washington is ending foreign assistance to El Salvador, Guatemala and Honduras** – the so-called ‘Northern Triangle’ of states blamed by Trump.” On [Fox](#), they were labelled “three Mexican countries”.*

*“...**Aid experts warn** that the proposed cuts would most immediately effect US efforts to strengthen the rule of law and contain gang violence, which is one of the main drivers of the migrant exodus...”
So cutting aid will be counterproductive, even from Trump’s point of view.*

See also CGD’s Michael Clemens - [What Will the White House’s Halt to Aid Mean for the Northern Triangle? Here’s What We Know.](#)

World Autism Awareness Day

UN News - Strengthen inclusion, participation of people with autism to ‘achieve their full potential’ says UN chief

<https://news.un.org/en/story/2019/04/1035931>

“On World Autism Awareness Day, United Nations Secretary-General António Guterres underscored in his message on Tuesday, the importance of technology which helps people living with autism “achieve their full potential”.”

UHC & detention over unpaid bills

WEF (blog) - How Africa and Asia are joining forces on universal healthcare

<https://www.weforum.org/agenda/2019/04/universal-health-coverage-uhc-asia-africa-kenya-thailand-japan-egypt/>

*“In Africa and Asia, there has been a recognition of the importance of partnership among governments, civil society and the private sector in advancing UHC. **The two regions have begun to cooperate in making use of a global south perspective on how to achieve UHC.** Here are **examples of how this has worked so far:** (1) Kenya bids for free basic healthcare through partnership with Thailand ... (2) Egypt looks to Japan for UHC guidance ...”*

KNH releases 300 patients detained over unpaid bills

<https://www.the-star.co.ke/news/2019-04-02-pending-bills-knh-to-release-250-patients-detained-at-hospital/>

Cfr a **tweet by Rob Yates**: *“Great to see Kenya tackling the human rights abuse of hospital detentions, Nigeria, DRC and Cameroon take note!”*

Let’s hope indeed that these detentions over unpaid bills will soon be a thing of the past, now that UHC tops the agenda in SSA and elsewhere.

China Tobacco looks to take on global cigarette makers

FT - [Influential monopoly turns attention overseas as home market approaches saturation](#)

*“A monopoly in the world’s largest cigarette market is no longer enough for **China National Tobacco.** The combination of a slowing domestic economy and efforts by health officials to curb smoking in a country where over a quarter of the adult population are regular users, means **the company is now taking aim at western rivals in global markets.** China exported cigarettes worth \$722m last year, according to customs data, up from \$248m a decade ago, with the majority heading to developing countries in Asia. **The global push has Beijing’s backing, with the government calling for China Tobacco’s international competitiveness to be “comprehensively” enhanced.** “China Tobacco’s overall goal [is] to eventually become a transnational tobacco company with its own leading brands, in order to compete with the likes of Philip Morris International and British American Tobacco,” said Jennifer Fang of Simon Fraser University in Canada, who studies the company. ...”*

Alcohol control

Lancet (Comment) - Unite for a Framework Convention for Alcohol Control

S L A Yeung et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32214-1/fulltext#articleInformation](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32214-1/fulltext#articleInformation)

*"...Since the WHO FCTC has been successful, **we advocate for a Framework Convention for Alcohol Control (FCAC) and urge WHO to start the process as soon as possible.** We also propose a stage of alcohol epidemic model (SAEM) with reference to the stage of tobacco epidemic model and the stage of obesity epidemic model...."*

Comment linked to a new **study in the Lancet** - [Conventional and genetic evidence on alcohol and vascular disease aetiology: a prospective study of 500 000 men and women in China.](#)

For some of the key messages of this study, see the **press release**:

"The Lancet: Moderate alcohol consumption does not protect against stroke, study shows

Blood pressure and stroke risk increase steadily with increasing alcohol intake, and previous claims that 1-2 alcoholic drinks a day might protect against stroke are dismissed by new evidence from a genetic study involving 160,000 adults...."

Global Health has forgotten the Arab world

Lancet – Offline: Global health has forgotten the Arab World

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30805-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30805-0/fulltext)

*"...The pain felt in the Arab World is pervasive. And **the health community, including international health institutions, has utterly failed to prioritise a region facing endemic conflict and conflagration....** ... The only health organisation with an exclusive mandate to address health in the Arab World is **WHO's Regional Office for the Eastern Mediterranean (EMRO)**..." But, "...EMRO's regional priorities are also standard fare: universal health coverage, health emergencies, healthier populations, and transformative changes at WHO. Ten "key initiatives" for 2019 include creating an "Alliance for Health for All", revitalising community-based programmes, and promoting patient safety. But **these priorities and initiatives are pedestrian. They do not match the urgency of multiple predicaments facing Arab countries. Something needs to change—in the Arab World, at EMRO, and globally.** ... **What can be done?** Instead of waiting for governments to act, **the health and medical research communities could do more to encourage collaborations with Arab nations.** The Arab World is home to world-class universities—the American University of Beirut, Birzeit University, the University of Jordan, to name but a few. By forging bilateral educational, clinical, and research partnerships, possibilities for a transformational shift in opportunities for a new Arab generation are palpable...."*

“Decolonializing” Duncan Green (‘s) blog

Duncan Green’s (widely read) FP2P blog is being ‘decolonialized’. For what Duncan & team have in mind, see [We’re changing up FP2P: here’s the plan \(but we haven’t got a name yet – please help!\)](#)

Check out already a few of the contributions in this respect. For a nice example, see [The ‘Black Market’ of Knowledge Production](#)

“Researchers David Mwambari and Arthur Owor question the effect of money in producing knowledge in post-conflict contexts and argue that it restricts independent local research. These insights were developed at a recent workshop at Ghent University, which brought together Ghent-based researchers and a group of researchers, commonly called “research assistants”, from post-conflict and developing regions.”

Scientific Publishing

Forbes - Highly Profitable Medical Journal Says Open Access Publishing Has Failed. Right.

S Salzberg; <https://www.forbes.com/sites/stevensalzberg/2019/04/01/nejm-says-open-access-publishing-has-failed-right/#42074ced6a44>

*“Surprise: **the New England Journal of Medicine thinks open access is a bad idea**. Open access is the model of scientific publishing in which all results are freely available for anyone, anywhere, to read. This week NEJM published an **editorial** by one of their correspondents, **Charlotte Haug, that purports to present an objective look at open access publishing, and finds that the “experiment” has failed, and that free access to scientific publications hasn’t delivered on its promises**. What is NEJM worried about? Their expensive, exclusive model of publishing—where everyone has to pay high subscription fees, or else pay exorbitant fees for each article they read—is threatened by scientists who want all science to be free. Pesky scientists! **NEJM is especially worried about “Plan S”, a proposal in Europe to require that all scientists whose work is funded by the public be required to publish their results in open-access venues. Plan S is due to take effect very soon, in 2020 for 11 research funders in Europe....”***

Salzberg takes the NEJM Editorial down.

Or cfr. a **tweet by John Arne Rottingen** -

*“Highly Profitable Medical Journal Says Open Access Publishing Has Failed. Right. **#PlanS is here to stay and to reform.**”*

Some key papers, publications and journal articles of the week

BMJ Global Health- Are public–private partnerships the future of healthcare delivery in sub-Saharan Africa? Lessons from Lesotho

Mark Hellowell; <https://gh.bmj.com/content/4/2/e001217>

Cfr. a **tweet by Hellowell** himself:

*“So many governments in Africa are looking to #PPPs as a way of building and running new health facilities. What can we learn from the most ambitious contract signed so far? **My mid-point evaluation of the #Lesotho PPP** is published OA in @GlobalHealthBMJ”.*

*“Many governments in sub-Saharan Africa are seeking to establish public–private partnerships (PPPs) for the financing and operation of new healthcare facilities and services. While there is a large empirical literature on PPPs in high-income countries, we know much less about their operation in low-income and middle-income countries. **This paper seeks to inform debates about the use of PPPs in sub-Saharan Africa by describing the planning and operation of a high-profile case in Maseru, Lesotho.** The paper highlights **several beneficial impacts of the transaction**, including the achievement of high clinical standards, **alongside a range of key challenges**—in particular, the higher-than-anticipated costs to the Ministry of Health. Governments have budget-related incentives to promote the use of PPPs—even in cases in which they may threaten financial sustainability in the long term. To address this, future proposals for PPPs need to be exposed to more effective scrutiny and challenge, taking into account state capacity to proficiently manage and pay for contracted services.”*

Health Systems & Reform – Putting Country Ownership into Practice: The Global Fund and Country Coordinating Mechanisms

P Sands; <https://www.tandfonline.com/doi/full/10.1080/23288604.2019.1589831>

By an “inspired” Peter Sands. His view on the Global Fund’s CCM model and how it still needs to evolve. Including a few nice camel metaphors.

WHO Bulletin - Private sector care provision and universal health coverage

D Clarke, G Schmets, A Soucat et al;

https://www.who.int/bulletin/online_first/BLT.18.225540.pdf?ua=1

*“...Ignoring the role of the private sector in national efforts towards UHC is not an option, despite its challenges. **Here we suggest the following approach to managing, and where appropriate, engaging the private sector as part of efforts to achieve UHC. ...**”*

*“.. WHO plays a key role in supporting Member States with this critical area of work. **The organization works to strengthen the governments’ capacity to make informed decisions about the***

role of the private sector. For this purpose, WHO has developed a new conceptual framework and a decision-making model to help guide countries through the approaches recommended above....”

Fyi - Forthcoming – “**Harnessing the private sector for UHC, a decision-making model**”. Geneva: World Health Organization; 2019.

Public Health Reviews (meeting report) - Critical reflections, challenges and solutions for migrant and refugee health: 2nd M8 Alliance Expert Meeting

N-E Bempong et al ; <https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-019-0113-3>

*“...In response to the growing health challenges faced by migrants and refugees, members of the M8 Alliance launched an **annual Expert Meeting on Migrants’ and Refugees’ Health**. This report is shaped by discussions from the **second M8 Alliance Expert Meeting** (Sapienza University of Rome, Italy, 15–16 June 2018) and is supported by supplementing literature to develop **a framework addressing critical reflections, challenges and solutions of and for migrant and refugee health**. This report aims to inform decision-making fostering a humanitarian, ethics and rights-based approach. Through a series of country-specific case studies and discussions, this report captures the most prominent themes and recommendations such as mental health, tuberculosis (TB) and best practices for increased access....”*

Global Health Promotion - Health promotion 4.0

I Kickbusch; <https://academic.oup.com/heapro/article/34/2/179/5426095>

*“Throughout the world there is the recognition that we are at a turning point of development—The World Economic Forum has used the terms Globalization 4.0 and Industrial Revolution 4.0 as code words for the radical changes underway (World Economic Forum Annual Meeting 2019, Overview, 2019). In health and medicine we are also on to **Health 4.0**—which basically means **the digital transformation of health and medical care, both in its practice and its governance....”** Kickbusch dwells on some of the implications for Health Promotion 4.0.*

SRHR – issue in progress: The impact of politics on sexual and reproductive health and rights

[Sexual and reproductive health rights;](#)

Already online (and with more to come):

[Notes from the field: political norm change for abortion in Pakistan](#)

[Zika and abortion in Brazilian newspapers: how a new outbreak revived an old debate on reproductive rights](#)

HP&P - Rebuilding health post-conflict: case studies, reflections and a revised framework

S Rutherford et al; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czz018/5423845?redirectedFrom=fulltext>

*“... the present article aims to evaluate health system development in three post-conflict environments over a 12-year timeline. **Applying and adapting a framework from Waters et al (...)** health policies and inputs from the **post-conflict periods of Afghanistan, Cambodia and Mozambique** are assessed against health outputs and other measures. From these findings, we **developed a revised framework**, which is presented in this article...”*

BMJ Global Health - Evaluation of research on interventions aligned to WHO ‘Best Buys’ for NCDs in low-income and lower-middle-income countries: a systematic review from 1990 to 2015

Luke Allen et al; <https://gh.bmj.com/content/3/1/e000535>

Already from last year, but worth re-flagging.

Cfr a tweet: *“Evaluation of #research on interventions aligned to @WHO ‘Best Buys’ for #NCDs in LIC and LMIC countries from 1990 to 2015 reveals that very little research has been done. Needs to be urgently prioritized”*

WHO/UNICEF Draft Operational Framework for PHC (for consultation)

https://www.who.int/docs/default-source/primary-health-care-conference/operational-framework.pdf?sfvrsn=6e73ae2a_2

From late last year, we assume, but in case you hadn’t seen this yet: “This draft for consultation was produced as part of a technical series on primary health care on the occasion of the Global Conference on Primary Health Care under the overall direction of Naoko Yamamoto...”

WHO Bulletin – April issue

<https://www.who.int/bulletin/volumes/97/4/en/>

- You might want to start with the **Editorial** - [Substance use services for refugees](#)

*“With the forcibly-displaced population growing, and with the increase in the burden of substance use disorder globally, **substance use among refugees must be considered a public health priority** and addressed through concerted actions. ...”*

- And the other **Editorial** - [Taking a complexity perspective when developing public health guidelines](#)

Related to the already released **supplement** (in [BMJ Global Health](#)) that introduced the new WHO-INTEGRATE evidence-to-decision framework, which incorporates WHO's norms and values with a complexity perspective.

BMJ (Global Health) Series - Self care interventions for SRHR

<https://www.bmj.com/selfcare-srhr>

This week The BMJ and BMJ Global Health launch a series of articles focused on **self care interventions for sexual and reproductive health and rights** that aim to add to the evidence base in this important area.

Start with the Editorial - [It's time to recognise self care as an integral component of health systems](#)

Blogs and mainstream articles of the week

Brookings (blog) - Poverty in Africa is now falling—but not fast enough

K Hamel et al; <https://www.brookings.edu/blog/future-development/2019/03/28/poverty-in-africa-is-now-falling-but-not-fast-enough/>

*“... According to projections from the World Data Lab, Africa has now reached a milestone in the fight against poverty. As of March 2019—and for the first time since the start of the SDGs—more Africans are now escaping extreme poverty than are falling (or being born) below the poverty line (Figure 1). The pace of this net poverty reduction is currently very small: only 367 people per day. Nevertheless, by the end of this year, this rate will increase to over 3,000 people per day, resulting in a 1 million-person reduction in total African poverty in 2020. **If these broad trends continue, by 2030, Africa will reduce the ranks of its extremely poor by 45 million and relative poverty will decline from 33.5 percent today to 24 percent.** However, this still means that the continent will fall short of achieving Sustainable Development Goal (SDG) 1, eradicating extreme poverty by 2030. **Approximately 377 million Africans will still be living on less than \$1.90 a day and very few African countries will have ended poverty.** The most significant challenges for reducing poverty in Africa are found in just **two countries: Nigeria and the Democratic Republic of the Congo (DRC)....”***

New Scientist - The 10 biggest moral dilemmas in science

https://www.newscientist.com/round-up/ethics-issue/?utm_campaign=Echobox&utm_medium=Social&utm_source=Twitter#Echobox=1553874738

Just for the fun of it. But many have links with global and/or planetary health. For example: should we geoengineer the planet?

Global health events

Harvard ‘Taking Action Symposium’: Three reports on Global Health Care Quality (1 April)

<https://www.hsph.harvard.edu/deans-office/3-reports-symposium-april-1-2019/>

You can **re-watch** the event here:

<https://mediasite.video.harvard.edu/Mediasite/Play/abd8e986625b4376beb55c6e2a30aaec1d>




Start of the 2nd phase of work of the WHO Independent High-Level Commission on NCDs



Started with a meeting in Geneva this week.

- Check out for example some tweets by **Svetlana Axelrod** (WHO) (on the general purpose of this 2nd phase):

“The 2nd phase of work of the @WHO Independent High-level Commission on #NCDs will cover: (1) health literacy & promoting multi-stakeholder/-sectoral mechanisms; (2) Integrating NCDs into #UHC; Engaging constructively with the private sector; (3) towards SDG 3.4 on NCDs & #MentalHealth.”

- And by **Menno van Hilten** on the work of specific working groups:

*“The **Working Group 1** of the @WHO Independent High-level Commission on NCDs focuses on how to:  health literacy about NCDs & their risk factors;  promote multisectoral & multi-stakeholder mechanisms;  to **accelerate national efforts** towards SDG 3.4 on #NCDs & #MentalHealth.”*

*“The **Working Group 2** of the @WHO Independent High-level Commission on NCDs focuses on:  how to make the global push in 2019 to **include #NCDs & #MentalHealth in Universal Health Coverage benefit packages** in support of national efforts  towards SDG 3.4 on NCDs & mental health.”*

*“The **Working Group 3** of the @WHO Independent High-level Commission on NCDs focuses on  how to **engage constructively with the private sector**  towards SDG 3.4 on #NCDs and #MentalHealth.”*

Coming up next week

- WHO's inaugural [Partners' Forum](#) (9-10 April, Stockholm)
- [Fourth Annual Health Financing Forum: Exploring Frontiers of Resource Mobilization for Health](#) (9-10 April, Washington DC) (& also IMF/WB annual Spring meetings)
- Second [Fair Pricing Forum](#) (Jo'burg, 11-13 April)

Coming up – annual UCL/Lancet Lecture (29 April): NCDs as a global emergency (London)

<https://www.eventbrite.com/e/2019-ucl-lancet-lecture-ncds-as-a-global-emergency-tickets-56405449217>

This year, **Rachel Nugent** will speak about NCDs. Title: “NCDs as a global emergency - closer to pandemic or climate change?”

“... Like pandemics, NCDs are usually preventable. Like climate change, NCDs require a multi-sectoral response. Like both, NCDs are largely a human-caused problem. It is clear that without dramatic new intervention the Sustainable Development Goal (SDG) target to reduce premature NCD mortality by one-third by 2030 will fail. Worse yet, countries will incur huge economic costs trying to get there – for too little gain. This lecture claims that NCDs are a solvable problem and describes plausible scenarios for reversing NCD burden and achieving health and economic gains. Achieving this change requires more than disease prevention and treatment. It will require all sectors of society to create new ways to sustain and produce health and – in parallel – eliminate the counter-productive and health-damaging environment that surrounds us. It should be feasible for every country in the world to conquer NCDs in an ethical, sustainable and affordable manner.”

Global governance of health

Devex – German draft law on abuses in supply chains faces uncertain future

<https://www.devex.com/news/german-draft-law-on-abuses-in-supply-chains-faces-uncertain-future-94627>

“A draft law leaked earlier this year would require German companies to take more responsibility for monitoring their subsidiaries and contractors abroad for human rights violations, or risk fines or even jail time for their executives. The proposal falls into a broader trend in Europe, as governments pressure their multinationals to take accountability for conditions in supply chains that can lead to deadly incidents or environmental damage. Several European countries are in the process of negotiating legislation after France adopted a law in 2017....”

The German development ministry BMZ is fighting for this legislation.

FT - Bill Gates: Mobilising political leaders and donors

<https://www.ft.com/content/24ecb1b2-4c03-11e9-bbc9-6917dce3dc62>

*“Reflecting on the lessons learnt Mr Gates, 63, stresses **the need for data, systems and holding people to account** as he seeks to spur policymakers to tackle big global problems.”*

Excerpts:

*... He describes himself as a strong believer in the power of innovative technologies to save and enhance human lives. He invests heavily in science to develop vaccines, which he cites as the area of his greatest impact. But with adoption of vaccines sluggish, **he has had to place greater focus on management, politics and health systems in his efforts to ensure that new products are also widely used.** ... He cites the example of how he has become much more hands-on in seeking to eradicate polio from its remaining outposts including in Nigeria, one of the Foundation’s flagship programmes in global health. **“We look at the delivery systems, the supply chain, the metrics,”** he says.*

*... More broadly, **he stresses the value of data to support his optimism about human progress.** ...*

*... Not all such advances can be linked directly to the activities of his Foundation, but **Mr Gates sees plotting the advances as essential to his leadership role in mobilising political leaders and donors.** “We want to meet every year and take some of the goals . . . talk about where the world is falling short, which countries are executing particularly well and maintain some energy around making the right investments,” he says. **He has increasingly focused on Africa, where the population is projected to double by 2050.** ... “*

Devex - Australia's federal budget: Impacts for Australian aid

<https://www.devex.com/news/australia-s-federal-budget-impacts-for-australian-aid-94608>

*“**Australian Prime Minister Scott Morrison announced the reduction of the foreign aid budget on Tuesday**, setting international assistance on a low trajectory for years to come. Australia’s aid allocation has been reduced to 4.04 billion Australian dollars (\$2.86 billion) for the 2019-20 financial year, down from the projected final spend of AU\$4.33 billion for the current financial year, creating concern for the development sector. ...” “... this means **Australia’s foreign aid will reach a low point in 2021-22, when official development assistance drops to 0.19 percent of gross national income...**”*

More on the Australian (aid) changes foreseen in this article. Or you can just hope with me that the current government is kicked out in the next elections.

Foreign Policy - Bolton Builds Anti-China Campaign at the U.N.

<https://foreignpolicy.com/2019/04/03/bolton-builds-anti-china-campaign-at-the-u-n/>

*“The **U.S. national security advisor**, who has largely ignored the United Nations, is suddenly concerned that Beijing has too much influence there.”*

The moron.

Bloomberg - China Moves to Define ‘Belt and Road’ Projects for First Time

<https://www.bloomberg.com/news/articles/2019-04-03/china-moves-to-define-belt-and-road-projects-for-first-time?srnd=politics-vp>

*“China is drafting rules for overseas investments to be considered part of President Xi Jinping’s Belt and Road Initiative, according to people familiar with the matter, marking the first attempt to better define his signature policy. The plan, which isn’t yet final, aims to stop companies from misusing the label “Belt and Road Initiative,” said the people, who asked not to be named because the discussions were private. **Unchecked use of the name on projects has created confusion about the initiative’s scope and damaged its reputation abroad**, they said. One of the people said the **National Development and Reform Commission, or NDRC, is working on a list of legitimate Belt and Road Initiative projects officially acknowledged by the Chinese government.** It would include both state-owned enterprises and private companies, helping authorities improve regulation of projects, the person said....”*

PS: *“... Xi, who is preparing to host more than 40 world leaders at the second Belt and Road Forum in Beijing in late April, has even seen recent successes tainted by scepticism...”*

Devex - A year on, CIDCA struggles to get off the ground

<https://www.devex.com/news/a-year-on-cidca-struggles-to-get-off-the-ground-94496>

(gated) *“CIDCA, a new iteration of Chinese aid, was established in March 2018. But little has been done so far, as the ambitious body is riled in internal politics and leadership gaps.” “Understaffing, slowness, and internal politics plague **the China International Development Cooperation Agency, or CIDCA**, one year after the Chinese government announced its creation in March 2018, leaving some experts asking why so little has happened....”*

And a tweet on a forthcoming report (i.e. today!) on Chinese philanthropy & aid/development: *“Chinese philanthropy is growing into a powerhouse that could shape the future of international giving & development. **On April 5**, plan to watch the live launch of a landmark **new report on #ChinaPhilanthropy.**”*

Institute for Scientific Information (report) - Navigating the Structure of Research on Sustainable Development Goals

<https://clarivate.com/g/sustainable-development-goals/>

“ This report, the third in the Global Research series from the Institute for Scientific Information, reveals how global research and discovery is evolving to address poverty, reduce inequality and deal with the effects of climate change via the UN Sustainable Development Goals (SDGs). The report provides a unique top-down view on the progress being made via global research activity that’s driving progress towards the 17 global sustainable goals adopted by its members. ...”

Interesting short report. Check out the **2 main clusters**, which continent is taking the lead so far in terms of SDG research (Europe), ...

For some great **coverage** of this report, see [Global Data Report Reveals a Redirection of Research Towards the UN's Shared Sustainable Development Goal](#)

*“...The data show that there is a **dual focus across the research landscape**, with the majority of papers published in **Environment, Agricultural and Sustainability Science or Health and Healthcare**. Many small research areas, such as Water Supply and Sanitation, join the two large domains. These transdisciplinary topics are often of policy interest because they represent opportunities to leverage knowledge in one area that can be applied in another....”*

Global Social Policy - Rights, regulation and redistribution: The global politics of investment protection

M Koivusalo; <https://journals.sagepub.com/doi/full/10.1177/1468018119839745>

*“The analysis of the implications of trade and investment agreements usually follows either economic policy modelling or the analysis of specific arbitration cases. These two approaches are often less helpful from the perspective of more systemic impacts or other policy aims as the potential concerns tend to be accounted for on the basis of a single issue (e.g. tobacco) or case or are carved out from particular agreements. **The 3R framework on rights, regulation and redistribution** provides a broader framework to analyse trade and investment agreements in relation to other policy aims, such as health or social policies and protection. **I apply here the 3R framework to examine how and on what basis investment liberalisation and protection, as negotiated by the European Union, could affect both global and national policy space for health and social policies.**”*

WEF (White paper) - Globalization 4.0: Shaping a New Global Architecture in the Age of the Fourth Industrial Revolution

<https://www.weforum.org/whitepapers/globalization-4-0-shaping-a-new-global-architecture-in-the-age-of-the-fourth-industrial-revolution/>

For the fans :)

Development Policy Review - Macroeconomic policy tools to finance gender equality

S Seguino; <https://onlinelibrary.wiley.com/doi/10.1111/dpr.12396>

*“Feminist economists and heterodox macroeconomists have contributed substantively to the body of research that explores the distributional effects of macro policies. This work explicitly addresses the livelihood problems created by neoliberalism and, in addition, it provides a pathway for identifying financing mechanisms. Building on earlier work by Seguino and Grown (2006), **this article synthesizes and elaborates the major contributions of this body of gender and macro research and, from this, extrapolates macro-level policies and tools that support gender equality.** Among the tools identified is targeted government spending on physical and social infrastructure, the latter a relatively new conceptual tool that is discussed in detail. A key argument is that financing for gender equality that raises economy-wide productivity can be self-sustaining. As a result, both physical and social infrastructure spending have the ability to create fiscal space. This possibility offers a financing framework for gender equality expenditures. A contribution of this article is to critique mainstream monetary policies and identify alternative approaches that expand the toolkit to achieve gender equality goals.”*

New Framework Helps Global Philanthropists Align Money with Mission

<https://www.triplepundit.com/story/2019/new-framework-helps-global-philanthropists-align-money-mission/83031/>

Cfr an apt observation from Anand Giradharadas on Twitter: *“**Big philanthropy was long spared the kind of critical pushback that business and government get. Now, as criticism swells, Rockefeller Philanthropy Advisors (@RockPhilanth) has written a report seeking to address these criticisms and urge change.**”*

Finally, a tweet by **Robert Marten** from last week:

*“**The @WHO just issued an information note which explicitly states it will not enter into a “partnership” or “collaboration” with the #alcohol industry. All #globalhealth (and UN) orgs should follow this guidance.**”*

That would include the Global Fund :)

Planetary health

FT - IEA's climate models criticised as too fossil-fuel friendly

<https://www.ft.com/content/5c80f102-5535-11e9-91f9-b6515a54c5b1>

“The world’s top energy body has come under fire from leading investors and scientists who say that its energy forecasts are not in line with the latest climate science, and could contribute to higher levels of carbon dioxide emissions. In a letter to the International Energy Agency seen by the Financial Times, businesses including Hermes Investment Management, Allianz Group and Legal & General Investment Management have asked the IEA to develop a new model with lower emissions that would line up with 1.5C of warming. The IEA’s benchmark annual World Energy Outlook is considered the definitive assessment of the energy sector, but critics say its models do not go far enough in mapping the deep cuts in carbon emissions needed to limit the worst climate impacts, and are too fossil-fuel friendly as a result. “Without the inclusion of a central and realistic 1.5C scenario going forward, the World Energy Outlook would abdicate its responsibility to continue to chart the boundaries of the path of the global energy sector,” the letter warned...”

IISD - Maintaining Momentum, Maximizing Benefits on Climate and SDGs

M Nilsson (Exec Director Stockholm Environment Institute) <http://sdg.iisd.org/commentary/guest-articles/maintaining-momentum-maximizing-benefits-on-climate-and-sdgs/>

“Now is the time to up the game on climate action and on the delivery of all SDGs. Easy-to-use tools that reveal connections and factor in trade-offs to enable policy makers and planners to understand interactions – an important first step towards coherent policies. These tools can also be adapted to businesses that see work towards the SDGs as an opportunity...”

“...Enabling policy makers at local, regional and national levels to understand the positive and negative interactions among our objectives is an important first step towards coherent policies that will give authorities a sense of achievement that they are increasing climate action while also striving to meet the SDGs in their entirety. Consider the NDC-SDG connections tool that SEI has developed together with the German Development Institute (DIE). It examines the activities mentioned in countries’ NDCs and connects them to the SDGs. Pilots have been carried out in Mongolia, Sri Lanka and Colombia. While policy focus areas differ across these countries, the objective is identical: to enable integrated policy making and cost-effective implementation of priority SDGs by authorities at all levels of government. ...”

Lancet Planetary Health (Comment)- A chance to implement One Health in the Middle East and north Africa

Z B-Seyed et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(18\)30285-7/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(18)30285-7/fulltext)

*"...The **Seventh World Health Summit Regional Meeting** to be **held in Iran** offers an exceptional opportunity to promote One Health and planetary health in the region..."*

Heavy [flooding](#) in Iran already set the scene in the past few weeks ...

And a few quick links:

Guardian - [Last time CO2 levels were this high, there were trees at the South Pole.](#) Huh.

BBC - [Climate change: 'Magic bullet' carbon solution takes big step](#)

"A technology that removes carbon dioxide from the air has received significant backing from major fossil fuel companies. British Columbia-based Carbon Engineering has shown that it can extract CO2 in a cost-effective way..." *"...Carbon Engineering says that its direct air capture (DAC) process is now able to capture the gas **for under \$100 a tonne...**"*

Infectious diseases & NTDs

CSIS (Commentary) – The World’s Largest HIV Epidemic in Crisis: HIV in South Africa

S M Allinder et al; [CSIS](#);

This epidemic in South-Africa should be treated like a **public health emergency**, the authors of this Commentary argue. The stats are staggering.

Healio - Dolutegravir best option for women of child-bearing age with HIV

<https://www.healio.com/internal-medicine/infectious-diseases/news/online/%7B8889842d1-a7ca-4632-b168-e688a7f73c0e%7D/dolutegravir-best-option-for-women-of-child-bearing-age-with-hiv>

"Although dolutegravir was linked to a higher risk for neural tube defects among newborns, it prevented many more deaths and HIV transmissions among women than efavirenz, according to

findings published in [Annals of Internal Medicine](#) ...” So the benefits outweigh the risks for this drug in this case.

Devex - Could Nigeria's HIV rate be just half what was thought?

<https://www.devex.com/news/could-nigeria-s-hiv-rate-be-just-half-what-was-thought-94589>

“The preliminary results of one of the largest HIV surveys ever undertaken suggest the disease could be just half as prevalent in Nigeria as previously thought. Africa’s most populous country had already been marked as successful in reducing its rate from 3.7 percent in 2002 to 2.8 percent in 2017, according to estimates from the United Nations’ dedicated agency UNAIDS. But the recently released preliminary results of the Nigeria HIV/AIDS Indicator and Impact Survey, or NAIIIS — which cost about \$100 million, involved 185 survey teams, and covered more than 200,000 people — show the national HIV prevalence as 1.4 percent among adults aged 15–49 years. The survey was led by the government of Nigeria, and funded by the United States and the Global Fund to Fight AIDS, Tuberculosis and Malaria....”

See also an IHP blog from a few weeks ago - [The 2018 Nigeria HIV/AIDS Indicator and Impact Survey \(NAISS\): Results and Implications for Nigeria’s HIV Program](#).

UN News - Massive cholera vaccine campaign planned for cyclone-ravaged Mozambique, as UN calls for 'urgent' step-up in support

<https://news.un.org/en/story/2019/04/1035901>

“Around 900,000 doses of cholera vaccine arrived in Mozambique on Tuesday to help stave off a possible epidemic, after the devastation caused by Cyclone Idai, amid reports that the disease has already infected more than 1,000 people in affected areas.”

AMR

Guardian - Nationalised drug companies may be needed to 'fix antibiotics market'

<https://www.theguardian.com/business/2019/mar/27/nationalised-drug-companies-may-be-needed-to-fix-antibiotics-market>

See also last week’s IHP newsletter. *“UK’s superbug tsar Lord Jim O’Neill compares idea to way banks were taken over after 2008 financial crash.”*

Plos Med (Policy Forum) – A whole-health–economy approach to antimicrobial stewardship: Analysis of current models and future direction

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002774>

*“In a **Policy Forum**, Alison Holmes & colleagues discuss coordinated approaches to antimicrobial stewardship.”*

Some of the **summary points**: “Antimicrobial stewardship (AMS) strategies are widely implemented in single healthcare sectors and organisations; however, the **extent and impact of integrated AMS initiatives across the whole health economy** are unknown. Assessing degree of integration of AMS across the whole health economy and its impact is essential if we are to achieve a ‘One Health’ approach to addressing antimicrobial resistance (AMR), and therefore **we searched systematically for and analysed published examples of integrated AMS initiatives to address this gap**. Application of a system-level framework to analyse integration of AMS initiatives across and within healthcare sectors shows that **integration is emerging but needs strengthening**. Our analysis highlights a number of challenges and ways forward for enhancing the delivery of AMS through an integrated approach.”

IISD - Antibiotic Resistance Jeopardizes SDG Achievement, Warns Research Report

<http://sdg.iisd.org/news/antibiotic-resistance-jeopardizes-sdg-achievement-warns-research-report/>

*“The **Dag Hammarskjöld Foundation** is calling attention to the rise of antibiotic resistance as a systems failure in both healthcare and agriculture. In a research report co-published with the **ReAct network**, the Foundation highlights the relevance of the issue to SDGs 1, 2, 3, 6, 8, 10, 14 and 15. **The report urges special attention to antibiotic resistance in implementing the 2030 Agenda**, as well as national action plans on antimicrobial resistance.”*

A previous IHP issue already reported on this DH Foundation/ReACT report.

NCDs

Lancet Comment - Management of psychological distress by non-specialists in conflict-affected areas

A Tareen et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32614-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32614-X/fulltext)

This Comment accompanies a **new study in the Lancet** by A Rahman et al - [Effectiveness of a brief group psychological intervention for women in a post-conflict setting in Pakistan: a single-blind, cluster, randomised controlled trial](#). In which the authors established the effectiveness of a brief group psychological intervention for women in a conflict-affected setting in rural Swat, Pakistan.

BBC News – HPV vaccine linked to 'dramatic' drop in cervical disease

<https://www.bbc.com/news/uk-scotland-47803975>

*“The routine vaccination of girls with the HPV vaccine in **Scotland** has led to a “dramatic” drop in cervical disease in later life, new research suggests.” Cfr a **new study in BMJ**.*

Lancet Oncology - Smokeless tobacco control in 180 countries across the globe: call to action for full implementation of WHO FCTC measures

[https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(19\)30084-1/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(19)30084-1/fulltext)

*“**Smokeless tobacco** is consumed by 356 million people globally and is a leading cause of head and neck cancers. However, global efforts to control smokeless tobacco use trail behind the progress made in curbing cigarette consumption. **In this Policy Review**, we describe the extent of the policy implementation gap in smokeless tobacco control, discuss key reasons on why it exists, and make recommendations on how to bridge this gap....”*

FT - Tobacco groups seek to overturn Australia’s vaping ban

<https://www.ft.com/content/84636130-5442-11e9-91f9-b6515a54c5b1>

“Philip Morris International says restricting e-cigarettes is ‘morally reprehensible’.”

Guardian - Big tobacco: top US arts institutions under fire for accepting donations

https://www.theguardian.com/business/2019/mar/29/smithsonian-and-top-institutions-under-fire-for-accepting-tobacco-money?CMP=Share_iOSApp_Other

“Smithsonian and other leading museums continue taking tobacco donations even as others reject funds from big pharma.”

Guardian - Burger King launches vegan Whopper: 'Nobody can tell the difference'

<https://www.theguardian.com/business/2019/apr/02/burger-king-vegan-whopper-meat-free-impossible-launch>

Progress :)

Sexual & Reproductive / maternal, neonatal & child health

The Conversation – Scorecards can help measure health outcomes. An East Africa case study

W Senyoni; <https://theconversation.com/scorecards-can-help-measure-health-outcomes-an-east-africa-case-study-114228>

*“...I conducted a study over four years to understand how scorecards could be used in the East Africa Community to strengthen regional collaboration and address common health agendas. During the study a **regional scorecard** was developed, made up of indicators measuring health performance of partner states based on set targets. The **developed scorecard was used in the six partner states that make up the East African Community. These are Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda.** The research was part of the larger global Health Information System Program. ... The **East African Community scorecard** was first used to **monitor maternal and child health care...**”*

SS&M – What post-abortion care indicators don't measure: Global abortion politics and obstetric practice in Senegal

S Suh; <https://www.sciencedirect.com/science/article/abs/pii/S0277953619301947>

Highlights: *“Illustrates how restrictive abortion laws reduce the quality of post-abortion care. Shows how post-abortion care indicators obscure gaps in access to and quality of care. Demonstrates why less safe and effective obstetric techniques persist in hospitals. Identifies policies and practices that constrain the use of manual vacuum aspiration. Locates Senegal's post-abortion care program in global reproductive health politics.”*

IISD - UNDP, Oxford Study Shows Benefits of Development 'Accelerators' for SDGs

[IISD](#);

*“Oxford University, in partnership with several other universities and UNDP, published results from a research study that shows how specific interventions such as cash transfers, parenting support and safe schools can have broad development impacts and promote achievement of the SDGs. **The study focused on adolescents living with HIV in South Africa, measured the impacts of accelerators on 11 SDG-aligned targets.** The study is the first output from a UK government research initiative to support interdisciplinary collaboration to address some of the world’s greatest sustainable development challenges.”*

*“...Published in the medical journal [The Lancet Child & Adolescent Health](#), the study aimed to understand how **UNDP’s accelerator approach** affected a highly vulnerable group of adolescents, based on research conducted over an 18-month period. **The findings suggest that the accelerator approach can promote achievement of several SDG targets simultaneously**, in this case going beyond health impacts to positively influence school and community outcomes. The affected SDG targets include those relating to health (SDG 3), school enrolment and progress (SDG 4), and elimination of violence (SDG targets 5.2 and 16.1)....”*

Open Global Rights - Silencing the drama - Do the SDG indicators expose the injustices that limit women’s sexual and reproductive lives?

Alicia Ely Yamin; <https://www.openglobalrights.org/silencing-the-drama-do-the-SDG-indicators-expose-the-injustices-that-limit-womens-sexual-and-reproductive-lives/>

“The SDGs are a step forward for women’s equality and sexual and reproductive rights, but the indicators used to measure progress may prove problematic for rights advocacy.” Recommended.

Guttmacher – Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2019

[Guttmacher Institute](#);

Policy analysis discussing the impact of U.S. international family planning assistance.

Plos Med - Community health workers to improve uptake of maternal healthcare services: A cluster-randomized pragmatic trial in Dar es Salaam, Tanzania

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002768>

“In this cluster-randomized trial in Dar es Salaam, Tanzania, Pascal Geldsetzer & colleagues assess how a community health worker intervention affected the proportion of women attending antenatal care and delivering their babies at home.”

Plos Med – Incidence of eclampsia and related complications across 10 low- and middle-resource geographical regions: Secondary analysis of a cluster randomised controlled trial

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002775>

“Nicola Vousden & colleagues reveal the highly variable care for eclampsia and other hypertensive disorders during pregnancy in low and middle income countries.”

Access to medicines

WHO Bulletin – Comparison of essential medicines lists in 137 countries

N Persaud et al ; https://www.who.int/bulletin/online_first/BLT.18.222448.pdf?ua=1

Aim of this paper: *“To compare the medicines included in national essential medicines lists with the World Health Organization’s (WHO’s) Model List of Essential Medicines, and assess the extent to which countries’ characteristics, such as WHO region, size and health care expenditure, account for the differences.”*

The conclusion: *“The substantial differences between national lists of essential medicines are only partly explained by differences in country characteristics and thus may not be related to different priority needs. This information helps to identify opportunities to improve essential medicines lists.”*

JAMA Viewpoint - Canada’s Amendment to Patented Drug Price Regulation; A Prescription for Global Drug Cost Control?

<https://jamanetwork.com/journals/jama/fullarticle/2730014>

“This Viewpoint reviews proposed changes to regulations governing Canada’s Patented Medicine Process Review Board, a group mandated by Canada’s government to ensure manufacturers do not charge excessive drug prices, including use of cost-utility analyses to define excessive pricing, revision of reference country comparisons, and reducing regulatory burdens for generic drugs.”

Human resources for health

WHO – Online consultation: Strengthening quality midwifery education for Universal Health Coverage 2030

https://www.who.int/maternal_child_adolescent/topics/quality-of-care/midwifery/strengthening-midwifery-education/en/

*“WHO, ICM, UNFPA and UNICEF have prepared a [Draft Report and Action Plan](#) for open consultation, **Strengthening quality midwifery education for Universal Health Coverage 2030: A transformative approach to improving quality of care.** ...”*

Consultation ends today (5 April).

Global Health Promotion - What are the roles of community health workers? Looking back at the philosophies of primary health care

M Niang; <https://journals.sagepub.com/doi/full/10.1177/1757975918811087>

“This commentary discusses the different roles of community health workers (CHWs), their challenges and limitations in a historical perspective of primary health care (PHC). We first try to show that the comprehensive philosophy of PHC promulgated in Alma-Ata proposed the role of CHWs as actors who work in community development. On the other hand, in the 1980s, with the emergence of the selective philosophy of PHC, CHWs’ role was more affiliated with the health system. We conclude our pitch about the balance that can exist between these different roles by suggesting that CHWs can work in continuity with the health system, but they should not be considered as affordable labor. Also, they must be supported in their activities to develop their communities, allowing them to participate effectively in programs and policies that concern them and their community.”

Miscellaneous

Lancet Editorial – China's research renaissance

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30797-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30797-4/fulltext)

“...Today, science in China is experiencing its own renaissance. By prioritising policies that expand higher education and promote science, the Chinese Government endorses the value of science to society and the economy. Scientists are respected. Policies are underpinned by substantial investment. China spent US\$443 billion on research and development in 2017, according to the

Organisation for Economic Co-operation and Development, second only to the USA with \$484 billion....”

“China leads the world in computing and many physical sciences, but **there is less research impact in health....**” But that seems only a matter of time, this Lancet editorial argues.

And, “...**An outward-looking China could broaden the influence of its scientific renaissance by fostering synergy between health researchers at home and abroad. In this way, the country's research impact would be maximised....**”

FT - Alphabet and Apple take divergent paths in health

<https://www.ft.com/content/5a73ad44-474f-11e9-b168-96a37d002cd3>

“Drug companies bet technology can revolutionise the \$65bn market for clinical trials.”

Excerpts:

“...**Apple and Alphabet, two of the world's largest technology companies, are taking divergent approaches in their efforts to revolutionise healthcare, as doctors, drug companies and regulators look to Silicon Valley to bring down the cost of clinical trials. After Apple presented mixed results from a study designed to show that its Apple Watch could be used to detect heart problems, Verily — like Google, a subsidiary of Alphabet — has been opening up about its own effort to bring scientific rigour to the use of wearable devices for diagnosing health problems and testing treatments. Jessica Mega, Verily's chief medical officer, told the Financial Times that it was at an “inflection point” in the ability to store and process massive amounts of information that could transform clinical trials — and ultimately, how much we understand about human biology....**”

... **Large tech companies and start-ups are competing to revolutionise a clinical trials market that is worth \$65bn, according to CB Insights. Trials are almost always essential for regulatory approval of new treatments, yet the process can take an average of 7.5 years and cost up to \$2bn per drug, according to the research firm. ...** ... Neil Kurtz, an industry veteran on the board of Medidata, which makes software for clinical trials, said **only a handful of people really understand how to use machine learning in healthcare. “Getting access to those people is going to be one of the key determinants of who wins and who loses,” he said. Alphabet's Verily is making the pitch that it can be a winner by designing its device specifically for trials, rather than as a consumer product with less oversight of who it is being worn by and when....**”

JAMA Viewpoint - Reimagining Health – Flourishing

T J VanderWeele et al ; <https://jamanetwork.com/journals/jama/fullarticle/2730087>

“This Viewpoint argues that the concept of “flourishing”—a sense of well-being in domains of happiness, mental and physical health, meaning and purpose, character, social relationships, and

financial stability—measures health more broadly than existing wellness metrics and should inform clinical and health policy trade-offs and decisions.”

Guardian - Australia passes social media law penalising platforms for violent content

<https://www.theguardian.com/media/2019/apr/04/australia-passes-social-media-law-penalising-platforms-for-violent-content>

“The Australian parliament has passed legislation to crack down on violent videos on social media, despite furious reaction from the tech industry, media companies and legal experts.... “... Tech giants expressed the opposite concern that it may criminalise anyone in their companies for a failure to remove violent material.”

Amazon accused over vaccine ‘panic’

<https://www.thetimes.co.uk/edition/news/amazon-accused-over-vaccine-panic-bspqgz05z>

“Experts have accused Amazon of “seeding panic for profit” by actively promoting books that advise against vaccinating children. When The Times searched for “vaccines” on the books section of Amazon’s website, seven of the top ten titles displayed suggested that jabs against diseases such as measles could be harmful. Several pushed discredited theories linking vaccines to conditions such as autism and dementia, which have been blamed for a decline in vaccination rates. NHS data shows that the proportion of two-year-olds immunised against measles, mumps and rubella fell for the fourth year in a row in 2017-18. Soon after a customer begins browsing those books, Amazon suggests that they may be interested in other anti-vaccine titles. Experts fear that this helps to create a misinformation “echo-chamber”,... “

Nature (News) - How to counter ‘manels’ and make scientific meetings more inclusive

<https://www.nature.com/articles/d41586-019-01022-y>

*“Atmospheric scientist Angie Pendergrass spoke to Nature about a **newly-published guide to broadening participation in conferences.**”*

“Look around many scientific conferences, and older, white and male faces predominate. That’s why three science groups have just published [a guide on how organizers can make scientific meetings more diverse and inclusive](#), in part by avoiding ‘manels’ — all-male panels. The report comes from the community groups 500 Women Scientists and the Earth Science Women’s Network and the Aspen Global Change Institute in Basalt, Colorado, which organizes interdisciplinary science workshops....”

Economist (Leader) – The promise and perils of synthetic biology

<https://www.economist.com/leaders/2019/04/04/the-promise-and-perils-of-synthetic-biology>

“To understand them well, look to the past”.

That is, to the **3 great transformations humanity’s relations with the living world have seen** so far: **“the exploitation of fossil fuels, the globalisation of the world’s ecosystems after the European conquest of the Americas, and the domestication of crops and animals at the dawn of agriculture.** All brought prosperity and progress, but with damaging side-effects. **Synthetic biology promises similar transformation.** To harness the promise and minimise the peril, it pays to learn the lessons of the past.”

JAMA Viewpoint – The Importance of Predefined Rules and Prespecified Statistical Analyses - Do Not Abandon Significance

John Ioannidis; <https://jamanetwork.com/journals/jama/fullarticle/2730486>

“In this Viewpoint, John Ioannidis argues against abandoning the notion and language of statistical significance, which has been proposed as a means to diminish oversimplistic interpretations of clinical research. A significance filter in some form is essential for distinguishing signal from noise, he writes, and emphasizes that predefined study design choices, prespecified statistical analyses, transparent and documented deviations from either, and improvement in researchers’ statistical numeracy can minimize overly subjective interpretations of whatever significance measure is used.”

Emerging Voices

International Journal for Equity in Health - A qualitative study of the dissemination and diffusion of innovations: bottom up experiences of senior managers in three health districts in South Africa

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-0952-z>

By **Marsha Orgill** (EV 2012) et al. *“In 2012 the South African National Department of Health (SA NDoH) set out, using a top down process, to implement several innovations in eleven health districts in order to test reforms to strengthen the district health system. The process of disseminating innovations began in 2012 and senior health managers in districts were expected to drive implementation. The research explored, from a bottom up perspective, how efforts by the National*

government to disseminate and diffuse innovations were experienced by district level senior managers and why some dissemination efforts were more enabling than others....”

Research

Globalization & Health - A Comprehensive Framework to Optimize Short-Term Experiences in Global Health (STEGH)

S Shah et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0469-7>

*“Increasing demand for Short-term Experiences in Global Health (STEGH), particularly among medical trainees, has seen a growth in programming that brings participants from high-income countries to low and middle-income settings in order to engage in service, teaching or research activities. Historically the domain of faith-based organizations conducting “missions”, STEGH are now offered by diverse groups including academic institutions, non-profit organizations, and the private sector, either as dedicated for-profits or through corporate social responsibility arms. **The growing popularity of STEGH has resulted in concerns about their negative impacts on host communities. ...”***

*“...To address these concerns, **this paper presents a comprehensive framework that aims to categorize promising interventions that might promote greater responsibility in STEGH.** Based on the **micro-meso-macro framework**, this paper proposes various interventions as incentives and disincentives to be deployed **at the individual, program, and societal levels** to promote greater responsibility in STEGH. ...”*