

IHP news 519 : World Malaria Day & IHME's annual Financing Global Health report

(26 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,

Even if resurrection is not really your thing, on Monday mornings or otherwise, we hope you spent some time with your beloved ones during the long Easter Weekend and made some time for reflection and nature. The more anxious types among you might have enjoyed pondering the many 'black holes' in their lives and/or state of the planet. Anyhow, it's back to normal now, as the global health world is already slowly gearing up for the **72nd World Health Assembly** (end of May), and everything (in terms of side events, briefings, high-level advocacy, ...) that goes with it. Put differently, [#WHA72](#) is Coming... Given the dire state of the planet, we hope Greta Thunberg will be this year's special guest in Geneva. Far more people in global health should join her ['apocalyptic cult'](#), certainly in global health power corridors.

This newsletter issue will also zoom in on **World Malaria Day** (including the [piloting](#) of a landmark vaccine in Malawi, a fascinating [FT Health Special report on combating malaria](#), and a new grassroots campaign, ['Zero Malaria starts with me'](#)), the **2nd Belt and Road Forum for International Cooperation in Beijing**, yet another worrying **AMR market failure** episode (and other access to medicines news, including the [scale up](#) of drone delivery in Ghana, via Zipline, in an encouraging development at the start of [World Immunization Week](#)), going from bad to worse in the **Ebola DRC outbreak**, the **Trump administration's undermining of SRHR** in the Security Council, **health system experts from Africa sounding the alarm on the growing fragility in Francophone Africa**, more analysis of the FfD & Fair Pricing Fora, **World Earth Day** (with also a [call for clinicians to act on planetary health](#) – *I humbly suggest they start with ditching their Aston Martins, Ferraris and Maseratis :)*) 'activist editor' **Richard Horton** getting a (thoroughly deserved) **Roux prize** for a lifetime achievement in population health, IHME's [annual Financing Global Health report](#), the first ever [international day of multilateralism](#), and much, much more.

Enjoy your reading.

Kristof Decoster

Featured Article

Can Public-Private Partnerships without a genuine sense of ‘Partnership’ really ensure Health for All?

Debjani Barman (Assistant Professor, [IIHMR University](#) & Indian correspondent IHP)

Public-Private Partnerships (PPPs) is a [term](#) commonly used to define a relationship whereby [the] public and private sector [resources] are brought together to achieve a common purpose. PPPs are common across sectors (including the health sector) and geographical settings. The author of this article presents her perspective on the occasional loss of “partnership” in the truest sense of the word. A perspective on how the initial goal of the PPP might dilute into just the remnants of a relationship between ‘donor’ and ‘recipient’, and this in a setting she knows very well, the Sundarbans.

India, the world’s largest democracy, launched the National Rural Health Mission (NRHM) in 2005. This led to a sea change in public health service delivery – with a renewed focus on leveraging the public health sector to improve health indicators listed under the MDGs. With a population of 135 crores (1.35 billion), the country has 0.8 physicians/ 1000 people. A significant share of health care is provided by the private sector; outpatient care in rural areas of India is dominated by informal health providers across all income groups. The limited availability, access and affordability of healthcare, as well as the chronic shortage of health workers in remote and rural areas mean that people living in remote/rural parts of the country often seek care from unqualified private providers. One of the ways to strengthen the delivery of health services under the NRHM (now known as the National Health Mission (NHM)) was via public-private partnerships. Given the dominance of the private sector in India, PPPs offered a route to leverage existing resources to improve service delivery for all and bring in components of quality and regulation. Of course, it would be unfair to claim that PPP started with NRHM. Still, PPPs clearly got a boost under the NRHM.

Over the last nine years I have been working in the Indian [Sundarbans](#), a mangrove area and delta with plenty of islands in the Bay of Bengal belonging to the eastern Indian state of West Bengal. The region suffers from geographical inaccessibility and frequent climatic shocks& monsoons. Road infrastructure has improved, but transport is still in poor condition. Health services are also (still) in a sorry state. 85 Percent of outpatient care for ailing children is provided by informal providers of which the quality of care is highly doubtful. Against this backdrop, even prior to the NRHM (i.e. since the late nineties), the State Health and Family Welfare Departments initiated some PPP initiatives to provide outpatient care to the remotest island(er)s of the Indian Sundarbans. NRHM brought further momentum to this effort, scaling up many of these PPP initiatives. Since the very beginning, however, these initiatives have faced service delivery challenges.

Lately, following an implementation research grant from the Public Health Foundation India (PHFI) and the Alliance for Health Policy and Systems Research (AHPSR), we had an opportunity to explore one of these initiatives - Community Delivery Centers (CDC). They intend to provide basic obstetric care in hard-to-reach terrain, are run by NGOs and financed by government health departments. With one of the Non-Governmental Organizations (NGO) as principal investigator, this implementation research effort aimed for a smooth collaboration between the implementing NGO and researchers. Thanks to this, we could explore the issue from both provider and beneficiary perspectives. The study was conducted in two (still running) CDCs and one that has been closed

down now, and focused on exploring the reasons for different utilization of CDCs. Based on this research (but also our professional experience over the years in the region), we reckon a genuine 'partnership' between government departments and NGOs working in the sector is missing. In addition, the relationship between NGOs themselves is also rather competitive.

A CDC operates 24/7 with two doctors, two nurses and two paramedics. The contract (for health services at the CDC) between the public health department and bidding NGOs is yearly renewable. In this bidding process, NGOs often ended up getting the contract at the lowest cost, and had to follow few strict guidelines to ensure quality services. Since the service contract is renewable, however, the NGOs often failed to get it for consecutive years. Obviously, the human resources at CDCs also suffer from this (near constant) uncertainty. In remote islands of the Sundarbans this CDC is the only (nearby) source of delivery care. There are government facilities but only at block level [*In India, a Panchayat is the lowest administrative (rural) level; a block is comprised of a group of Panchayats*] and they are usually understaffed, whereas a CDC operates at village level and more specifically in the hard to reach islands of the Sundarbans. The payment to CDCs is as per the number of deliveries it performs in a year, so it's performance-based. However, the payment from government often comes late. Therefore to run a CDC, NGOs first need to win the bid, and then need to bear the running cost until and unless government pays an amount back to them based on their performance. Given this delayed payment and uncertainty attached to it, one NGO failed to keep the physicians on board and had to close down. Our focus group discussion with the mothers in the region revealed that nowadays they are either going to a distant public facility which often fails to provide the service or they (have to) spend extra in private hospitals. A few of them are again practicing home delivery with the help of informal providers.

When doing this implementation research, our discussion with the implementing NGOs revealed that the NGOs are selected through a bidding process. As a result, NGOs are now more interested in cost-cutting and at times they even decide to stop service delivery, even if they have established infrastructure to deliver the services. One can well imagine how tough (and disrupting) it is in these hard to reach areas to first convince people to engage in healthy behavior and then, after such a yearlong effort, all of a sudden the service stops, and residents find themselves back to the vagaries of informal providers. The bidding process also leads to a sense of competition among the NGOs. You hardly see instances whereby one can use others' infrastructure or an NGO fills in for another, continuing to provide the service for the people of the Sundarbans, if the first one decides to stop delivering services. The present research did not provide us with a chance to hear the public sector's opinion in this regard, but the poor sense of 'partnership' on both sides was obvious. While NGOs are (obviously) more concerned with winning the bidding, the public sector seems happier with Management Information System reports and quality guidelines. NGOs report supervision from government officials but whether this supervision was supportive is questionable. Therefore a regular mechanism whereby both parties can meet and listen carefully to each other's issues and work out solutions together, is very much desired.

Setting up a consortium could be another way to address some of the challenges towards more effective implementation of PPPs for the delivery of health services. If the NGOs could form a consortium, perhaps they would have more leverage in the contract negotiations with the Government and thus be able to ensure a more genuine "partnership" deal? The question is, though, who will bell the cat? This sort of consortium might only materialize if NGOs begin to understand the value of collaborating (rather than competing) or instead, if the government makes it mandatory to form one. Yet, such a 'healthy partnership' seems vital for ensuring universal health coverage. So, it is high time to work towards one, and make it sustainable and respectful.

Highlights of the week

World Malaria Day (April 25)

WHO – World Malaria Day

<https://www.who.int/campaigns/world-malaria-day/world-malaria-day-2019>

*“After more than a decade of steady advances in fighting malaria, progress has levelled off. According to WHO’s latest World malaria report, **no significant gains were made in reducing malaria cases in the period 2015 to 2017**. The estimated number of malaria deaths in 2017, at 435 000, remained virtually unchanged over the previous year. **Urgent action is needed to get the global response to malaria back on track** – and ownership of the challenge lies in the hands of countries most affected by malaria. On World Malaria Day 2019, WHO joins the RBM Partnership to End Malaria, the African Union Commission and other partner organizations in promoting **“Zero malaria starts with me,”** a **grassroots campaign** that aims to keep malaria high on the political agenda, mobilize additional resources, and empower communities to take ownership of malaria prevention and care.”* For other (WHO) key messages on World Malaria Day, see [here](#).

See also the **Seattle Times (Editorial)** - [Malaria battle reaches a critical crossroads](#)

And a few related **tweets**:

“Global funding has plateaued in recent years and #malaria is creeping back..”

Laurie Garrett: *“The world now assumes that **“Bill Gates will take care of it”** and other sources of funding and political backing have withered. The skewing impact of the @gatesfoundation is not @BillGates’s fault, nor a question of blame. But it is real & potentially devastating X-global hlth.”*

FT Health Special report – Combating malaria

<https://www.ft.com/reports/ft-health-combating-malaria>

*“On World Malaria Day, we report on a resurgence of the disease in Venezuela, the challenge to get **reliable data** on its spread and the latest on **gene editing technology** that could suppress carrier mosquitoes.”* And an article on **why it’s hard to attract private capital** to the fight.

As far as we are concerned, most of these (very insightful) articles are **must-reads**.

WHO - Malaria vaccine pilot launched in Malawi

<https://www.who.int/news-room/detail/23-04-2019-malaria-vaccine-pilot-launched-in-malawi>

“WHO welcomes the Government of Malawi’s launch of the world’s first malaria vaccine [today] in a landmark pilot programme. The country is the first of three in Africa in which the vaccine, known

as **RTS,S**, will be made available to children up to 2 years of age; **Ghana and Kenya will introduce the vaccine in the coming weeks....**”

*...The pilot programme is designed to generate evidence and experience to inform WHO policy recommendations on the broader use of the **RTS,S malaria vaccine**. It will look at reductions in child deaths; vaccine uptake, including whether parents bring their children on time for the four required doses; and vaccine safety in the context of routine use....*

*...The WHO-coordinated pilot programme is a collaborative effort with ministries of health in **Ghana, Kenya and Malawi** and a range of in-country and international partners, including PATH, a non-profit organization, and GSK, the vaccine developer and manufacturer, which is donating up to 10 million vaccine doses for this pilot....*

For coverage of this landmark pilot programme, see also [HPW](#) or [Stat News](#).

Project Syndicate - Why Is Malaria on the Rise Again?

F Okumu; <https://www.project-syndicate.org/commentary/malaria-prevention-mosquito-nets-not-enough-by-fredros-okumu-2019-04>

Well worth a read, this criticism of the (largely international) malaria **commodity-based approach**. “In recent decades, strategies for combating malaria have emphasized distributing easy-to-use commodities – including insecticides, insecticide-treated mosquito nets, and artemisinin-based antimalarial drugs – and expanding access to prompt diagnosis. This approach is reaching its limits....”

New weapon against drug resistant malaria: Big Data, says Telenor Research -- [Yahoo](#);

“A new [study](#) (in eLife) has found that combining malaria genetic data with human mobility data from mobile networks can help map and predict the spread of drug-resistant malaria. The study was conducted by the Harvard TH Chan School of Public Health, Telenor Group, Mahidol-Oxford Research Unit and the National Malaria Elimination Programme in Bangladesh. The study, **Mapping imported malaria in Bangladesh using parasite genetic and human mobility data**, is one of the largest efforts ever undertaken to quantify the human mobility patterns which spread disease. By modelling population movements that spread new, drug-resistant forms of malaria, the study aimed to help local health authorities track and contain this emerging threat to health in Southeast Asia. Combining epidemiological data, travel surveys, parasite genetic data, and anonymised mobile phone data, the study was able to measure the geographic spread of different types of malaria parasites in southeast Bangladesh, including drug-resistant mutations....”

IHME - Financing Global Health 2018 annual report

IHME: Financing Global Health 2018: Countries and Programs in Transition

A Micah, J Dieleman et al ; <http://www.healthdata.org/policy-report/financing-global-health-2018-countries-and-programs-transition>

“This 10th edition of the Institute for Health Metrics and Evaluation’s annual Financing Global Health report provides the most up-to-date estimates of development assistance for health, domestic spending on health, health spending on two key infectious diseases – malaria and HIV/AIDS – and future scenarios of health spending. Several transitions in global health financing inform this report: the influence of economic development on the composition of health spending; the emergence of other sources of development assistance funds and initiatives; and the increased availability of disease-specific funding data for the global health community...”

- For an overview of the **key messages**, see the IHME press release [Increased out-of-pocket spending threatens universal health coverage in ‘missing middle’ countries](#) (must-read!!!!)

Just one of the these key messages: *“One in six countries is expected to have substantially high out-of-pocket spending as a proportion of total health expenditures by 2050, according to a new scientific study. As low-income countries increase their GDP, they often face the “missing middle” problem: As they receive less development assistance, they are not able to fill the resulting gap due to slower growth in government health spending. As a result, many low- and middle-income countries rely more heavily on out-of-pocket spending. ...”*

Or cfr. **Chris Murray’s** take (see a KFF roundtable): *“Most alarming finding from new #healthspending study out today is not the flatlining of #DAH (still of great concern), but rather the slow growth in government spending in much of developing world, says Christopher Murray at #kfflive roundtable.”*

- For the latest update of (the by now famous) IHME data visualization tool, see [Financing Global Health](#)

“Explore patterns of global health financing flows from 1990 to 2050 in an updated tool. View trends in global health spending with interactive bar charts, maps, and line graphs. Explore DAH levels and changes over time by source, channel, recipient region, and health focus and program area. Compare DAH disbursed or received by population, disability-adjusted life years, gross domestic product, and government health spending. View all-cause spending for every country from 1995 to 2050, and HIV/AIDS spending for low- and middle-income countries from 2000 to 2016. For the first time, see malaria spending estimates for endemic countries from 2000 to 2016, as well as estimates of China’s DAH disbursements.”

Lancet – Past, present, and future of global health financing: a review of development assistance, government, out-of-pocket, and other private spending on health for 195 countries, 1995–2050

Global Burden of Disease Health Financing Collaborator network;
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30841-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30841-4/fulltext)

*“This study is, to our knowledge, the first analysis of global health financing to generate past trends, characterise present patterns, and predict future scenarios for 195 countries **over a period spanning 56 years**, with an emphasis on equity across countries over time, providing a holistic assessment of the state of global health financing. This analysis provides new estimates of total, government, prepaid private, and out-of-pocket health spending and development assistance for health for 195 countries spanning from 1995 to 2050. **The relationship between economic development and the distribution of these sources of financing provides further support for the theory of the global health financing transition.** The decomposition analysis shows, for the first time, key factors that have been associated with increases in government health spending across countries, showing that **increased prioritisation of the health sector and economic development are associated with the largest increases in government health spending globally.** These time trends in health spending also reveal persistent disparities across income groups, with **per capita health spending in high-income countries 130.2 times (...) that in low-income countries in 2016, and projected to remain stable at 125.9 times (...) greater in 2050.** Within low-income and middle-income country groups, the gaps between countries with the highest and lowest government health spending per capita are projected to widen between now and the future. Furthermore, **consistently high rates of out-of-pocket spending in low-income and middle-income countries suggest ongoing within-country inequities.** Although these trends also provide evidence of the global health financing transition, many countries’ trends run counter to global norms.”*

For a quick overview of the **key findings** of this Lancet paper, see [IHME](#).

Includes some lovely **graphs** on p. 18 & 19.

JAMA (viewpoint) - Global Health Spending and Development Assistance for Health

J Dieleman, C Murray et al; <https://jamanetwork.com/journals/jama/fullarticle/2732300>

*“This Viewpoint reviews the global health role of development assistance for health (DAH) and financial or in-kind assistance provided by western countries via international development agencies and foundations to low- and middle-income countries (LMICs), and proposes **best practices to ensure that DAH continues to be a reliable source of support for LMIC health systems and assists them to develop pandemic preparedness.**”*

Short must-read, with an **overview of the key DAH stats & donors in 2018** (check out the insightful table!).

They conclude, with a view on DAH for the coming years: *“In 2018, the gap between how much is spent on health by the richest and the poorest countries was larger than ever before. Similarly, the need for global public goods to ensure global health security continues to increase. Although not a replacement for building a sustainable domestic health financing system in low-income countries, **DAH can be a critical stopgap for countries unable to fully fund their own health systems and for pandemic preparedness.** As 2030 approaches and the end of the SDG era nears, **it is critical that key donors invest in health in a manner that supports the domestic health systems in low- and middle-income countries, as well as invest in global public goods.**”*

Check out also these two brand GBD new studies, in Lancet Infectious Diseases & Lancet HIV, respectively:

- [Lancet Infectious Diseases - Tracking spending on malaria by source in 106 countries, 2000–16: an economic modelling study](#)
- Lancet HIV: [Potential for additional government spending on HIV/AIDS in 137 low-income and middle-income countries: an economic modelling study](#)

“In The Lancet HIV, Annie Haakenstad and colleagues report how much fiscal space for HIV/AIDS could be created in 137 low-income and middle-income countries.”

On this last paper, there’s also a (methodological) Comment (by **Olivier Sterck** - [Estimating fiscal space for health: pitfalls and solutions](#)) & [answer](#) from the authors.

Second Belt and Road Forum for International Cooperation in Beijing (25-27 April)

Guardian - Belt and Road forum: China's 'project of the century' hits tough times

<https://www.theguardian.com/world/2019/apr/25/belt-and-road-forum-chinas-project-of-the-century-hits-tough-times>

Neat analysis ahead of the Forum.

“...in contrast to its first summit two years ago, the Belt and Road Initiative (BRI) takes place in a much less welcoming environment. Critics say the initiative is an effort to cement Chinese influence around the world by financially binding countries to Beijing by way of “debt trap diplomacy”. Critics have also called for China to institutionalise the Belt and Road initiative, so that the project is not seen as entirely Chinese-led. Others have cited environmental concerns, as Chinese companies build coal power projects around the world. Coal projects accounted for as much as 42% of China’s overseas investment in 2018, according to the China Global Energy Finance database...”

See also the Guardian - [Belt and Road summit puts spotlight on Chinese coal funding](#)

For other criticism, see for example Human Rights Watch - [China: ‘Belt and Road’ Projects Should Respect Rights](#) *“The Chinese government should ensure the projects it finances or engages in under the Belt and Road Initiative (BRI) respect human rights, Human Rights Watch said...”*

Brics Post - Analysis: China to roll out Belt and Road 2.0

<https://www.thebricspost.com/analysis-china-to-roll-out-belt-and-road-2-0/>

A view from the other side. Excerpts:

*“...According to reports from China, Beijing has acknowledged these issues and is promising to exert more auditing and anti-corruption efforts, including environmentally responsible policies, to allay the fears of its Belt and Road partners. **Chinese President Xi Jinping is likely to roll out a version 2.0 of the Belt and Road Initiative, taking into account concerns** voiced by both France and Germany during his meetings with their leaders late March. He wants to convince critics and those in Europe who remain suspicious of Chinese motives that the **initiative is designed to be more inclusive and produce win-win scenarios for his country’s partners**. To do that, the Forum will need to agree on **transparent means of financing for the multi-billion dollar projects**. Xi will also need to **focus on what the Belt and Road Initiative represents**. In its early days in 2013, the Initiative focused on infrastructure projects but since then it has been expanded to include foreign assistance and aid to many of the partner countries. In China, a number of investment and property developers have also latched on to the Initiative creating further lack of clarity on what the initiative actually stands for. To that end, the **Chinese president will have to specifically highlight which projects will be the vanguard of this Initiative...**”*

For more on the Belt & Road Initiative (BRI), you might also want to check out **a few papers by IDS** (among others, on the impact of BRI on SDGs). See [IDS](#).

[The Impact of Belt and Road Initiative \(BRI\) Investment in Infrastructure on Achieving the Sustainable Development Goals](#)

[Achieving Complex Development Goals Along China’s Digital Silk Road](#)

And for the latest update from Beijing (as of Friday 26 April), see the Guardian [Belt and Road forum: Xi Jinping promises transparency to ease concerns](#) (on Xi’s opening speech)

*“President Xi Jinping has sought to allay concerns about China’s Belt and Road initiative, saying: **“Everything should be done in a transparent way and we should have zero tolerance for corruption.”** He promised high standards in a bid to dispel complaints the projects costing many billions of dollars leave developing countries with too much debt....”*

Plos NTDs - Combating infectious disease epidemics through China’s Belt and Road Initiative

Jin Chen et al; <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0007107>

“The purpose of this paper is to analyse the existing spectrum of the main infectious diseases in epidemics (based on the Global Burden of Diseases [GBD] study of 2016, the potential negative effect on the economy, and the challenges to elimination. The paper also aims to explore opportunities and a feasible approach of global disease control with specific consideration of the BRI....”

Richard Horton gets Roux Prize

IHME (press release) - 'Activist Editor' Richard Horton of The Lancet receives \$100,000 Roux Prize For Lifetime Achievement in Population Health

<http://www.healthdata.org/news-release/%E2%80%98activist-editor%E2%80%99-richard-horton-lancet-receives-100000-roux-prize-lifetime-achievement>

“Dr. Richard Horton, the “activist editor” of the international medical journal The Lancet, will be honored June 10 in London for his accomplishments as one of the world’s most “committed, articulate, and influential advocates for population health.” He is receiving the 2019 Roux Prize, given annually to individuals on the front lines of global health innovation in data science....”

World Immunization week (24-30 April)

WHO – [World Immunization Week](#)

*“The **theme** of this year’s campaign is **Protected Together: Vaccines Work!**, and the campaign will celebrate Vaccine Heroes from around the world – from parents and community members to health workers and innovators – who help ensure we are all protected, at all ages, through the power of vaccines. ...”*

PS: I guess you can already see the hand of the new WHO Communications boss (who came from the Gates Foundation) in [#VACCINESWORK](#) (lots of visualizations, ...)

Guardian - Nearly 170m under-10s unvaccinated against measles worldwide

<https://www.theguardian.com/society/2019/apr/25/nearly-170m-under-10s-unvaccinated-against-measles-worldwide>

“Nearly 170 million children in the world under the age of 10, including half a million in the UK and 2.5 million in the US, are unprotected from measles in the face of growing outbreaks of the disease, Unicef is warning. More than 21 million children a year are not vaccinated against one of the most infectious organisms in existence, says the UN body. Between 2010 and 2017, an estimated 169 million children missed the first of the recommended two-dose regime....”

See also UN News - [Vaccinations create ‘umbrella of immunity’ against global measles outbreaks, says UNICEF](#)

And you might also want to read this week’s Lancet Editorial - [Measles eradication: a goal within reach, slipping away](#) (related to last week’s (worrying) WHO update on measles around the globe).

Drone delivery of medicines – scaling up in Ghana

FT - Drones to deliver medicines to 12m people in Ghana

<https://www.ft.com/content/b24bdec8-65d2-11e9-9adc-98bf1d35a056>

“Zipline project is world’s largest drone delivery network”. Great news for global health techies (and global health in general).

“The world’s largest drone delivery network, ferrying 150 different medicines and vaccines, as well as blood, to 2,000 clinics in remote parts of Ghana, [was] announced on Wednesday. The network represents a big expansion for the Silicon Valley start-up Zipline, which began delivering blood in Rwanda in 2016 using pilotless, preprogrammed aircraft. The move, along with a new agreement in Rwanda signed in December, takes the company beyond simple blood distribution to more complicated vaccine and plasma deliveries. Zipline will deliver vaccines for yellow fever, polio, diphtheria and tetanus which are provided by the World Health Organisation’s Expanded Project on Immunisation. The WHO will also use the company’s system for future mass immunisation programmes in Ghana. Later this year, Zipline has plans to start operations in the US, in North Carolina, and in south-east Asia. The company said it will be able to serve 100m people within a year, up from the 22m that its projects in Ghana and Rwanda will cover. The drones are the least complicated part of the business, Mr Rinaudo said, compared to designing a complex supply chain where none exists, integrating into national healthcare systems and working with regulators, such as the civil aviation authorities in Rwanda who touted Zipline to their Ghanaian counterparts... .. It includes a partnership with the government, Gavi, the Vaccine Alliance, the UPS Foundation, the Bill & Melinda Gates Foundation, Novartis and Pfizer. Zipline is backed by Sequoia Capital and Andreessen Horowitz, among others...”

See also [Reuters](#).

Trump administration again undermines global health (and SRHR in particular) in Security Council meeting on Sexual Violence in Conflict

Guardian - UN waters down rape resolution to appease US's hardline abortion stance

https://www.theguardian.com/global-development/2019/apr/23/un-resolution-passes-trump-us-veto-threat-abortion-language-removed?CMP=tw_t_a-global-development_b-gdndevelopment

“The UN has backed a resolution on combatting rape in conflict but excluded references in the text to sexual and reproductive health, after vehement opposition from the US...” Read this and be as baffled as I am about this “appeasement” of the Trump administration.

As **Ilona Kickbush** said on Twitter, that doesn’t bode well for the UN HLM on UHC in September. Even the term ‘health services’ seems a problem for the Trump administration.

More detail (on the negotiations & watering down of the wording during the process) in **Foreign Policy** [How a U.N. Bid to Prevent Sexual Violence Turned Into a Spat Over Abortion](#) and CNN - [US successfully removes 'sexual health' references from UN resolution on sexual violence.](#)

The FP article is based on an internal State Department cable: “...Trump administration officials say the term “sexual and reproductive health” refers to abortion. But other governments and advocacy groups dispute this view. In behind-the-scenes negotiations in the run-up to a vote expected on Tuesday, other key elements of the U.N. resolution were removed, including establishing a U.N. monitoring body to report atrocities. The United States continued opposing the resolution over its use of the phrase “sexual and reproductive health,” according to the confidential cable, even without the mechanism...”

Meanwhile, UN SG Guterres emphasized (see **UN News**) the world needs to [Protect women’s rights ‘before, during and after conflict’](#) - [UN chief tells high-level Security Council debate](#)

Advocacy ahead of UN HL meeting on UHC

As you know, next week a [multistakeholder hearing \(29 April\)](#) is scheduled. See [UHC2030](#) to find out how this hearing fits in the whole run-up to the HL meeting on UHC in September.

Meanwhile, we already want to flag some important advocacy:

Women in Global Health – 7th Ask

<https://www.womeningh.org/single-post/2019/04/21/Ask-7-Gender-Equality-and-Women%E2%80%99s-Rights-as-Drivers-of-Health>

“ASK 7: Gender Equality and Women’s Rights as Drivers of Health - Commit to gender equality and women’s rights (including SRHR) as foundational principles for UHC.”

“Women in Global Health support and endorse the UHC2030 6 Key Asks above and have added the complementary 7th Ask since gender equality and women’s rights are so critical to the achievement of UHC that they merit special mention and action. We encourage all our partners to call on Heads of State and national governments to adopt the 7 Asks and take action to accelerate progress towards UHC....”

- And an apt tweet from **Simon Wright** (Save the Children): “UN #UHC High-Level Meeting in Sept must be transformative. Business as usual means warm words, some donor projects and the usual replenishments. **Transformative means all governments commit to tax and spend as much as they can for health - at least 5% of GDP.** @CSOs4UHC @UHC2030”

Or if you want it in a **blog**, see [Vaccines are free - Why not all health services?](#) (Simon Wright, already thinking ahead, towards the UN HLM in September)

1st ever International Day of Multilateralism (24 April)

A much needed day, as you know, nowadays...

UN News - Multilateralism's 'proven record of service' is focus of first-ever International Day

<https://news.un.org/en/story/2019/04/1037231>

*"The International Day of Multilateralism and Diplomacy for Peace "underscores the value of international cooperation for the common good", according to United Nations Secretary-General António Guterres marking its **first-ever observance** on Wednesday."*

"We are living with a paradox: Global challenges are more connected, but our responses are growing more fragmented", he summarized.

New resource: Global Fund Data Explorer

<https://www.theglobalfund.org/en/updates/data-explorer/2019-04-24-global-fund-data-explorer/>

*"Mosquito nets distributed, dollars disbursed, programs implemented by the private sector – many factors contribute to saving lives. The results of the Global Fund partnership take many forms, and we measure those results through data. [Today] we launch a new way to experience and harness that data: the [Global Fund Data Explorer](#). The GF Data Explorer site **visualizes where Global Fund investments are and the impact they achieve by providing grant financial and results data at global, regional and country levels**. It features a state-of-the-art interface, interactive charts, and accessibility on desktop and tablet devices. It replaces the Grant Portfolio on theglobalfund.org, which will be discontinued in June 2019.*

Gearing up for the 72nd World Health Assembly (20-28 May, Geneva)

http://apps.who.int/gb/e/e_wha72.html

You find a **provisional agenda** here, and a number of **reports & background documents**.

For an **overview of many (official side & other) events, technical briefings, ...** see [Geneva Global Health Hub](#). Will be updated in the coming weeks.

The NCD Alliance also already released an **overview of NCD related events**: see [here](#).

GFF - Eighth Investors Group Meeting (15 April, Washington DC)

<https://www.globalfinancingfacility.org/eighth-investors-group-meeting>

The GFF Investors Group held its eighth meeting 15 April 2019 in Washington DC. **All papers and slides** now available here. A Meeting report is coming soon.

Ebola DRC – WHO: “Notable escalation” of violence

For the latest update, see [Cidrap News](#)

*“April has brought worsening conditions to the ongoing Ebola outbreak in North Kivu province, Democratic Republic of the Congo (DRC), according to the latest disease outbreak news update from the World Health Organization (WHO), as cases continue to mount. **Both community resistance and violent attacks are on the rise in hot spots such as Katwa and Butembo**, the WHO said, and a perceived lull in cases only reflects that surveillance activity has been interrupted due to ongoing security threats...”*

WHO - WHO Ebola responder killed in attack on the Butembo hospital

<https://www.who.int/news-room/detail/19-04-2019-who-ebola-responder-killed-in-attack-on-the-butembo-hospital>

End of last week, Dr **Richard Valery Mouzoko Kiboung**, an epidemiologist deployed by WHO in the response to the Ebola outbreak in the Democratic Republic of the Congo (DRC) was killed in an attack on Butembo University Hospital. He was also an [ITM alumnus](#). Do read the tribute to him.

Guardian - Rumour and violence rife as Congo Ebola outbreak surges out of control

https://www.theguardian.com/global-development/2019/apr/24/rumour-violence-congo-drc-ebola-outbreak-out-of-control?CMP=tw_t a-global-development b-gdndevelopment

Wide-ranging report of the (dire) situation now. Recommended read.

“Attacks on health centres are impeding efforts to contain an epidemic that has claimed nearly 900 lives in nine months.”

Excerpts:

“...It is likely that a second experimental vaccine, developed by Janssen Pharmaceuticals, could be rolled out within the next two months, according to Yap Boum, professor at Mbarara University, Uganda. It’s thought the vaccine will be used as a preventative measure in surrounding areas where

*the disease has not yet spread, but this will require large numbers of health workers to administer the treatment. **One concern is that communities see large amounts of money flowing into the area exclusively for Ebola.** Kate Learmonth, a health coordinator for the International Federation of Red Cross and Red Crescent Societies, said: “[People are saying], ‘We also have cholera and measles ...’ There’s a number of other concerns, and so the community is coming back and saying they want to be very much involved [in decision making].” ...”*

*“...Dr Oliver Johnson, who worked on the frontline of the Ebola crisis in west Africa and whose book, **Getting to Zero**, documents a litany of mistakes made during the outbreak, said that **improvements have been made in how the World Health Organization responds to crises.** But he added that there has been a **huge focus on vaccine and diagnostic innovations, and far less on building community trust....”***

AP - Doctors at Ebola epicenter in Congo threaten strike

[AP;](#)

“Doctors at the epicenter of Congo’s Ebola crisis are threatening to go on strike indefinitely if health workers are attacked again. The march on Wednesday comes after a Cameroon national working for the World Health Organization was killed last week on assignment in eastern Congo....” See also **NPR Goats & Soda** - [Why Health Workers In The Ebola Hot Zone Are Threatening To Strike.](#)

The protest won’t affect the response, though, WHO says.

Thomson Reuters - More food aid could boost fight against Ebola in Congo, agencies say

[Thomson Reuters Foundation;](#)

*“Giving more food aid in Ebola-struck parts of the Democratic Republic of Congo could help stop the spread of the second-biggest outbreak in history, aid agencies said on Wednesday. Food shortages are longstanding problem in the central African country, where about 13 million people, or 15 percent of the population, did not have enough to eat last year, according to the international food security tracking system IPC.... .. **“People receiving food are found to be more willing to cooperate in registration, vaccination and treatment,”** said Claude Jibidar, the World Food Programme’s country director. **Delivering food to families that might have been exposed to Ebola also helps prevent the disease’s spread by keeping people at home instead of in markets and public places,** he said. ..”*

Telegraph - Breaking through the glass ceiling: the woman looking after the health of a billion Africans

[Telegraph](#)

Nice interview with WHO Afro’s **dr Moeti** (from last week already), on the Ebola outbreak response but also broader.

Excerpts:

“... Dr Moeti says the organisation has learned from the chaotic initial response to the 2014 Ebola outbreak. At the time, the team working on outbreaks and public health emergencies was tiny - “probably not even eight people”. A number that seems tiny compared to Africa's 1.2 billion population. Since then, WHO Africa has hired some 80 additional experts and established two sub-regional offices outside the organisation’s headquarters in Brazzaville, Congo. “I’ve observed a sea-change in the effectiveness of the work that we are doing. We manage over 100 public health events a year, and through the reform of our programme... we’ve been able to close off and stop most of the outbreaks in a shorter time than was happening in the past,” she adds.

*“...But responding to outbreaks is a small part of the WHO’s work and Dr Moeti is focused on the biggest challenge facing the continent: **achieving universal healthcare coverage**, a key element of the UN Sustainable Development Goals (SDGs). That challenge was the **theme of this year’s Africa Health Forum** - an event Dr Moeti’s office created two years ago to bring together health ministers and experts from across the continent. **The key message the director wants them to take home is the economic argument for investing in healthcare** - each year, Africa loses \$2.4 trillion in GDP due to disease. ...”*

Finally, a quick (and worrying) link, from last week:

NYT - [ISIS Claims First Attack in the Democratic Republic of Congo](#)

“The Islamic State has claimed its first attack in the Democratic Republic of Congo, planting a flag in a region already troubled by violence and an outbreak of the Ebola virus. Eight soldiers were killed in the attack, which took place on Tuesday, according to Congolese officials...”

*The attack came in an area near the border of Uganda that is already beset with an outbreak of Ebola that health workers have struggled to contain because of a range of reasons, including violent attacks on treatment centers. Earlier this month, **President Felix Tshisekedi was quoted in news reports as saying he expected that the Islamic State might try to bolster its presence in the region following the destruction of its self-proclaimed caliphate centered in Syria and Iraq...**”*

BMJ Editorial – Transparency in IHR emergency committee decision making: the case for reform

M Eccleston-Turner & A Kamradt-Scott; <https://gh.bmj.com/content/4/2/e001618>

Global health dynamite. On the need for more transparency in IHR Emergency Committee decision making, with the latest Ebola DRC EC meetings as a case in point.

Excerpt: *“...The October 2018 meeting is the **only time an EC has deviated from this standard terminology**. While not conclusive, it is **suggestive the IHR EC’s advice was not based on PHEIC criteria alone but that other factors may also have been considered**. Likewise, at the April 2019 meeting, the IHR EC advised against a PHEIC being declared because, in the committee’s view, **‘there is no added benefit to declaring a PHEIC at this stage’**, and they further noted there has yet to be*

*‘international spread’ beyond the borders of the DRC. This is despite the fact that they acknowledged the ‘very high risk of regional spread’, the ongoing and complex nature of the current outbreak, the ‘recent increase in transmission in specific areas’ and the ‘critical need to strengthen current efforts in both preparedness and response’. Indeed, **the notion of ‘added benefit’ is not part of the PHEIC criteria laid down in the International Health Regulations**, and as such is superfluous to the treaty’s established legal requirements. These two statements naturally raise questions about how an EC arrives at its recommendations and the transparency of that deliberation process.”*

They conclude: **“Until there is increased transparency around (IHR) (Emergency Committee) EC Deliberations, questions about irrelevant considerations, undue influence and political interference will continue to arise.** These concerns can be **easily addressed given existing information technology capabilities, and interventions such as live streaming IHR EC discussions and verbatim records** will provide the entire international community with critical insights into how a public health crisis is unfolding and what the WHO is doing to contain it. This is a simple change to existing WHO practices that is long overdue, and in so doing, it will alleviate ongoing concerns about how EC members arrive at their decisions and strengthen the legitimacy of the WHO, which is charged with protecting the international community against the spread of disease.”

Earth Day (22 April) & Planetary Health

Lancet - Climate Armageddon

Laurie Garrett; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30850-5/fulltext?dgcid=raven_jbs_etoc_email](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30850-5/fulltext?dgcid=raven_jbs_etoc_email)

Garrett reviews **David Wallace-Wells’** book, **The Uninhabitable Earth: Life After Warming.**

You gotta give credit where it’s due: with his book, Wallace-Wells trumped Garrett at her own game (Laurie is the queen of looming ‘doom & gloom’ in global health) 😊. Garrett is (rightly) impressed, while hinting at the end that Wallace-Wells’ dark vision on the future underestimates some of the more promising recent trends. *“...Missing from most efforts to date, and from this book, is faith in the green grassroots, the Greta Thunberg generation, Earth Day marchers, America’s Green New Deal debates, and the cumulative impact of billions of steps towards a new world.”*

Lancet Comment - A call for clinicians to act on planetary health

E Veidis, S Myers et al (on behalf of the Clinicians for Planetary Health Working Group)
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30846-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30846-3/fulltext)

This newly-published planetary health call in @TheLancet, coinciding with **Earth Day** (22 April), aims to increase awareness of the health impacts of global environmental change and **mobilize clinical communities to get engaged.**

Excerpt:

“ The newly launched [Clinicians for Planetary Health](#) initiative posits that, through communicating the urgency of planetary health challenges via a global clinical network, we can spur individual-level behaviour change and bottom-up environmental action. ... **This Earth Day, we call for clinicians worldwide to join us.** Addressing planetary health challenges fundamentally rests on collective action. **Together, we must consider our dietary choices, modes of transport, energy sources, norms of production and consumption, political actions, avenues of community engagement, and models of environmental stewardship....”**

On appropriate ‘modes of transport’ for MDs, I already gave some (free) advice in this week’s intro.

Nature (news) - ‘Global deal for nature’ fleshed out with specific conservation goals

<https://www.nature.com/articles/d41586-019-01253-z>

“To maintain a liveable planet, **governments need to protect 30% of Earth's land and sea and sustainably manage another 20%, say researchers.**”

“...The recommendations are part of a fleshed out ‘**global deal for nature**’ — initially proposed by researchers in 2017 as a companion to the Paris climate accord — that outlines what it will take to maintain a liveable planet. The deal calls for formal protection or sustainable management of half of the planet’s land and oceans by 2030, saying that conservation activities must go hand in hand with efforts to limit global warming to 1.5 °C above pre-industrial levels. In a **paper published on 17 April in Science Advances**, researchers lay out what it will take to hit that target....”

Lancet Planetary Health – new April issue

<https://www.thelancet.com/journals/lanplh/issue/current>

Start with the **Editorial - [Pollution and our oceans](#)**.

“In a Comment in this issue of The Lancet Planetary Health, Jessica Bogard and colleagues discuss **the role of fish and seafood in future sustainable diets**. They highlight some of the benefits of consuming seafood as a major source of dietary protein, as well as the challenges involved in measuring its true sustainability. **The UN estimates that around 3 billion people are dependent on seafood as their primary protein source, while over 200 million people are employed in work related to marine fisheries.** These figures alone—not to mention the many other links between human societies and the ocean—highlight the scale of the threat that could arise if we do not find a way of managing our oceans sustainably....”

“...March 25 to April 5, 2019, marked the second of four rounds of talks at the United Nations, as **member states try to work out a new Global Ocean Treaty** to define protected areas of the high seas and ways to enforce this protection. With goals of protecting as much as 30% of the world's ocean by 2030, real improvements could be within the delegates' reach. This is an opportunity that must not be lost.”

And a few quick links:

The Conversation - [Why protesters should be wary of '12 years to climate breakdown' rhetoric](#)

Guardian - [‘Death by a thousand cuts’: vast expanse of rainforest lost in 2018](#) (based on new research from the Global Forest Network)

AMR & (antibiotics) market failure

FT - We ignore the disaster in the antibiotics market at our peril

J Farrar; <https://www.ft.com/content/4da1c6e4-603d-11e9-9300-0becfc937c37>

“There is no viable path for new drugs, however valuable they are to society” Cfr a tweet: “*Strong warning from @JeremyFarrar on what @Achaogen going bankrupt means for the development of lifesaving antibiotics.*”

Excerpts:

“... **Achaogen** is not a company most people have heard of. It is not a household name, barely has an international presence and most of us have never used one of its products. ... **And yet its recently announced bankruptcy is one of the most significant — and worrying — corporate failures of this decade. In the global struggle against superbugs, Achaogen is a biotech at the front line. Its failure is the latest symptom of an ailing antibiotics market. Decades of disinvestment have left perilously few companies active in antibiotic development. Those remaining are often dependent on support from philanthropic or public funders — such as the Wellcome Trust, the medical research charity, or the US government. This support has catalysed an exciting crop of biotechs that are now driving antibiotic innovation. But to go beyond early-stage research and initial small-scale trials, they need private capital to step in. Without external investment, small biotechs cannot carry prospective drugs through the complex and expensive later-stage trials they must pass. Achaogen was a leading example of what could be achieved by a smart start-up working in partnership with government and philanthropic funders. Achaogen (‘s failure) is not alone. “...Ten of 12 antibiotics launched in the US in the past decade (not all of them breakthrough products) are achieving US sales of less than \$100m a year. This barely covers the cost of keeping them on the market, let alone recouping investments. **The tragedy is not that investors have lost their money. Rather, it is the signal that there is no viable route to market for new antibiotics, however valuable they may be to society.** We need real change now. The amounts that need to be injected are high — about \$1bn per drug. That’s a hard sell for politicians, but it reflects the value of antibiotics. The cost could be shared among countries...”**

See also **Wired** for insightful analysis [The antibiotics business is broken, but there's a fix](#) **Pull incentives**, that is. Push incentives clearly don’t suffice.

There’s a catch, though: ““...Any of these pull incentives will work, given enough money,” says David Shlaes, a physician and former drug developer who tracks the antibiotics market on his blog, *Antibiotics—The Perfect Storm*. But, imagining a Congressional debate about them, he adds sardonically: “**Everybody who wants to go on record as giving money to the pharmaceutical industry, raise their hands.**””

Migration, fragile & conflict-affected countries & health systems/financing

IJHPM (Editorial) - A Crisis of Humanitarianism: Refugees at the Gates of Europe

M Fotaki; http://www.ijhpm.com/article_3611.html

“Having initially welcomed more than a million refugees and forced migrants into Europe between 2015 and 2016, the European Union’s (EU’s) policy has shifted toward externalising migration control to Turkey and Northern Africa. This goes against the spirit of international conventions aiming to protect vulnerable populations, yet there is widespread indifference toward those who remain stranded in Italy, Greece and bordering Mediterranean countries. Yet there are tens of thousands living in overcrowded reception facilities that have, in effect, turned into long-term detention centres with poor health and safety for those awaiting resettlement or asylum decisions. Disregard for humanitarian principles is predicated on radical inequality between lives that are worth living and protecting, and unworthy deaths that are unseen and unmarked by grieving. However, migration is on the rise due to natural and man-made disasters, and is becoming a global issue that concerns us all. We must therefore deal with it through collective political action that recognises refugees’ and forced migrants’ right to protection and ensures access to the health services they require.”

Johns Hopkins (report & recommendations) - Reality Makes Our Decisions: Ethical Challenges in Humanitarian Health in Situations of Extreme Violence

[Hopkins;](#)

A collaboration between the Center for Public Health and Human Rights, Center for Humanitarian Health, Johns Hopkins Bloomberg School of Public Health | International Rescue Committee | Syrian American Medical Society.

“This project explored the ethical challenges humanitarian health organizations face in situations of extreme violence against civilians, particularly when healthcare facilities and personnel become targets in the conflict. Its objective was to provide processes and mechanisms as well as practical tools to guide humanitarian health organizations through complex ethical challenges facing them in these settings....”

The Collectivity - Health Systems and Fragility in Francophone Africa

Aloys Zongo, Joel Arthur Kiendrebeogo, Willem van Put, Bruno Meessen (on behalf of the working group on Health System & Fragility); <http://www.healthfinancingafrica.org/home/health-systems-and-fragility-in-francophone-africa>

“A worrying deterioration of the security situation is underway in several Francophone African countries. Other countries have been stuck for years in a state of instability. The number of so-called ‘fragile’ contexts is widening. A working group was set up on ‘Collectivity’ to reflect on the issue and propose activities that would help address it. Its members call us to action. In this blog post, they present their initiative.”

For the **concept note**, see [Health Systems and Fragility in French-speaking Africa: Challenges and Prospects](#).

SS&M - Health financing in fragile and conflict-affected settings: What do we know, seven years on?

M Bertone, S Witter et al;

https://www.sciencedirect.com/science/article/abs/pii/S0277953619302199?dgcid=raven_sd_aip_email

Some of the key messages: “*Health financing in FCAS is a growing field, but skewed in focus by external actors. Some topics, such as PBF, have grown since 2012 but many of the gaps remain. Better learning across humanitarian and development settings is needed. More attention is needed to document local innovations in FCAS health financing. Empirical analysis of FCAS-specific health financing patterns is another priority.*”

UHC (incl in HICs) & Alma Ata 40 years later

WB & WHO- Healthy China: Deepening health reform in China: building high-quality and value-based service delivery

<https://openknowledge.worldbank.org/bitstream/handle/10986/31458/9781464812637.pdf?deliveryName=DM11894>

400 + pages. That should suffice to get to a ‘Healthy China’, we reckon ☺. With 8 recommendations (strategic reform directions) for the likes of Li Keqiang et al.

As a reminder: “...On October 29, 2015, the 18th Session of the Central Committee of the Fifth Plenary Session of the Communist Party of China (CPC) endorsed **a national strategy known as “Healthy China,”** which places population health improvement as the primary strategic goal of the health system. This strategy has guided the planning and implementation of health reforms under the 13th Five-Year Development Plan, 2016–20...”

BMJ Global Health (Analysis) – 40 years after Alma-Ata, is building new hospitals in low-income and lower-middle-income countries beneficial?

F Chabrol, V Ridde et al ; https://gh.bmj.com/content/3/Suppl_3/e001293

“*Public hospitals in low-income and lower-middle-income countries face acute material and financial constraints, and there is a trend towards building new hospitals to contend with growing population health needs. **Three cases of new hospital construction are used to explore issues in relation to their funding, maintenance and sustainability.** While hospitals are recognised as a key component of healthcare systems, their role, organisation, funding and other aspects have been largely neglected in health policies and debates since the Alma Ata Declaration. Building new hospitals is politically more attractive for both national decision-makers and donors because they symbolise*

progress, better services and nation-building. To avoid the ‘white elephant’ syndrome, the deepening of within-country socioeconomic and geographical inequalities (especially urban–rural), and the exacerbation of hospital-centrism, there is an urgent need to investigate in greater depth how these hospitals are integrated into health systems and to discuss their long-term economic, social and environmental sustainability.”

With among others, a focus on Chinese-built hospitals in sub-Saharan Africa.

IJHPM - Monitoring Frameworks for Universal Health Coverage: What About High-Income Countries?

N Bergen, A Ruckert, R Labonté; http://www.ijhpm.com/article_3612.html

Must-read. *“Implementing UHC is widely perceived to be central to achieving the SDGs, and is a work program priority of the WHO. Much has already been written about how low- and middle-income countries (LMICs) can monitor progress towards UHC, with various UHC monitoring frameworks available in the literature. However, **we suggest that these frameworks are largely irrelevant in high-income contexts and that the international community still needs to develop UHC monitoring framework meaningful for high-income countries (HICs).** As a first step, this short communication presents **preliminary findings from a literature review and document analysis** on how various countries monitor their own progress towards achieving UHC. It furthermore offers considerations to guide meaningful UHC monitoring and reflects on pertinent challenges and tensions to inform future research on UHC implementation in HIC settings.”*

PHA4 (Dhaka) -Final declaration: The Struggle for Health is the Struggle for a More Equitable, Just and Caring World

https://phmovement.org/wp-content/uploads/2019/04/PHA4-Declaration_FINAL_EN.pdf

More than worth to (re-)read. Built around six different thematic and action areas.

Mining: protect the rights of local communities

Lancet Editorial - [Mining: protect the rights of local communities](#)

Editorial linked to *“...a joint report published April 16 by the Centre for Environmental Rights, ground Work, Earthjustice, and Human Rights Watch, which finds that those who dare protest against mining activities in South Africa face harassment, intimidation, or violence. This is not only true in South Africa...”*

*“...21st century mining is keen to present a different face, one that takes corporate responsibility, sustainable development goals, and health and safety assessments seriously. However, **Human Rights Watch draws the portrait of an industry that is still built at the expense of local communities' rights.** That people need to protest to have their rights respected is saddening, but that their lives are endangered while doing so is deplorable. Industrial gains cannot come at that cost.”*

Gender mainstreaming within WHO: not without equity and human rights

Lancet Comment - [Gender mainstreaming within WHO: not without equity and human rights](#)

By **V Mager** (Team Leader for Gender, Equity and Human Rights, WHO) et al.

*“...WHO is mainstreaming gender as a **relational concept that includes everyone and intersects with other drivers of inequalities**, such as poverty, age, sexuality, ethnicity, and disability, resulting in differential behaviours, exposures to risk factors, vulnerabilities, and health outcomes....”*

*“By **firmly anchoring gender in equity and human rights**, WHO is better equipped to address the drivers of inequality and poor health....”*

Financing for Development (FfD) forum – More analysis

Devex (Analysis) – What will it take to fix flailing SDG funding?

[Devex](#);

Recommended analysis of the latest FfD forum in New York. « *The international community is not acting fast enough to mobilize finance for the Sustainable Development Goals, experts gathered at the Financing for Development Forum told Devex. Stakeholders at the forum in New York sounded the alarm on a lack of progress nearly four years after world leaders gathered in Addis Ababa, Ethiopia, to hash out how to fund the 17 goals that would be adopted later that year. U.N. Secretary-General António Guterres called 2019 a defining year in implementing the SDGs, adding that “so far we are not keeping pace” and that “possible upticks” in financial volatility are complicating implementation. **Developing countries** must meet their commitments to improve domestic resource mobilization and increase tax revenue, but **the international community** must also step up to help fight tax evasion, money laundering, and illicit financial flows, he said....”*

2nd Fair Pricing Forum – Some more analysis

Ellen ‘t Hoen - Strong call for transparency on medicine prices, cost of R&D at WHO Fair Pricing Forum

<https://medicineslawandpolicy.org/2019/04/strong-call-for-transparency-on-medicine-prices-cost-of-rd-at-who-fair-pricing-forum/>

You know you can’t do much wrong with reading Ellen ‘t Hoen’s in-depth analysis of the latest Fair Pricing Forum in Jo’burg. More than recommended.

“Calls for drug price and cost transparency grew louder at the second Forum, though they began at the first Fair Pricing Forum held in the Netherlands in 2017....”

*“...The cost of cancer treatment took centre stage at the Forum, with the WHO’s [report](#) on the pricing of cancer medicines **providing important background**. The study found that the costs of R&D and production may bear little or no relationship to how pharmaceutical companies set prices of cancer medicines....”*

CGD Note - WHO Technical Report on Cancer Pricing Misses the Mark—It Should Focus on the “Demand Side”

K Chalkidou et al; <https://www.cgdev.org/publication/who-technical-report-cancer-pricing-misses-mark-it-should-focus-demand-side>

For a rather different view, based on the assumption that price transparency for on-patent drugs is likely to reduce access to drugs, see this **CGD Note** from early April. Well worth a read. The authors list **6 priorities** – “What WHO should be doing instead of pursuing price and cost transparency”.

The first one being *“Supporting member states, with a particular focus on LMICs, in introducing effective HTA and related priority-setting mechanisms and institutions in order to support universal health coverage through more efficient pricing and reimbursement mechanisms based on value-based pricing, as per the World Health Assembly 2014 HITA Resolution....”*

NCDs

In Geneva, the **International Forum on Food Safety and Trade** took place this week. Together with FAO, WTO, experts and Countries, we, WHO discussed food security, safety and healthy diet.

Some news from Geneva (incl other NCD news):

WHO - Fats, oils, food and food service industries should join global effort to eliminate industrial transfat from processed food by 2023

<https://www.who.int/news-room/detail/23-04-2019-fats-oils-food-and-food-service-industries-should-join-global-effort-to-eliminate-industrial-trans-fat-from-processed-food-by-2023>

Statement by **WHO DG Tedros**. *“The elimination of industrially-produced trans fat from the global food supply is a WHO priority and a target in the 13th General Programme of Work (GPW), which will guide the WHO through 2023....”* Here he calls on the industry to contribute (as without them it ain’t possible).

New WHO guidelines - To grow up healthy, children need to sit less and play more

<https://www.who.int/news-room/detail/24-04-2019-to-grow-up-healthy-children-need-to-sit-less-and-play-more>

“New WHO guidelines on physical activity, [sedentary behaviour and sleep for children under 5 years of age](#) Children under five must spend less time sitting watching screens, or restrained in prams and seats, get better quality sleep and have more time for active play if they are to grow up healthy, according to new guidelines issued by the World Health Organization (WHO)...”

For coverage of these new guidelines, see HPW – [WHO Recommends Young Children Play More, Watch Screens Less, Get Plenty Of Sleep](#)

“...These guidelines fill a gap in such recommendations for this age group. They explain that similar recommendations have previously been made for the age groups 5-17, 18-64 and over 65 years, “but up until this point did not include children under the age of 5 years.”...”

As for adults’ sedentary behavior, this advice might also work to boost your health & wellbeing (HT a colleague of mine, via **the Onion**) - [Health Experts Recommend Standing Up At Desk, Leaving Office, Never Coming Back](#). 😊

Lancet Comment - Gambling control: in support of a public health response to gambling

M Van Schalkwyk, M McKee, M Petticrew et al

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30704-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30704-4/fulltext)

*“Gambling has been identified as a threat to health, but responses, including policy and industry-funded corporate social responsibility initiatives, continue to focus on individual gamblers rather than, as is increasingly accepted for other health threats, challenging the companies that profit from this misery. **There is a need to rapidly move away from this individual-level narrative and address the wider corporate determinants of health in relation to gambling.** At the same time, there is a need to limit the ability of industry to prevent the implementation of effective measures....”*

“...Development of an effective public health approach to gambling needs to start by applying the lessons learned from dealing with harms from tobacco, alcohol, and food and beverage industries....”

Some Journal articles of the week

Policy Studies Journal - Wind(ow) of Change: A Systematic Review of Policy Entrepreneurship Characteristics and Strategies

N F Aviram et al ; <https://onlinelibrary.wiley.com/doi/full/10.1111/psj.12339>

We suspect at least one of the authors likes [the Scorpions](#) 😊. #ahum

*“What lessons can we learn **from 40 years of policy entrepreneurship scholarship on policy entrepreneurs’ strategies and defining characteristics?** While scholars have offered important insights, many questions remain open. **This article systematically reviews 229 articles that were published between 1984 and 2017.** Our findings provide (i) an analysis of policy entrepreneurship*

characteristics by sector, policy domain, individual/group, government layer, and geographical spread, (ii) an empirically based identification and classification of policy entrepreneurship strategies, and (iii) a statistical analysis of the relationship between policy entrepreneurs' characteristics and strategies.”

HP&P - Foreign aid, Cashgate and trusting relationships amongst stakeholders: key factors contributing to (mal) functioning of the Malawian health system

R Adhikari et al; <https://academic.oup.com/heapol/advance-article-abstract/doi/10.1093/heapol/czz021/5475797?redirectedFrom=fulltext>

“Malawi has a long history of receiving foreign aid, both monetary and technical support, for its health and other services provision. In the past two decades, foreign aid has increased, with the aim of the country being able to achieve its Millennium Development Goals by the end of 2015. It is currently moving towards achieving the sustainable development goals. Despite increased donor support, progress in the Malawian health service has remained very slow. **This article discusses how trusting relationships amongst the stakeholders is vital in proper financial management, including of foreign aid and effective functioning of the health system in Malawi.** During the study period 2014–16, the country continued to face **significant financial and other resource management challenges.** The study has identified key factors, notably the **issue of financial mismanagement,** particularly Cashgate, news of which broke in 2013. This scandal has resulted in a great deal of mistrust amongst key stakeholders in health....”

Plos Med - Socioeconomic position and use of healthcare in the last year of life: A systematic review and meta-analysis

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002782>

“Joanna Davies and colleagues highlight the association between **low socioeconomic status and poor end of life care as well as increased risk of hospital death.**”

NBER Working paper - Is Blinded Review Enough? How Gendered Outcomes Arise Even Under Anonymous Evaluation

<https://www.nber.org/papers/w25759>

“For organizations focused on scientific research and innovation, workforce diversity is a key driver of success. **Blinded review is an increasingly popular approach to reducing bias and increasing diversity in the selection of people and projects,** yet its effectiveness is not fully understood. We explore the impact of blinded review on gender inclusion in a unique setting: **innovative research grant proposals submitted to the Gates Foundation from 2008-2017.** Despite blinded review, **female applicants receive significantly lower scores,** which cannot be explained by reviewer characteristics, proposal topics, or ex-ante measures of applicant quality. By contrast, the gender score gap is no longer significant after controlling for text-based measures of proposals' titles and descriptions. **Specifically, we find strong gender differences in the usage of broad and narrow words, suggesting that differing communication styles are a key driver of the gender score gap.** Importantly, the **text-based measures that predict higher reviewer scores do not also predict higher ex-post innovative performance. Instead, female applicants exhibit a greater response in follow-on**

scientific output after an accepted proposal, relative to male applicants. Our results reveal that gender differences in writing and communication are a significant contributor to gender disparities in the evaluation of science and innovation.”

Plos Med Special issue on New Tools and Strategies for Tuberculosis Diagnosis, Care and Elimination

With among others, the following two reads:

Plos Med Perspective - [Controlling latent TB tuberculosis infection in high-burden countries: A neglected strategy to end TB](#)

“In a Perspective for the Special Issue on New Tools and Strategies for Tuberculosis Diagnosis, Care and Elimination, Gavin Churchyard and Sue Swindells discuss the importance of strategies to target latent tuberculosis infection in high risk populations and thus disrupt a reservoir for new infections in high burden countries.”

Plos Med Perspective - [Tuberculosis vaccines: Rising opportunities](#)

“Johan Vekemans, Katherine O'Brien, and Jeremy Farrar discuss recent breakthroughs in the search for a highly effective tuberculosis vaccine in their perspective for the Special Issue.”

SS&M – A comparative review of mobile health and electronic health utilization in sub-Saharan African countries

B Bervell et al ;

https://www.sciencedirect.com/science/article/abs/pii/S0277953619302242?dgcid=raven_sd_aip_email

“A comparative review of m-health and e-health in sub-Saharan Africa was conducted. The key opportunities and challenges of using these technologies were addressed. Differences in utilization were found between the two technologies. Both technologies were useful for adherence, diagnosis, and disease control.”

Lancet – Offline: Japan—rich nation, big questions

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30940-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30940-7/fulltext)

“... Japan is welcoming (and pondering the meaning of) a new imperial era. The Reiwa period begins on May 1, 2019, with the accession of Crown Prince Naruhito as the country's 126th Emperor. There is some uncertainty about the meaning of Reiwa, but the official translation is “beautiful harmony”. The end of Emperor Akihito's Heisei period is a useful moment to reflect on Japan's future....”

Horton concludes: *“...Japan has been at its best and strongest when it encouraged an engaged internationalism (witness the Meiji Restoration, beginning in 1868). Part of the answer to Japan's diminished future population and inevitable health emergency will be to expand the country's global*

collaborations and to incentivise inward migration. That greater international integration must be the hallmark of Emperor Naruhito's Reiwa era. If achieved, it would be a beautiful harmony indeed."

Lancet Perspective – What we need to talk about when we talk about health

Sandro Galea; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30867-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30867-0/fulltext)

Linked to a forthcoming book by the same author, who focuses on the US and its (current health & other) predicament, but obviously, this analysis has broader relevance:

*"...We have begun to change how we talk about health, creating the possibility for new approaches. In recent years, we have begun talking about the health effects of threats like climate change, gun lobbying, and economic inequality. **Changes in how we—academics, health professionals, policy makers, and the public at large—talk about health** do not mean that political changes will necessarily follow, or that, if they do, they will be on a scale commensurate with the challenges we face. But **there are early signs that political priorities have indeed begun to shift in this direction.** Global movements re-engaging foundational forces—from gender equity, to access to affordable wages, to climate change—are also broadly encouraging, but they are only a start. **The next step needs to be a public conversation that coalesces around a demand for health and the public goods that allow health to flourish.** We need to **embrace a discussion of the social, economic, and environmental forces that generate health.** It was losing sight of these forces in the first place that brought us to our current predicament."*

Lancet Correspondence related to the International AIDS Society–Lancet Commission (from last year)

Check out for example Andy Guise's [Letter](#) in the Lancet:

*"The International AIDS Society–Lancet Commission, led by Linda-Gail Bekker and colleagues (July 19, 2018, p 312), celebrates HIV exceptionalism while seeking a new era of global health. With the Commission, Makofane and colleagues call for a critical engagement with the causes of inequality that shape susceptibility to HIV, with analysis needing to engage with capitalism and oppression. **Exceptionalism provides a framework for this analysis and should be retained for an era of global health and the Sustainable Development Goals...."***

*"...If society is to mourn the passing of HIV exceptionalism, then we must herald a new era of **global health exceptionalism**, born from it, that continues to challenge power and stigma, and we must seek a historical break from the structures that still determine limited life chances for so many."*

Some mainstream reads, articles, blogs, news ... of the week

Fortune - How Bill and Melinda Gates Are Transforming Life for Billions in the 21st Century

<http://fortune.com/longform/bill-melinda-gates-worlds-greatest-leaders/>

Fortune has chosen Bill and Melinda Gates as **their 2019 World's Greatest Leader**. ... (Realistic) **optimism** is key in what they do. ...

Although we don't like billionaires much (in general), we have deep appreciation for their work, drive and impact. Put differently, if more billionaires were like this couple, the world would be a far better place.

CGD launches 'Debates in Development'

<https://www.cgdev.org/debates-in-development>

CGDev has launched **Debates in Development** – a new online discussion forum where leading experts weigh in on the big questions in #globaldev.

There's also a hashtag - [#cgddebates](#)

Global governance of health

Tax Justice Network - Adapt or step aside: pressure on OECD to reform pre-World War II tax rules as UN convenes historic tax meeting

M Meinzer; <https://www.taxjustice.net/2019/04/24/adapt-or-step-aside-pressure-on-oecd-to-reform-pre-world-war-ii-tax-rules-as-united-nations-convenes-historic-tax-meeting/>

"At the crossroads of the most fundamental global corporate tax reform since the 1920s, the United Nations will hold a special meeting on Monday 29 April on outlining fair tax rules fit for the modern digital economy. The meeting, to be attended by over 50 country delegates and over a hundred tax experts, academics and activists, comes on the heels of the OECD's recent proposals for root and branch reform of the international tax system to meet the challenges of an increasingly digital world – effectively marking the OECD's last chance to retain its reign as a global rule-setter on international tax..."

Antipode - New Frontiers of Philanthro-capitalism: Digital Technologies and Humanitarianism

R Burns; <https://onlinelibrary.wiley.com/doi/abs/10.1111/anti.12534>

This one is for the many Marxist readers of this newsletter. At least, if they can get hold of a copy ☺.

"Digital technologies that allow large numbers of laypeople to contribute to humanitarian action facilitate the deepening adoption and adaptation of private-sector logics and rationalities in

humanitarianism. This is increasingly taking place through philanthro-capitalism, a process in which philanthropy and humanitarianism are made central to business models. Key to this transformation is the way private businesses find supporting “digital humanitarian” organisations such as Standby Task Force to be amenable to their capital accumulation imperatives. Private-sector institutions channel feelings of closeness to aid recipients that digital humanitarian technologies enable, in order to legitimise their claims to “help” the recipients. **This has ultimately led to humanitarian and state institutions re-articulating capitalist logics in ways that reflect the new digital humanitarian avenues of entry.** In this article, I characterise this process by **drawing out three capitalist logics** that humanitarian and state institutions re-articulate in the context of digital humanitarianism, in an emergent form of philanthro-capitalism. Specifically, I argue that **branding, efficiency, and bottom lines** take altered forms in this context, in part being de-politicised as a necessary condition for their adoption. This de-politicisation involves normalising these logics by framing social and political problems as technical in nature and thus both beyond critique and amenable to digital humanitarian “solutions”. **I take this line of argumentation to then re-politicise each of these logics and the capitalist relations that they entail.”**

IISD - It's Not the Boxes that Count, but the Arrows: GSDR Scientists Call for Focus on Levers of Change

<http://sdg.iisd.org/news/its-not-the-boxes-that-count-but-the-arrows-gsdr-scientists-call-for-focus-on-levers-of-change/>

See also a previous IHP newsletter.

“The 15 independent scientists who are preparing the 2019 edition of the Global Sustainable Development Report briefed UN Member States and stakeholders on preliminary findings of their report. The 2019 GSDR will be the first GSDR edition to be issued by an independent group of experts, and the first that will inform the UN’s summit-level global review of the 2030 Agenda. The first draft of the report will be posted online for review and comments by Member States and other stakeholders by mid-May and finalized in July, in order for key findings to be presented at the July session of the HLPF, while the official version will be formally launched at the SDG Summit in September 2019.”

Excerpt:

“...Messerli presented the key elements of the report as it is currently drafted, and said it aims to answer the question, “what do we know about transforming the world?” He reported that the group found a “sobering picture” on SDG progress. With some targets moving forward but many not progressing (maternal mortality), and many others moving backwards (biodiversity loss is taking place at an unprecedented rate all over the world), he said “our starting point is a message of alarm, a message of huge urgency.” As for what to do about this, he said, “if we run after every target, we won’t be able to make it,” and working to achieve single SDGs is not sufficient. With each of the 17 SDGs linked to each of the other 16, he said the key is to think systematically: “it’s the arrows that count, and not the boxes.” ... However, vicious cycles can be turned into virtuous ones through a focus on global flows, as set out in a three-part model of change. First, the group identified six entry points for transformation: Human wellbeing and capabilities; Sustainable economies; Energy decarbonization and access; Food and nutrition; Urban and peri-urban

development; and Global commons. **They also set out four levers for change across those areas:** governance; economy and finance deployed “with purpose”; behavior and collective action at both individual and societal levels; and science and technology. ... Third, Messerli said **each lever, combined with each entry point for transformation, comprises a pathway.** Within a given pathway, such as the role of finance in the food system, the details will differ between countries and contexts, but all can use the same lever. He said the report seeks to inform actors by identifying “the buttons we have to push” and showing how others are doing it. These tools and successes can then be shared and scaled up....”

CSIS (report) - Responding to the Xinjiang Surveillance State—and Its Likely Progeny

Amy Lehr (Human Rights Initiative); <https://www.csis.org/analysis/responding-xinjiang-surveillance-state-and-its-likely-progeny>

“...Recent reports suggest that China is exporting this technology to other countries with questionable human rights records, suggesting that Xinjiang-style extensive surveillance is likely to be a contagious malady. Moreover, certain U.S. technology brands are reportedly providing hardware that supports widescale facial recognition to Chinese companies—the same Chinese companies deeply implicated in the Xinjiang surveillance system. Well-known U.S. institutional investors also have invested in these Chinese surveillance companies....”

Guardian - Srećko Horvat: ‘The current system is more violent than any revolution’

<https://www.theguardian.com/books/2019/apr/21/srecko-horvat-poems-from-the-future-interview>

“The philosopher and activist counts Yanis Varoufakis, Slavoj Žižek and Julian Assange as friends, and his new book calls for a global liberation movement to bring down capitalism.”

The book is called, ‘*Poetry from the future: Why a Global Liberation Movement Is Our Civilisation’s Last Chance*’. Lovely title.

To get you in the mood for this nice Guardian article (and also the book perhaps), we don’t want to withhold this **quote from Horvat** (paraphrasing A Badiou), from a previous book, from you: “*Love is communism for two. But love is as difficult as communism, and can often end up as tragic as communism. Like revolution, true love is the creation of a new world.*”

The New York Review of Books – Have Human Rights failed?

<https://www.nybooks.com/articles/2019/04/18/have-human-rights-failed/>

(gated) Review of the book 'Evidence of Hope', by K Sikkink.

A tweet perhaps on this article:

"Critics like to pretend that human rights are imposed by the West. In fact, "it was Latin American nations, over the resistance of the US and the UK, that insisted on including human rights language in the United Nations Charter." "

Devex - Partnering for health security in the Indo-Pacific

<https://www.devex.com/news/partnering-for-health-security-in-the-indo-pacific-94599>

"Up to 14 million Australian dollars (\$9.86 million) will be available to support activities to address health security issues in the Pacific and Southeast Asia as part of two new funding rounds from the Indo-Pacific Centre for Health Security..."

Devex (Q&A) - How Gavi can adapt to tackle equity and conflict

<https://www.devex.com/news/q-a-how-gavi-can-adapt-to-tackle-equity-and-conflict-94751>

Sadly, gated. *"Gavi, the Vaccine Alliance, is gearing up for its third replenishment cycle and rolling out a new strategy — **Gavi 5.0** — that aims to reflect a new era of global health and development. Devex spoke to Anuradha Gupta, Gavi's deputy CEO, about what internal policy changes will be required for Gavi to ensure its immunization efforts reach underserved communities."*

Politico - Months later, Trump closes in on U.N. nomination

<https://www.politico.com/story/2019/04/23/trump-kelly-knight-craft-un-1288770>

*"President Donald Trump is expected to formally nominate Kelly Knight Craft next week to be the new United States ambassador to the United Nations, a position that has remained unfilled for months at a time of global concerns that president is not committed to such diplomatic institutions. But Craft, the U.S. **ambassador to Canada**, faces a **tough Senate confirmation process** for the same reasons that are thought to have held up her nomination since Trump first tweeted his intent to pick her two months ago: **There are questions about her family's extensive business interests and her dearth of knowledge about international issues** at a time when the U.S. faces numerous geopolitical challenges, including from Russia and a fast-rising China. Her **husband, Joe Craft, is a billionaire coal executive with close ties to the White House...**"*

WB's 'Investing in Health' blog - Joint Learning Network: Mobilizing domestic resources for health

A Tandon et al; <http://blogs.worldbank.org/health/joint-learning-network-mobilizing-domestic-resources-health>

"The Domestic Resource Mobilization (DRM) collaborative cohosted its recent meeting with the Efficiency Collaborative on February 27-28 in New Delhi, India...." With also a nice graph on DRM and DRUM. *"...The group then reviewed the concept of DRM and its different components, including a presentation on DRUM, Domestic Resource (DR) Use (U) and Mobilization (M), for UHC. DRUM emphasizes the efficient use of resources for health and was a good segaway to the discussions of the two collaboratives...."*

BMJ (Editorial) - Primary care teams are vital to the initiation and delivery of effective palliative care

S Mitchell et al; <https://www.bmj.com/content/365/bmj.l1827>

"Primary care teams are vital to the initiation and delivery of effective palliative care..."

Devex – Communities come to the rescue of Nigeria's local hospitals

<https://www.devex.com/news/communities-come-to-the-rescue-of-nigeria-s-local-hospitals-94675>

"Nigeria's primary health centers are collapsing under the weight of a population boom — and where government money has failed to materialize, communities are stepping in to save their local clinics."

LSHTM awarded £7million to help improve the health of disabled people in low and middle-income countries

[LSHTM](#);

"The London School of Hygiene & Tropical Medicine (LSHTM) is to lead a major new project that aims to reveal which interventions should be implemented to improve the well-being of people with disabilities in low and middle-income countries (LMIC). Despite millions of people escaping poverty over the last 20 years, the global situation and wellbeing of the majority of people with

disabilities has not sufficiently improved. Running over five years the £7m project, **Penda** (meaning love in Swahili), funded by the Department for International Development (DFID), will evaluate interventions so policymakers can make evidence-based decisions on issues including poverty, health, education, stigma and discrimination....”

Planetary health

New Political Economy (review article) – Is green growth possible?

J Hickel & G Kallis; https://www.academia.edu/38891704/Is_Green_Growth_Possible

“The notion of green growth has emerged as a dominant policy response to climate change and ecological breakdown. Green growth theory asserts that continued economic expansion is compatible with our planet’s ecology, as technological change and substitution will allow us to absolutely decouple GDP growth from resource use and carbon emissions. This claim is now assumed in national and international policy, including in the Sustainable Development Goals. But empirical evidence on resource use and carbon emissions does not support green growth theory. Examining relevant studies on historical trends and model-based projections, we find that: (1) there is no empirical evidence that absolute decoupling from resource use can be achieved on a global scale against a background of continued economic growth, and (2) absolute decoupling from carbon emissions is highly unlikely to be achieved at a rate rapid enough to prevent global warming over 1.5°C or 2°C, even under optimistic policy conditions. We conclude that green growth is likely to be a misguided objective, and that policymakers need to look toward alternative strategies.”

Global Policy - Here's a Simple Solution to the Green Growth / De-Growth Debate

Jason Hickel; <https://www.globalpolicyjournal.com/blog/23/04/2019/heres-simple-solution-green-growth-de-growth-debate>

“Jason Hickel argues that in an era of climate emergency and mass extinction, we don’t have time to speculate about imaginary possibilities.” In this article, he actually suggests a nice way to put the many ‘green growth’ proponents to the test. As he mentions, there aren’t many takers.

And a tweet from Hickel: **“We talk about #climatebreakdown... but really it's more than that, isn't it? Mass extinction, ocean acidification, soil depletion, insect die-off, fishery collapse. We need to call it what it is: Earth-system breakdown. h/t @AnnPettifor”**

Guardian – Dare to declare capitalism dead – before it takes us all down with it

G Monbiot; <https://www.theguardian.com/commentisfree/2019/apr/25/capitalism-economic-system-survival-earth>

“The economic system is incompatible with the survival of life on Earth. It is time to design a new one.”

Monbiot starts like this: *“For most of my adult life I’ve railed against “corporate capitalism”, “consumer capitalism” and “crony capitalism”. It took me a long time to see that the problem is not the adjective but the noun. While some people have rejected capitalism gladly and swiftly, I’ve done so slowly and reluctantly...”* As always, well worth a read.

Guardian - Polly Higgins, lawyer who fought for recognition of 'ecocide', dies aged 50

<https://www.theguardian.com/environment/2019/apr/22/polly-higgins-environmentalist-eradicating-ecocide-dies>

“Polly Higgins, one of the most inspiring figures in the green movement, has died aged 50. Higgins, a British barrister, led a decade-long campaign for “ecocide” to be recognised as a crime against humanity. She sold her house and gave up a high-paying job so she could dedicate herself to attempting to create a law that would make corporate executives and government ministers criminally liable for the damage they do to ecosystems...”

Guardian - It's time for nations to unite around an International Green New Deal

Y Varoufakis et al ; https://www.theguardian.com/commentisfree/2019/apr/23/international-green-new-deal-climate-change-global-response?CMP=share_btn_tw

“Several countries have proposed their own versions of a Green New Deal, but climate change knows no borders. We need a global response.”

BMJ Global Health (Analysis) - Advancing Planetary Health in Australia: focus on emerging infections and antimicrobial resistance

G Hill-Cawthorne et al; <https://gh.bmj.com/content/4/2/e001283>

Not much comment needed here, with this self-explanatory title.

And a few quick links:

- Guardian - [Rotten eggs: e-waste from Europe poisons Ghana's food chain](#)

“Some of the most hazardous chemicals on Earth are entering the food chain in Ghana from illegally disposed electronic waste coming from Europe. According to a new report by two environmental groups tracking the disposal of e-waste, chicken eggs from the Agbogbloshie slum in Ghana’s capital, Accra – where residents break up waste to recover metals – contain dangerous levels of dioxins and polychlorinated biphenyls (PCBs), among other harmful substances....”

“...The report has underlined again the problems in regulating the transfer of toxic waste materials from Europe to African countries, including Ghana, Tanzania and Nigeria, leading to calls for tougher hazardous waste regulation enforcement under the current Stockholm Convention...”

- Guardian - [North American drilling boom threatens major blow to climate efforts – report](#)

“More than half of the world’s new oil and gas pipelines are located in North America, with a boom in US oil and gas drilling set to deliver a major blow to efforts to slow climate change, a new report has found. Of a total 302 pipelines in some stage of development around the world, 51% are in North America, according to Global Energy Monitor, which tracks fossil fuel activity.”

Infectious diseases & NTDs

NPR – A Promising Anti-HIV Drug Poses A Dilemma

[NPR Goats & Soda](#);

Linked to a new study in the *Annals of Internal Medicine* - [Risks and Benefits of Dolutegravir- and Efavirenz-Based Strategies for South African Women With HIV of Child-Bearing Potential: A Modeling Study](#)

The dilemma:

“...The new study was a response to a surprising result from a clinical trial comparing two AIDS treatments. Between November 2016 and May 2018, 426 HIV-positive pregnant women in Botswana were given a new drug designed to treat their symptoms and help prevent HIV transmission to the baby and to the women's sex partners. First reports from the clinical trial published in June 2018 in the Lancet showed that the new drug was, indeed, more effective than the old drug with fewer side effects. But as time went by and more babies were born, the researchers became alarmed about the drug's impact. Among the group of women who took the new drug during the period that they conceived the child, four of them gave birth to infants with severe brain defects. In a flash, a promising international AIDS treatment strategy that was on the verge of being rolled out in sub-

Saharan African countries was thrust into a world of uncertainty. **The new study estimated what could happen if millions of poor HIV-positive African women of child-bearing age were given the new, more effective drug. How many babies might be harmed? On the other hand, if the more effective drug were withheld, how many adult women would suffer health consequences? It has become a complicated equation, calling attention to a larger problem: How do very poor countries balance the health of women with the health of the babies they might bear?..."**

"...What the researchers found were difficult trade-offs. The newer drug would save thousands of women's lives and halt the spread of HIV to tens of thousands people -- but at the cost of fatal brain defects in a few thousand infants..."

Global Health Science & Practice (Editorial) - Scale and Ambition in the Engagement of Private Providers for Tuberculosis Care and Prevention

W Wells et al; <http://www.ghspjournal.org/content/7/1/3>

"The tuberculosis (TB) community knows the importance of engaging private providers to reach critical TB targets, and knows how to engage successfully. The next challenge is to transition such efforts to government stewardship and financing in order to reach scale."

HPW - PATH and MMV launch 5-year global initiative to support elimination of relapsing malaria

<https://www.healthpolicy-watch.org/path-and-mmv-launch-5-year-global-initiative-to-support-elimination-of-relapsing-malaria/>

"PATH and Medicines for Malaria Venture (MMV) announce a 5-year, jointly-led initiative, VivAccess, to support countries in the elimination of Plasmodium vivax (P. vivax) malaria. The initiative is part of the larger global effort to support malaria-endemic countries in the adoption and use of new and existing tools, to facilitate well-tolerated and effective radical cure to prevent relapse. VivAccess's work is funded by the Bill & Melinda Gates Foundation..."

NEJM (Perspective) – A Temporizing Solution to “Artemisinin Resistance”

J Wang et al; https://www.nejm.org/doi/full/10.1056/NEJMp1901233?query=featured_home

"Three-day therapeutic courses are losing their efficacy against malarial parasites in the greater Mekong subregion. But continued rational and strategic use of artemisinin combination treatments is the best, and possibly the only, option for the foreseeable future. "

In somewhat related news (via the GF), [The Dhanin Tawee Chearavanont Foundation became the first private sector partner to support the Global Fund's largest regional initiative to eliminate drug-resistant malaria in the Greater Mekong.](#) “ With a contribution of US\$2 million over two years, the Thai-based private family foundation will **support the Global Fund's Regional Artemisinin resistance Initiative (RAI)**. RAI was launched in 2014 to counter the growing threat of drug-resistant malaria in Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam with the aim of eliminating the most dangerous strain of the disease by 2025....”

HPW – Stepping Up The Fight Against Severe Malaria In Zambia: An Innovative Approach Scales Up

<https://www.healthpolicy-watch.org/stepping-up-the-fight-against-severe-malaria-in-zambia-an-innovative-approach-scales-up/>

“As leaders from across the globe met in Paris today to renew commitments against malaria on World Malaria Day, a Geneva-based group announced the scale-up of a project in rural Zambia that reduced severe malaria fatality by 96 percent. The innovative project administers life-saving drugs to children with malaria in rural communities, and provides immediate rapid transport via bicycle ambulance to health centres. On World Malaria Day today, Medicines for Malaria Venture (MMV) announced in a [press release](#) that they will expand their innovative project in collaboration with Transaid to further reduce fatality due to severe malaria through rapid community-based treatment in rural Zambia....”

Science (News) – Dengue vaccine fiasco leads to criminal charges for researcher in the Philippines

[Science](#);

“A prominent pediatrician and medical researcher in the Philippines has been indicted over the failed—and many say premature—introduction of Dengvaxia, a vaccine against dengue that was yanked from the Philippine market in 2017 because of safety issues. If convicted of accusations leveled at her by the national Department of Justice (DOJ), Rose Capeding, 63, former head of the dengue department of the Research Institute for Tropical Medicine (RITM) here, could face up to 48 years in prison. In February, prosecutors concluded there is probable cause to indict Capeding and 19 others for "reckless imprudence resulting [in] homicide," because they "facilitated, with undue haste," Dengvaxia's approval and its rollout among Philippine schoolchildren. Capeding, through her family, declined to comment, but her son Juhani Capeding says his mother "couldn't have imagined" that submitting research to top medical journals could have led to "this point."...”

NCDs

J Epidemiology Community Health - The Use of Complexity Arguments by Alcohol and Other Health Harmful Industries

M Petticrew et al; <https://iogt.org/reports/the-use-of-complexity-arguments-by-alcohol-and-other-health-harmful-industries/>

Article from 2017.

*“Corporations use a range of strategies to dispute their role in causing public health harms and to limit the scope of effective public health interventions. This is well documented in relation to the activities of the tobacco industry, but research on other industries is less well developed. The researchers therefore analysed public statements and documents from four unhealthy commodity industries to investigate whether and how they used arguments about complexity in this way. Two main framings were identified: these industries argue that aetiology is complex, so individual products cannot be blamed; and they argue that population health measures are ‘too simple’ to address complex public health problems. However, in this second framing, there are inherent contradictions in how industry used ‘complexity’, as their alternative solutions are generally not, in themselves, complex. In short, **the concept of complexity, as commonly used in public health, is also widely employed by unhealthy commodity industries to influence how the public and policymakers understand health issues.** It is frequently used in response to policy announcements and in response to new scientific evidence (particularly evidence on obesity and alcohol harms).”*

Johns Hopkins (News) - Study Highlights Global Burden of Emergency Diseases And Conditions

[Johns Hopkins](#);

See also a previous IHP newsletter on the (mentioned) [BMJ Global Health article](#).

*“In 2015, about half of the world’s 28 million human deaths were the result of medical emergencies, with the bulk of the burden borne by poorer nations, according to a statistical analysis of information from nearly 200 countries by a Johns Hopkins Medicine researcher. The analysis, described in April in the **journal BMJ Global Health**, offered what is believed to be **a first-of-its-kind look at the lethal impact of medical emergencies worldwide.** “In terms of global health, most of the research has traditionally focused on primary care and disease prevention, and emergency care has not been a priority,” says Junaid Razzak, M.B.B.S, Ph.D., professor of emergency medicine at the Johns Hopkins University School of Medicine and director of the Johns Hopkins Center for Global Emergency Medicine. **“We believe our study is among the first to identify the scope of the burden emergency medical conditions — combining injuries, strokes, heart attacks and lung infections — impose overall and in specific countries.”** The results, he added, could lead to future public health strategies that save lives and redirect resources...”*

Lancet Global Health (Comment) - Education, diet, and incident cardiovascular disease: ecological interactions and conclusions

D Jacobs et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30187-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30187-1/fulltext)

Lancet Global Health Comment accompanying a new study in the Lancet Global Health.

"...In their Article in The Lancet Global Health, Annika Rosengren and colleagues used PURE data to study individual educational attainment relative to incident cardiovascular disease and total death. The main finding was that low individual educational attainment predicted higher incidence of both outcomes, and disproportionately so in low-income countries..."

Quick links:

Stat - [Can virtual reality boost positive feelings in patients with depression?](#)

*"Michelle Craske is asking patients to dive into coral reefs, ride on bullet trains rushing past pine trees, and cheer on soccer teams from the stands — at least virtually — in a bid to tackle a symptom long sidelined in depression treatment. The University of California, Los Angeles, psychiatry researcher and her colleagues are testing **whether virtual reality** can curb **anhedonia**, a symptom of depression and other serious mental health conditions that's **marked by a lack of interest or ability to feel pleasure**. They're putting patients into pleasant scenarios — like a stroll through a sun-soaked forest while piano music plays — and coaching them to pay close attention to the positive parts. The idea is to help patients learn to plan positive activities, take part in them, and soak up the good feelings in the process..."*

Sexual & Reproductive / maternal, neonatal & child health

BMJ Global Health (Analysis) - 'Who assisted with the delivery of (NAME)?' Issues in estimating skilled birth attendant coverage through population-based surveys and implications for improving global tracking

E Radovic, L Benova et al ; <https://gh.bmj.com/content/4/2/e001367>

*"The percentage of live births attended by a skilled birth attendant (SBA) is a key global indicator and proxy for monitoring progress in maternal and newborn health. Yet, **the discrepancy between rising SBA coverage and non-commensurate declines in maternal and neonatal mortality in many low-***

income and middle-income countries has brought increasing attention to the challenge of what the indicator of SBA coverage actually measures, and whether the indicator can be improved. In response to the 2018 revised definition of SBA and the push for improved measurement of progress in maternal and newborn health, this paper examines the evidence on what women can tell us about who assisted them during childbirth and methodological issues in estimating SBA coverage via population-based surveys. We present analyses based on Demographic and Health Surveys and Multiple Indicator Cluster Surveys conducted since 2015 for 23 countries. Our findings show SBA coverage can be reasonably estimated from population-based surveys in settings of high coverage, though women have difficulty reporting specific cadres. We propose improvements in how skilled cadres are classified and documented, how linkages can be made to facility-based data to examine the enabling environment and further ways data can be disaggregated to understand the complexity of delivery care. We also reflect on the limitations of what SBA coverage reveals about the quality and circumstances of childbirth care. While improvements to the indicator are possible, we call for the use of multiple indicators to inform local efforts to improve the health of women and newborns.”

Recommended.

IHP blog – Is maternal health really a human right? A researcher’s reflections on respectful maternity care in Odisha (and India)

<https://www.internationalhealthpolicies.org/is-maternal-health-really-a-human-right-a-researchers-reflections-on-respectful-maternity-care-in-odisha-and-india/>

By **Kripalini Patel**, based on her observations while interning with the Johns Hopkins Program for International Education in Gynaecology and Obstetrics (JHPIEGO), in 2017, in Odisha.

Nature (News) – The largest study involving transgender people is providing long-sought insights about their health

[Nature](#);

“The research examines once taboo questions about the impacts of gender transition.” Includes a focus on the work of a Belgian, Guy T’Sjoen, endocrinologist at Ghent University.

Guardian – Runaway Saudi sisters call on Google and Apple to pull 'inhuman' woman-monitoring app

<https://www.theguardian.com/world/2019/apr/25/runaway-saudi-sisters-call-for-inhuman-woman-monitoring-app-absher-to-be-pulled-google-apple>

“Two runaway Saudi sisters on Wednesday urged Apple and Google to pull an “inhuman” app allowing men to monitor and control female relatives’ travel as it helped trap girls in abusive families. Maha and Wafa al-Subaie, who are seeking asylum in Georgia after fleeing their family, said Absher – a government e-services app – was bad for women as it supported Saudi Arabia’s strict male guardian system....”

Access to medicines

Quartz Africa – African healthcare systems are in an arms race with a rising fake medicine problem

[Quartz](#);

*“... Both the [recent] Cameroon and Niger cases were the latest in a string of incidents of counterfeit medicines circulating in African countries where an unfortunate confluence of struggling economies, weak regulation and a preponderance of poorly-educated consumers makes some of these countries extremely vulnerable to unscrupulous middle men looking to make a quick buck without regard for human life. **In recent years it has become easier for fake drugs to be smuggled in from India and China because many legitimate drugs come from these same country sources.** African countries are also vulnerable because the legitimate pharmaceutical market on the continent is growing rapidly in line with population expansion, creating both challenges and opportunities. Consulting firm McKinsey predicts the value of Africa’s pharmaceutical industry will double or triple to between \$40 billion and \$65 billion by 2020. This makes the sector attractive to pharmaceutical industry players but also some bad actors....”*

Stat - Chilean minister pushes back against pharma move to pressure its pricing policies

[Stat Plus](#)

*(gated) “A war of words is simmering between the Chilean government and the pharmaceutical industry over steps the South American country is considering to control rising drug costs. In recent remarks, Jose Ramon Valente Vias, the minister of Economy, Development, and Tourism, pushed back against the **latest effort by the PhRMA industry trade group to convince the U.S. Trade Representative to keep Chile on its annual list of countries that fail to protect and enforce patent rights.** The U.S. Trade Rep is due to release its latest so-called **U.S. Priority Watch list** shortly....”*

The Jakarta Post - Going against popular opinion, committee pushes for delisting of cancer drugs

<https://www.thejakartapost.com/news/2019/04/09/going-against-popular-opinion-committee-pushes-for-delisting-of-cancer-drugs.html>

(gated) *“For a patient suffering from a chronic illness, an extra day of life may be worth fighting for. But for a state body tasked with assessing the cost effectiveness of a drug, the issue must be examined from a different perspective, Sudigdo Sastroasmoro said in front of a hearing on March 11 with the House Commission IX, which oversees health care and employment. Sudigdo is the chairman of the **Indonesian Health Technology Assessment (HTA) committee**. He was present for only on item on the agenda that Monday morning, namely **to decide whether two forms of medication for metastatic colorectal cancer — Bevacizumab and Cetuximab — will be removed from the list of drugs covered under the national health insurance (JKN) scheme.** ...”*

Cfr a tweet Amanda Glassman:

“#Indonesia -Going against popular opinion, committee pushes for delisting of cancer drugs - because there are other meds that generate more #health that are more important to cover first #prioritysetting #UHC #smartpurchasing #globalhealth @HITAP_Thailand”

CGD (paper) - Who Benefits from Pharmaceutical Price Controls? Evidence from India - Working Paper 509

E Boswell; Dean <https://www.cgdev.org/publication/who-benefits-pharmaceutical-price-controls-evidence-india>

“...In this paper, we examine the theoretical and empirical effects of one implementation of pharmaceutical price controls, in which the Indian government placed price ceilings on a set of essential medicines...”

*“...We provide evidence that the legislation impacted consumer types differentially. The benefits of the legislation were largest for quality-sensitive consumers, while **the downsides largely affected poor and rural consumers, two groups already suffering from low access to medicines.**”*

HPW – Revise Biosimilar Guidelines, Scientists Demand; WHO Says Not Now

<https://www.healthpolicy-watch.org/revise-biosimilar-guidelines-scientists-demand-who-says-not-now/>

“Scientists from a range of countries are calling for an update to World Health Organization guidelines on biosimilar products in order to help national authorities better implement policies to

make biosimilars less costly. Current guidelines are outdated and are being misused, they say. But a WHO official told Health Policy Watch the guidelines document should not be made “over-prescriptive”, and that a thorough assessment by an expert group last year found a revision unnecessary but will keep considering it...”

Miscellaneous

Stat (News) - University of California to be granted long-sought CRISPR patent, possibly reviving dispute with the Broad Institute

[Stat](#);

(gated) “ It has taken nearly six years, detours for bitter legal challenges, and tens of millions of dollars in legal fees, but the foundational CRISPR-Cas9 patent for which the University of California applied in March 2013 will soon be granted, according to documents posted by the U.S. Patent and Trademark Office on Friday, throwing yet another monkey wrench into genome editing’s tangled IP landscape...”

NYT – A vicious, untreatable killer leaves China guessing

<https://www.nytimes.com/2019/04/22/business/china-pigs-african-swine-fever.html?smid=tw-nythealth&smtyp=cur>

“African swine fever has swept China, the world’ largest pork producer. And the government knows only some of its causes.” Also, the political system doesn’t really help (for transparency).

...African swine fever, for which no treatment or vaccine exists, has spread to every Chinese province and region, and has also jumped the border into Cambodia, Mongolia and Vietnam. ...”

CNN - New Zealand and France spearhead efforts to end use of social media for acts of terrorism

[CNN](#);

*“New Zealand and France are convening world leaders and tech giants to end the use of social media platforms for organizing and promoting terror acts. The meeting, co-chaired by New Zealand Prime Minister Jacinda Ardern and French President Emmanuel Macron, will **take place in Paris on May 15**, the New Zealand government has announced...”*

Norwegian centre for E-health research: Artificial intelligence and machine learning in healthcare

<https://ehealthresearch.no/files/documents/Faktaark/Fact-sheet-2018-09-Artificial-intelligence-and-machine-learning-in-healthcare.pdf>

Factsheet (2 pager).

We already want to flag that next Monday, on 29 April, the **first issue of the Lancet Digital Health** will appear online.

Research

Health expectations - Frameworks for supporting patient and public involvement in research: Systematic review and co-design pilot

T Greenhalgh et al ; <https://onlinelibrary.wiley.com/doi/10.1111/hex.12888>

“Numerous frameworks for supporting, evaluating and reporting patient and public involvement in research exist. The literature is diverse and theoretically heterogeneous. This review aims to identify and synthesize published frameworks, consider whether and how these have been used, and apply design principles to improve usability....”

SS&M – Scaling up: The politics of health and place

C Bamnbra et al ; <https://www.sciencedirect.com/science/article/abs/pii/S0277953619302369>

*“Health-place research commonly examines focuses individual and/or localised drivers. **Health geography should ‘scale up’ analysis of health-place relationships.** Research needs to **account for wider, vertical and structural factors.** **Political economic approaches** add value to insight on geographic health inequalities. Considers the policy implications of taking a political economy approach.”*