

IHP news 520 : Labour Day & global health

(3 May 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,

This week's issue zooms in, among others, on yet another 'No Time to Wait' [AMR report](#) (this one, by the **UN Interagency Coordination Group (IACG) on Antimicrobial Resistance**; PS: *while we consider AMR one of the gravest threats in global health, we're not convinced it's of the same order as the (existential) climate breakdown threat, and so find the calls for AMR awareness raising 'Extinction rebellion-style' action a bit odd, certainly when coming from Dame Sally Davies*; for AMR, we rather prefer the 'silent tsunami' metaphor); the **UN Multistakeholder Hearing on UHC** in New York (and ensuing [GAP 4 All consultation](#) where apparently 'activist bureaucrats' were spotted 😊); a new **Lancet O'Neill Institute Commission on Global Health and Law** (with focus on the **legal determinants of health**); the further worsening of the [Ebola outbreak in the DRC](#) with the [most deadly month \(April\) so far](#) and financial support still lagging; the new (and hopefully last) 5-year polio (**Endgame**) [strategy of the GPEI](#) (we hope that, like the Avengers, polio comes to an End sooner rather than later 😊), emphasizing the limited window of opportunity; and of course many interesting and/or hard-hitting publications, this week among others a BMJ Global Health Editorial on [#MeToo and global health](#), a new report by [Duke University's Center for Policy Impact in Global Health](#) on domestic resource mobilization, a review article in the Lancet on [Iran in transition](#), ... We also for the first time [came across](#) the term "planetization".

Clearly, we also hope you haven't 'laboured' too hard on **Labour Day**, maybe you even had a chance to practice the wonderful art of **#niksen** (as the Dutch call it) (see the **NYT**, [the case for doing nothing](#)). More in general, we hope that like AOC and likeminded politicians, global health starts to focus much more on '**Decent Work**' for all, around the globe, instead of – as is still mainly the case – on decent work conditions for health workers, no matter how important that in itself already is. The Wellcome Trust's consideration of a four-day work week was a good start, even if it didn't materialize in the end. At least for me, it's [clear](#) that a fairer and healthier future in the 4th industrial revolution era should incorporate (far) more 'division of labour' and fair(er) wages (or other income guarantees that ensure a dignified life), as part of an overall more humane global economic system. That also seems like a no-brainer in the supposedly more holistic SDG health era. Perhaps at the next GAVI and Global Fund replenishments, we can already invite the trade unions (or their ILO representatives)? Given the location of the next GF replenishment (Lyon), a few testimonies from 'yellow vests' would also come in handy to kick off the event. Bet they can come up with a few innovative global health financing suggestions fit for our times. Maybe Macron can even organize another ["Grand Débat"](#) for the occasion, now that he has the knack of it :)

Enjoy your reading.

Kristof Decoster

Featured Article

How the Knowledge to Policy (K2P) Center revolutionized policy-making in Lebanon and beyond

Olivia Biermann (PhD student, Karolinska Institutet, Sweden), **Diana Jamal** (Program manager, K2P Center, Lebanon), **Racha Fadlallah** (Evidence lead specialist and systematic reviewer, K2P Center), **Lama Bou Karroum** (Evidence lead specialist and systematic reviewer, K2P Center) and **Fadi El-Jardali** (Director, K2P Center)

In this editorial, we describe the journey of the [Knowledge to Policy \(K2P\) Center](#) in revolutionizing policy-making in Lebanon and beyond. K2P is a knowledge translation platform. Together with the Mohammed Bin Rashid School of Government, it will co-host the [Sixth Global Symposium on Health Systems Research in Dubai in 2020](#). Learn more about K2P's successes, challenges and transformation, and how it paved the way towards a world in which the best available evidence informs health policy-making. The full blog with a lot more detail on K2P's amazing journey so far is available on [IHP](#).

The K2P Center at the [American University of Beirut](#) (AUB), has transformed the policy-making landscape in Lebanon by promoting and institutionalizing the use of research evidence, data and tacit knowledge in national policies, decisions and practices. It has become a catalyzing platform for regular exchange between researchers, policy-makers and other stakeholders, and has recently even started including citizens in defining policy problems and developing options to address existing challenges. In recent years, K2P has addressed priorities ranging from contributing to the incorporation of [patient safety goals and indicators in the national accreditation system in Lebanon](#) to informing the Ministerial decision related to [financial coverage and integration of palliative care into the health system](#) and many more. K2P has also contributed to changing the knowledge translation culture at the Faculty of Health Sciences at AUB.

K2P, launched officially in 2015, had been a long time coming. The [first-ever knowledge translation workshop](#) broke new ground in the Eastern Mediterranean Region in 2010. The workshop set the wheels for knowledge translation in motion and formed the basis for the implementation of a large study on the use of health systems and policy research in policy-making. The study demonstrated the need for knowledge translation and provided the rationale for establishing K2P. This would not have been possible without seed funding from the [International Development Research Center](#) in Canada. The K2P Center was modeled after the [McMaster Health Forum in Canada](#) which has been a close collaborating partner ever since.

The institutionalization of K2P at AUB, as well as the institutionalization of its relationship with policy-making institutions, were both crucial for sustainability in an ever-changing policy environment. The institutionalization required political commitment, which K2P gained over the years by continuously demonstrating impact, thus proving its added value. K2P's sustainability also required securing financial and human resources.

Since 2015, K2P has undergone major transformations as part of its continuing efforts to promote the use of evidence in policy and practice. The changes comprise:

1. Becoming more inclusive in policy-making processes by engaging stakeholders such as non-governmental organizations, citizens and the media;
2. Scaling up its activities beyond preparing policy briefs and conducting policy dialogues to encompass a range of innovations including rapid response services, evidence-based advocacy, citizen consultations, media engagement and data visualizations;
3. Strengthening multi-sectoral collaboration by involving the health, environment, education and social sectors; and
4. Making knowledge translation efforts more sustainable by moving from individual to institutional capacity-building, and by institutionalizing the use of evidence in public entities.

The K2P Center's proactive, impact-oriented approach, as well as the choice of [high-priority topics](#) paved the Center's way to success. It has recently been re-designated by the World Health Organization as a [Collaborating Center for Evidence-Informed Policymaking and Practice](#) for another 4-year term.

The experience of the K2P Center demonstrates that knowledge translation platforms can strengthen the use of evidence in policy and practice. Universities can provide a safe haven to support and nurture such platforms, while governments and other stakeholders need to acknowledge and reinforce the role of evidence in informing policy-making and practice.

Evidence-informed policy-making is all about the people who lead and drive change – and that is not only people pushing the knowledge translation agenda, but all those who get involved in knowledge translation processes, from policy-makers to citizens.

Read more about the K2P Center, its team, activities, as well as its national, regional and global impact in recent years in the full blog.

Highlights of the week

Lancet - Offline: A moral health system demands a moral society

Richard Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30999-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30999-7/fulltext)

*"There is nothing like the personal need for high-quality health care to make one appreciate the importance of universal health coverage as a core institution of a just society. **Being away from The Lancet for 6 weeks experiencing the benefits of the UK's National Health Service ...** But sometimes long sleepless nights these past weeks did lead me to **question the meaning of universal health coverage. For the morality of a health system surely cannot be separated from the morality of the wider society it inhabits.** The political economy of a nation determines the way that country and its people envision a health system. Health systems are not Lego-like "building blocks" of component parts—financing, leadership, workforce, products and technologies, information, and services. They are not even cubes with their three dimensions of population, services, and financial protection. **Health systems are a set of moral principles.** The values of a health system are shaped by*

*the values of a nation's political economy. **The idea that a health system can be separated from the history, politics, and economics of a country is a conceit that seems to have distorted advocacy for universal health coverage.** That distortion will be fatal to the goal of achieving universal health coverage by 2030....”*

I bet you want to read on.

Multistakeholder hearing for UN HL Meeting on UHC (29 April, New York)

As a reminder: this was the (3 page) [concept note](#) of the event.

*“As part of the preparations leading to UH HLM, the President of the General Assembly (PGA) was requested to convene, with support from the World Health Organization (WHO) and the International Health Partnership for UHC 2030 (UHC2030), **an interactive multi-stakeholder hearing** to ensure the inclusive, active and substantive engagement of multistakeholders in the process...”*

HPW - Human Rights, Inclusiveness – Key Themes At UN Multi-Stakeholder Meeting On UHC

<https://www.healthpolicy-watch.org/human-rights-inclusiveness-key-themes-at-un-multi-stakeholder-meeting-on-uhc/>

Great **coverage** of the Hearing. *“**Strengthening references to sexual and reproductive health and rights, marginalised people, and public-private partnerships that ensure rights and inclusion,** were among the core proposals pitched yesterday at a United Nations multi-stakeholder meeting on Universal Health Coverage (UHC), involving representatives of government, UN agencies, civil society and the private sector. The milestone meeting set the tone for the next steps in the UHC process leading up to the UN High Level Meeting on Universal Health Coverage on 23 September, where heads of states are expected to approve a declaration on the issue....”*

For other coverage, see IISD - [Stakeholders Bring Inputs to UNGA Meeting on Universal Health Coverage](#) *“...Participants highlighted the **links between health and wealth, and health and security, and the WHO said UHC is within reach.**”*

And a (very much recommended) CGD blog (by C Nemzoff & A Glassman)- [There is No Such Thing as Universal Health Coverage without...](#)

*“...**Common themes** included the need for improving multi-stakeholder cooperation among countries, development partners, and civil society; rallying political will; mobilizing domestic resources; regulating and legislating; and creating accountability for UHC....”*

*“...**The real challenge will be moving away from all the buzzwords and rhetoric towards an actionable plan that will accelerate countries’ progress towards UHC....”** (and what CGD & iDSI plan to do in this respect to contribute).*

Thomas Schwarz (MMI) – Of Universal Health Coverage, Power and Promotion

<http://www.medicusmundi.org/contributions/reports/2019/of-universal-health-coverage-power-and-promotion>

Well worth a read. Thomas Schwarz' incisive impressions and short report of the Hearing. He has "mixed feelings" ... and strongly recommends the [6 Asks](#) from the UHC Movement.

You might also want to check out the [MMI](#) statement at the hearing, among others questioning the 'multistakeholder paradigm' in the current discourse on UHC.

Some other advocacy at the Hearing and towards the UN HLM

- **NCD Alliance Advocacy priorities** for the HLM on UHC - [Briefing paper](#) (4 p)
- **Women in Global Health** were already successful: *"Great news @UHC2030 announces #UHC2030 Key 6 ASKS will be Re-opened to add the 7th ASK on #GenderEquality #WomensRights & #UHC .Thank-you @UHC2030 co chairs @IlonaKickbusch @daktari1 & steering committee for hearing us & all @WomenDeliver @IntlWomen & voices from the room!"*
- **HSG (blog by V Benson & T Barker):** [Embedding research into decision making is the only way to achieve UHC by 2030](#)
*"...At the multi-stakeholder meeting at the United Nations today, in preparation for the UN General Assembly high-level meeting on UHC, **Health Systems Global is calling for governments and global actors to commit to strengthening health systems and to use evidence to inform their understanding and decision making in doing so.**"*

And to give you a flavor, perhaps **a few tweets** from the Multistakeholder Hearing, from people like **Simon Wright, Kati Bertram, ...**

Simon Wright: *"**Lots of calls at #HLMUHC for specific services to be "included" in UHC. But there is no list of UHC and there will always be national debates about services based on evidence, available resources and politics. This is why @CSOs4UHC focuses on justice and principles.**"*

Kati Bertram: *"Agree - specific diseases/issues should be highlighted depending on country need & context, commitments in September should focus on how we can deliver for the most vulnerable first (prioritize existing \$), and increase services and coverage when \$\$\$ are mobilized. #UHC @theGFF"*

"We don't want nice speeches in September at #UHC HLM, we want plans and financing commitments with clear targets" - could not agree more with @CSOs4UHC!

And a tweet from somebody else: *"@UHC2030 is a @WHO and @WBG_Health partnership. So where is @WBG_Health at this #HLMUHC consultation?"*

Lancet (Letter) - The 2019 UN high-level meeting on universal health coverage

Simon Wright et al (on behalf of CSEM, the Civil Society Engagement Mechanism for UHC2030);
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30349-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30349-6/fulltext)

Absolute must-read, published just ahead of the Hearing. With the stance of the CSEM.

Excerpts:

*“...In their discussion of universal health coverage (UHC), the Editors (Jan 5, p 1) rightly state that “simply convening a UN high-level meeting is not enough” to achieve UHC. **The Civil Society Engagement Mechanism for UHC2030 (CSEM) strongly agrees and is concerned that, without a radically different approach, the meeting will be a business-as-usual global health event.** ...As the civil society constituency of UHC2030, **the CSEM calls for this one-off opportunity of the high-level meeting on UHC to be truly transformative.** ... “The meeting must be able to document the member states' concrete, measurable commitments and their milestones and accountability measures. Member states must make commitments to increase public financing for health, raise progressive taxation, and eliminate out-of-pocket payments. Member states should also, on the basis of their commitment to prioritise those left furthest behind, make legal commitments to ensure that these populations are included in the planning, budgeting, and implementation of health services....”*

...

“...The CSEM is calling on the high-level meeting co-chairs to request commitments, in advance of the meeting, that specifically address the gaps in achieving the Sustainable Development Goal 3-8 targets on coverage and financial risk protection....”

GAP 4 All consultation (i.e. Non-state Actor Consultation on the Global Action Plan for Healthy Lives and Well-being) (30 April, New York)

<https://www.who.int/sdg/global-action-plan/upcoming-non-state-actor-consultation-on-the-global-action-plan-for-healthy-lives-and-well-being>

As a reminder, on this Global Action Plan & the purpose of this consultation in NY: **“Twelve global health and development organizations** (Gavi, GFF, Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, Unitaids, UN Women, WFP, WHO and the World Bank) **are exploring new ways of working together to accelerate progress towards the health-related sustainable Development Goal (SDG) targets.** To guide their collaboration, organizations are **developing a Global Action Plan (GAP) to be presented at the UN General Assembly in September 2019.** Affected communities, civil society organizations and other non-state actors play a key role in shaping the Plan. **This one-day consultation, which follows the UN General Assembly multi-stakeholder hearing on Universal Health Coverage (UHC), provides an opportunity for face-to-face discussion with a broad range of non-state actors in further developing the Plan.** The consultation will focus on the **GAP Accelerator 3, on civil society and community engagement and Accelerator 4, on the determinants of health...**”

For some tweets, see [#GAPforAll](#) (and a few below):

Among others, the term ‘**activist bureaucrat**’ was coined !

Kati Bertram: *“Message loud and clear today from #GAPforAll today: listen to beneficiary and community voices and needs, and support sustainable, inclusive processes at country level. **It’s high time to move from global prescription to country (including #CSO) lead and ownership.** @theGFF*

Kent Buse: *“**And a role for multilateral organizations to ensure there is sufficient civic space for those communities to articulate their perspectives, expertise and concerns.**”*

*“@simoniswright **challenges global health organizations to pool resources for civil society and community engagement to achieve health SDG**”*

.@kentbuse presenting draft principles / standards for #CSO accelerator of #GAPforAll.

“Room full of activists - and a few bureaucrats too :-) - generating mechanisms for greater accountability for community & civil society engagement by multilaterals”

“David Hipgrave @UNICEF presenting #GAPforAll accelerator on #PHC (an important link to #UHC and a number of other key processes this year, including #G7)”

Lancet O’Neill institute’s Commission on Global Health and Law

L Gostin et al; <https://www.thelancet.com/commissions/legal-determinants-of-health>

*“Law is crucial for protecting the health and wellbeing of society. This Lancet–O’Neill Institute Commission on Global Health and Law, shows how law can be a powerful too in advancing global health. The Commission provides **seven recommendations** to implement to advance global health with justice.”*

Check out also the two related **Lancet Comments**:

- [Legal determinants of health: facing global health challenges](#) (by Selina Lo & Richard Horton)

*“...[Today], The Lancet publishes the report of the Lancet–O’Neill Institute Commission on Global Health and Law, The legal determinants of health: harnessing the power of law for global health and sustainable development. **Initiated in 2015, the Commission was led by Lawrence Gostin and John Monahan of the O’Neill Institute for National and Global Health Law, Georgetown University, Washington, DC, USA, and convened experts from health, governance, and law to examine the central role of law in responding to global health and to define the legal determinants of health. ...*** ... The Lancet–O’Neill Institute **Commission is structured around four legal determinants of health.** First, law provides the mechanisms, frameworks, and accountability measures to achieve the Sustainable Development Goals, particularly universal health coverage. Second, law can strengthen the governance of national and global health institutions. Third, law can be used to implement fair

and evidence-based health interventions. Fourth, law can build legal capacities for health. **The Commission makes key recommendations, particularly pertinent to WHO and governments.** Recommendations include that governments and the global health community work to create legal frameworks towards good governance of national health systems and global institutions, and towards rights-based universal health coverage through mechanisms such as a constitutional or statutory right to health....”

- [Health rights are the bridge between law and health](#) (by C Williams & P Hunt)

Among others, on what the next steps should be for this Commission. “...**Rights-based approaches to health and right to health entitlements** do not frame this first report or inform, in any detail, the case studies. We believe doing so in the next stage of work would confer two major benefits...”

Their assessment of the Commission: “*The Lancet–O’Neill Institute Commission on Global Health and Law is a welcome attempt to bridge the divide between the health and legal professions. The Commission’s report shows the ubiquity of law and its contribution to health and health care. It is an exhaustive compilation that positions law as a legal determinant of health. The Commission aims to increase health workforce awareness of law by demonstrating the extent to which they already function within legal parameters. The corollary of such an understanding, and we anticipate the ultimate purpose of the Commission, is to promote engagement of the health profession and the global health community in shaping legal determinants of health.*”

New ‘No Time to Wait’ AMR report by UN Ad hoc Interagency Coordinating Group on AMR

WHO - New report calls for urgent action to avert antimicrobial resistance crisis

<https://www.who.int/news-room/detail/29-04-2019-new-report-calls-for-urgent-action-to-avert-antimicrobial-resistance-crisis>

“UN, international agencies and experts [today] released a groundbreaking report demanding immediate, coordinated and ambitious action to avert a potentially disastrous drug-resistance crisis. If no action is taken - warns the **UN Ad hoc Interagency Coordinating Group on Antimicrobial Resistance** who released the report – drug-resistant diseases could cause **10 million deaths each year by 2050** and damage to the economy as catastrophic as the 2008-2009 global financial crisis. **By 2030, antimicrobial resistance could force up to 24 million people into extreme poverty....**”

See [No Time to Wait: Securing the future from drug-resistant infections](#) Report to the UN SG.

For the **4-page summary of key recommendations & messages**, see [here](#) (must-read) Including a number on governance & accountability.

Below you also find **a number of background papers**, among others [Future Global Governance for Antimicrobial Resistance](#).

For some coverage of the report, see for example:

- HPW - [“No Time To Wait” – AMR Could Cause 10 Million Deaths Annually By 2050, Warns UN Report](#)

“The UN report calls for a coordinated, multisectoral “One Health” approach to combat the interlinked human, animal, food and environmental health aspects of AMR threats. Solutions need to cover the entire chain of threats and issues, including new drug innovation, more judicious production and use in humans and in food systems, and better waste management, the report stresses, reflecting growing recognition of the complexity of the AMR challenge....”

- the Guardian - [Antibiotic resistance as big a threat as climate change – chief medic](#)

*“Protests against climate change should be extended to the other greatest threat facing humanity, according to England’s chief medical officer, who says an **Extinction Rebellion-style campaign is needed** to save people from antibiotics becoming ineffective in the face of overuse and a lack of regulation. **The threat of antibiotic resistance is as great as that from climate change**, said Dame Sally Davies, and should be given as much attention from politicians and the public. ...”* She also pointed to the risk that **all global health progress will be reversed**. Another similarity with the climate change challenge.

#MeToo & global health

BMJ Global Health (Editorial) - It’s time to address sexual violence in academic global health

Valéry Ridde et al; <https://gh.bmj.com/content/4/2/e001616>

*“Looking back over the first year of the global #MeToo movement that brought sexual violence (from harassment to coercion and assault) out in the open, we note that this issue has received little attention in academic global health. Recent cases of sexual misconduct in Joint United Nations Programme on HIV and AIDS (UNAIDS) and Oxfam show that the global health community must act to address this problem. In just a few months, the #MeToo movement raised awareness, stimulated new debates and placed this issue squarely on the public agenda in politics, business and entertainment. But **academic global health still does not adequately prepare (women and men) students and academics for this problem; and recent discussions on global health training ignore the problem**. Indeed, there is an **urgent need to implement evidence-based comprehensive and integrated prevention strategies to address sexual violence in global health academic research...**”*

The authors wonder when academic institutions involved in global health will take up the charge and conclude, “*Maybe it’s time for global health to have its own #MeToo movement.*”

In somewhat related news, Devex reported [New reporting platform to track sexual violence in the aid sector](#)

*“A new reporting platform has been launched to document sexual abuse and harassment against humanitarian aid workers. The **NGO Insecurity Insight**, best known for collecting data on attacks against aid workers, created the [reporting mechanism](#) to give survivors a space to tell their story*

anonymously and confidentially, and to push the aid industry to create safer workplaces for staff, Christina Wille, co-director at Insecurity Insight, told Devex....”

2nd Belt & Road Forum (Beijing) & CIDCA after 1 year

See also last week's IHP news.

The [Final Communiqué](#) **didn't contain much on global health** (as conventionally defined), as far as I can tell, but it appears Xi Jinping at least tries to deal with some of the criticisms on the Belt & Road Initiative.

IISD (Brief) – SDG Knowledge Weekly: Update and Perspectives on Belt and Road Initiative

[IISD](#):

“A variety of news and blogs were published around the second Belt and Road Forum for International Cooperation. The Brookings Institution and experts from academia assess the strategic implications of the Belt and Road Initiative, potential responses from 'the West' and the Initiative's impacts on sustainable development in other regions. Media releases and op-eds highlight issues of transparency, governance and environmental degradation, pointing to investments in fossil fuel infrastructure as well as the launch of international coalitions relating to renewable energy, lighting, cooling and sustainable development.”

Do read also the IISD write-up of the Forum - [Second Belt and Road Forum Results in Over 283 Deliverables](#) (organized in 6 categories): “A Leaders' Roundtable agreed on a **Joint Communiqué** that recognizes that an “open, inclusive, interconnected, sustainable and people-centered world economy can contribute to prosperity for all,” and **reaffirms commitment to the 2030 Agenda**. The Joint Communiqué **underlines the importance of addressing climate change and environmental protection and promoting green development**. China's National Development and Reform Commission launched the Belt and Road Green Lighting Initiative, with the UNDP, UNIDO and ESCAP, and the Belt and Road Green Cooling Initiative, with UNIDO, ESCAP and the Energy Foundation.”

CSIS – Greening or Greenwashing the Belt and Road Initiative?

J Nakano; <https://www.csis.org/analysis/greening-or-greenwashing-belt-and-road-initiative>

*“The second Belt and Road Forum for International Cooperation met in Beijing, on April 25-27, 2019. During the three-day forum that drew leaders from 37 countries, **China highlighted a few deliverables related to energy, environment, and climate**. Both the keynote by Chinese president Xi Jinping on Day 2 of the forum and the BRI progress report, released few days before the forum, **stressed China's commitment to environmental sustainability but fell short of introducing concrete steps to correct its high carbon financing practices.**”*

*“...Especially since the first forum two years ago, **“greening” has become a sub-theme of the BRI** that seeks to propel China to become a global leader in environmentally sustainable development. ...”*

Reuters - World Bank's new president skips China's Belt and Road for Africa trip

[Reuters;](#)

*"Nearly 40 world leaders and scores of finance officials, including International Monetary Fund Managing Director Christine Lagarde, [are] gathered in Beijing for China's second Belt and Road infrastructure summit, but the World Bank's new president [was] not among them. David Malpass, fresh from a senior Trump administration post at the U.S. Treasury Department, is instead **making his first foreign trip as the World Bank's leader to sub-Saharan Africa** to highlight his vision for the bank's poverty reduction and development agenda. **World Bank Chief Executive Officer Kristalina Georgieva**, who had been acting president during the leadership selection process, [was] representing the institution at the summit and had accepted China's invitation before Malpass started at the bank on April 9, a World Bank spokesman said...."*

Nature - How China is redrawing the map of world science: China's Science silk road

<https://www.nature.com/immersive/d41586-019-01124-7/index.html>

*"The Belt and Road Initiative, China's mega-plan for global infrastructure, is profoundly changing how science happens in low- and middle-income countries. In the **first instalment of a five-part series**, [discover the full scope of the vast project](#) and how it's powering China's rise as a science-development superpower."*

Brookings (blog) - One year on, the role of the China International Development Cooperation Administration remains cloudy

Yun Sun; <https://www.brookings.edu/blog/africa-in-focus/2019/04/30/one-year-on-the-role-of-the-china-international-development-cooperation-administration-remains-cloudy/>

Interesting read. *"...**One year into its creation, has CIDCA begun to make a difference?** An examination of its mandate and setup reveals a genuine effort by China to reform and improve its aid practices. However, a scrutiny of the foreign aid budget allocation suggests that CIDCA will have a long way to go to take full charge, if it ever will. **CIDCA might have become the face of China's foreign aid for the foreign audience, and it might participate extensively in the coordination of aid decisions; however, the internal bureaucracy dictates that money, hence the authority, still lies elsewhere...."***

First issue Lancet Digital Health

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

Start with the **Editorial** - [A digital \(r\)evolution: introducing The Lancet Digital Health](#) and then enjoy this first issue. For example this Comment - [Artificial intelligence: opportunities and risks for public health](#).

Ebola DRC outbreak – deadliest month till now, funding lagging behind & major shift in response needed (cfr. Tedros)

Cidrap - DRC Ebola cases near 1,500 after deadliest month

<http://www.cidrap.umn.edu/news-perspective/2019/05/drc-ebola-cases-near-1500-after-deadliest-month>

“...April was the deadliest month of the 9-month long outbreak, which has been studded with acts of violence against response workers and discord between community members and health officials. In April, two attacks in Katwa and Butembo (current virus hot spots) significantly stalled outbreak surveillance and lowered the morale of clinicians in the region. April total: 406 cases, 308 deaths...”

HPW - Lack Of Funding Takes Major Toll On Ebola Response

<https://www.healthpolicy-watch.org/lack-of-funding-takes-major-toll-on-ebola-response/>

“A festering civil conflict fueling rampant fear and distrust has been a major obstacle in the World Health Organization’s efforts to end the Ebola outbreak in the Democratic Republic of Congo (DRC). But now, funding shortages could further cripple the already strained response – unless the global community steps up quickly, Director-General Dr Tedros Adhanom Ghebreyesus warned [yesterday]. The WHO Director-General spoke in the wake of a visit by a high-level WHO delegation to DRC last weekend, following the death of a WHO staff member Dr Richard Mouzoko, in an attack by armed gunmen on Butembo University Hospital on 19 April....”

“...Only about half of the approximately US\$ 148 million that had been budgeted for the current stage of response activities (February-July) through the global Contingency Fund for Emergencies (CFE), has actually been received, a WHO spokesperson told Health Policy Watch. “Only US \$83 million have been received ...out of a total requirement of US \$148 million,” the spokesperson said. “Moreover, there are now additional costs not envisaged – for example, the cost of re-building treatment centres destroyed during attacks – which means that the overall gap is significantly bigger. For example, WHO alone needs US \$30 million immediately.”

“...“We are entering a phase where we will need major shifts in the response. WHO and partners cannot tackle these challenges without the international community stepping in to fill the sizeable funding gap,” warned Dr Tedros in a [WHO Statement](#) (together with WHO Afro lead Ms Moeti), released after returning from the high-level visit.

See also UN News - [Ebola situation worsening in DR Congo, amidst growing ‘funding gap’ UN health agency warns](#)

And Tedros himself showed himself very worried in a Q&A with Nature - [‘The world has never seen anything like this’: WHO chief on battling Ebola in a war zone](#) Among others, he stressed they have been pushing for a bipartisan approach all along, and also mentions which donors he’s been contacting to get more funding. Soon.

Foreign Policy – Cliches can kill in Congo

C Vogel (former U.N. expert on the Democratic of the Congo and researcher with the Conflict Research Programme hosted at the London School of Economics, and colleagues) [Foreign Policy](#);

Vogel takes down Laurie Garret's coltran hypothesis. *"The country's Ebola outbreak is spreading out of control—but it's not because of a fight over "conflict minerals.""* One of the reads of the week.

Excerpts:

*"... Rather than looking to long-unraveled narratives about how conflict minerals are undermining Congo, anyone attempting to stem the country's current outbreak will have to reckon with a more complex set of political and economic factors. **What's complicating the Ebola response in Congo isn't coltan; it's a violent struggle over political power mixed with deep distrust toward the Congolese government and international actors, including humanitarians....**"*

*"If there is anything Congolese and international analysts agree on, it is **that most attacks are not the work of armed groups, but of local networks involving politicians, local leaders and other powerbrokers.** The suggestion that armed groups funded by conflict minerals are involved in the killings of Ebola responders is not only mistaken, it is also dangerous. **This framing of the problem could inadvertently ramp up a heavyhanded militarization of the Ebola response.** Given the violence that has punctuated the region's recent history, increased militarization is likely to heighten people's fears and deepen the divide between people in eastern Congo and those working to stop them from getting Ebola...."*

Check out also **Clara Wenham & Sophie Harmann's tweets** related to this FP article (see the section 'Global Governance of Health':

Some other Ebola DRC related links:

- [WHO Director-General visits DR Congo to address health workers' concerns](#)
- PNAS - [Ebola vaccination in the Democratic Republic of the Congo](#)

Speed was vital: *"Using a **spatial model** that incorporates human mobility, poverty, and population density, **we assessed the effectiveness of the vaccination program that was implemented during the 2018 Ebola outbreak in the Democratic Republic of the Congo.** Our results demonstrate that even modest delays in initiating vaccination would have markedly eroded the impact of the program...."*

Polio

New Endgame Strategy (2019-2023) of Global Polio Eradication Initiative (GPEI)

GPEI - [The Polio Endgame Strategy 2019-2023: Eradication, Integration, Containment and Certification](#)

For excellent **coverage** of this new Endgame strategy, we refer to:

- Devex - [Polio endgame strategy includes tech, new vaccines](#)

*“The Global Polio Eradication Initiative hopes to **use novel oral polio vaccines and adopt smartphone technologies in the next five years**, under a new strategy unveiled on Tuesday....”*

A **pledging conference** will take place in November in **Abu Dhabi**, United Arab Emirates.

- The Telegraph - [World has ‘limited window of opportunity’ to eradicate polio, experts warn](#)

*“There is a **“limited window of opportunity”** for the world to consign polio to the history books, experts launching a new five-year eradication plan have warned. The Polio Endgame Strategy, published on Tuesday, says that **efforts to eradicate the final cases of the disease are proving difficult due to war, mass migration and weak health systems** – meaning many children miss out and do not receive vital vaccinations. ... The report says that further strengthening surveillance systems and community cooperation, which have been central to delivering anti-polio vaccination campaigns, will be key to eradicating the disease before 2023. ... But **the strategy also outlines several new innovations, including the creation of an Afghanistan-Pakistan regional hub** to increase cooperation between the two countries, which bear the brunt of the polio disease burden.*

The strategy presents a road-map to prevent any new new wild polio cases after 2020, which would pave the way for the certified eradication of the disease in 2023.** If there continue to be no new cases of wild polio in Nigeria, the disease will be declared eradicated in Africa later this year. However vaccine-derived polio – a rare mutated strain of the disease which was reported in Nigeria, Niger, Somalia and Democratic Republic of Congo in 2018 – persists. ... **Enacting the plan would cost roughly \$4.2 billion, but GPEI still needs to raise \$3.27 billion of this total. The organisation is in the process of writing an investment case and will hold a pledging event in November. ...”

Guardian - Killings of police and polio workers halt Pakistan vaccine drive

https://www.theguardian.com/global-development/2019/apr/30/killings-of-police-and-polio-workers-halt-vaccine-drive-in-pakistan?CMP=twl_a-global-development_b-gdndevelopment

*“**A federal government campaign to vaccinate more than 40 million children under five against polio in Pakistan has been suspended following a series of attacks on workers and police over the past week.**”*

*“**...A recent hoax video that claimed children were becoming ill after the immunisations. ... The violence was preceded by a series of rumours intended to derail Pakistan’s campaign to eradicate the disease....”***

Children's health

Guardian - Breastfeeding reduces child obesity risk by up to 25%, WHO finds

<https://www.theguardian.com/lifeandstyle/2019/apr/30/breastfeeding-reduces-child-obesity-risk-by-up-to-25-who-finds>

"Breastfeeding can cut the chances of a child becoming obese by up to 25%, according to a major study involving 16 countries. World Health Organisation (WHO) experts who led the Europe-wide research are calling for more help and encouragement to women to breastfeed, as well as curbs on the marketing of formula milk which, said senior author Dr João Breda, misled women into thinking breast was not necessarily better...."

Reuters - Childhood mortality declining globally but disability on the rise

[Reuters](#):

"Children today are more likely to survive to early adulthood than they were in years past, but progress has been concentrated in higher-income countries and a growing number of kids worldwide are living with disabling health problems, a new study suggests. Researchers examined data collected from 195 countries and territories between 1990 and 2017, during which time the annual number of fatalities among youth under age 20 fell 52 percent, from about 13.8 million to just 6.6 million. The decline was driven primarily by a decrease in deaths from infectious diseases...."

See [JAMA pediatrics](#).

Lancet (Review) - Iran in transition

G Danaei et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)33197-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33197-0/fulltext)

"...In this Review, we discuss the health system and the health status in Iran from ancient times and describe its challenges during those periods. We highlight the present challenges and hurdles of the Iranian health system, and conclude by outlining the actions and policies required to address these obstacles as well as present a framework of activities to engage the community, health authorities, and other sectors to maintain the sustainable development in health...."

Trump & global/US health

Stat (News)-'They have to get the shots': Trump, once a vaccine skeptic, changes his tune amid measles outbreaks

<https://www.statnews.com/2019/04/26/trump-vaccinations-measles/>

For once, Trump did something not too bad (even if long overdue).

KFF - Where Does Public Opinion Stand on the U.S. Role in Global Health?

J Kates, J Mishaud et al ; [KFF](#)

*"The Kaiser Family Foundation (KFF) has been tracking public opinion on the U.S. role in global health for the last decade. Now, **more than two years into President Trump's administration**, the April 2019 KFF Health Tracking Poll examines whether this period, which has been marked by a changing U.S. stance toward international affairs, has shifted the public's attitudes on these key issues. **Has, for example, the administration's promotion of an "America first" approach, which has included proposed cuts to U.S. global health programs, affected the public's support for U.S. engagement to improve the health of those in low and middle income countries?** Here we provide an overview of our latest findings, and also look at whether there have been any changes over time...."*

Among others, it seems that **(US) bipartisanship on global health is decreasing:**

*"...there has been an **increasing partisan divide regarding views of U.S. spending on global health**. In 2009, one-fourth (23 percent) of Republicans and one in seven (14 percent) Democrats said they felt the U.S. was spending "too much" on efforts to improve health for people in developing countries. Ten years later, the share of Republicans who express this view grew 17 percentage points (up to 40 percent) while among Democrats, the share is still about one in seven (17 percent) (Figure 7)...."*

Devex - Proposed US budget cuts 'insane,' senator says at hearing with USAID chief

<https://www.devex.com/news/proposed-us-budget-cuts-insane-senator-says-at-hearing-with-usaid-chief-94820>

*"U.S. Senate appropriators were quick to dismiss the administration's budget request, which proposed slashing global development funding. Instead, they asked several questions to highlight areas where they thought the proposed cuts would be particularly detrimental in a Senate appropriations subcommittee hearing Tuesday. They didn't, however, seem to **blame U.S. Agency for International Development Administrator Mark Green, who was testifying**. ... **"We're not going to approve this budget reduction. It's insane, it makes no sense, it makes us less safe," Senator Lindsey Graham, a Republican from South Carolina who chairs the state and foreign operations subcommittee, said of the budget**. "I don't know who writes these over in the White House, but they clearly don't understand the value of soft power."*

Another excerpt from this Devex article, related to the **Mexico City Policy**:

*"...Sen. Jeanne Shaheen, a Democrat from New Hampshire, asked for information from the administration about the impacts of the Mexico City Policy, or "global gag rule," which states that foreign NGOs that receive any U.S. global health assistance are prohibited from performing or promoting "abortion as a method of family planning." That includes offering legal advice or counseling related to abortion. "I have real concerns that this policy was not properly vetted and is having severe impacts on our global health programs," she said. **Green said the administration will***

release in May a new report about the impacts of the policy, the completion of which was delayed due to the shutdown. The administration is also working on some frequently asked questions and additional information about the standard language of the policy, in line with Secretary of State Mike Pompeo's announcement in late March that the policy applies to all subgrantees of foreign NGOs that receive money from the U.S., that will be accountable for monitoring and ensuring all of their partners abide by the policy...."

NYT - Trump Administration Files Formal Request to Strike Down All of Obamacare

<https://www.nytimes.com/2019/05/01/health/unconstitutional-trump-aca.html>

*"The Trump administration formally declared its opposition to the entire Affordable Care Act on Wednesday, arguing in a federal appeals court filing that the signature Obama-era legislation was unconstitutional and should be struck down. **Such a decision could end health insurance for some 21 million Americans** and affect many millions more who benefit from the law's protections for people with pre-existing medical conditions and required coverage for pregnancy, prescription drugs and mental health. ... In filing the brief, the administration abandoned an earlier position — that some portions of the law, including the provision allowing states to expand their Medicaid programs, should stand...."*

SRHR

Lancet (Editorial) – The erosion of women's sexual and reproductive rights

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30990-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30990-0/fulltext)

One of the must-reads (and must-acts) of the week. Starting from last week's baffling news on the **UN SC resolution to combat sexual violence**, that omitted the term 'SRHR', among others because Trump wanted to boost his credentials among conservative voters ahead of the next presidential elections.

*"...America's hard-line stance against abortion rights for women victims of sexual violence in conflict is emblematic of a disturbing trend. The growing spread of conservative views on sexual and reproductive health pose a considerable threat to rights that had been hard-and rights fought and won more than a quarter of a century ago. **2019 marks 25 years since the International Conference on Population and Development (ICPD) in Cairo**, at which the link between women's empowerment and sustainable development was established. Women's reproductive rights were affirmed by the international community for the first time. **During the Nairobi Summit in November, 2019, hosted by the United Nations Population Fund (UNFPA) to discuss progress on ICPD+25, the many achievements for women's sexual and reproductive rights will and should be celebrated.** But it is the erosion of those rights that now needs the full attention and convening power of the international community of advocates for women and girls...."*

Health in Humanitarian Crises Centre and MARCH Centre - Statement on the Removal of Sexual and Reproductive Health and Rights from UN Resolution 2467

https://crises.lshtm.ac.uk/2019/04/29/statement-un-resolution-2467/?utm_source=crises-twitter&utm_medium=social&utm_term=statement-un-resolution

*“On 23rd April 2019, the United Nations (UN) Security Council adopted Resolution 2467 on Sexual Violence in Conflict by a vote of 13 in favour to none against, and two abstentions (China, Russian Federation). In what was hoped to have been a step forward towards protecting all survivors of sexual violence in conflict-affected settings, the adopted resolution condemning sexual violence in conflict contains **no reference to sexual and reproductive health and rights**. The Health in Humanitarian Crises Centre and the MARCH (Maternal Adolescent & Child Health) Centre at the London School of Hygiene and Tropical Medicine **strongly condemns the dilution of Security Council Resolution 2467....**”*

For a related **op-ed** (with some of the same authors), see Thomson Reuters Foundation - [A resolution without resolve - UN Security Council fails to protect women and girls in conflict](#)

*“Omission of **four words** represents a major ethical and human rights setback, and ultimately threatens the wellbeing, rights and dignity of women and girls around the world.”*

Youth activism & health

Lancet (Editorial) – The emerging voices of youth activists

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30991-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30991-2/fulltext)

*“We are living in the midst of a wave of worldwide cultural change. **Peaceful global activism led by young people is gaining momentum, challenging power structures at every level of society. But, as yet, this potential opportunity has not been seized for health.** What more could be done to infuse energy and constructive anger into campaigns for a better health?... .. Cultural change led by young people is sweeping across society and young activists are becoming legitimised, but **these emerging youth movements have yet to turn their attention to health emergencies.** Younger populations have shown their capacity to respond, as demonstrated by the youth commissioners' input to the Lancet Commission on Adolescent Health and Wellbeing. But even stronger voices are needed.”*

PS: I personally think it's a bit sad that global health is looking in the direction of youngsters for really radical, transformative change. As in the climate change battle, where somehow much of the world seemed to be waiting for Greta Thunberg to tell it like it is. It says a lot about us, 'adults'.

Access to Medicines

HPW - Drug Price Transparency: 10 Countries Back World Health Assembly Resolution

<https://www.healthpolicy-watch.org/drug-price-transparency-10-countries-back-world-health-assembly-resolution/>

“Ten countries, including five European Union (EU) member states, have now lined up in support of a landmark resolution to increase transparency of drug prices globally, which is expected to be a key focus of deliberations by WHO member states as they convene for the 72nd World Health Assembly (WHA), May 20-28 in Geneva. The list of resolution co-sponsors includes: Greece, Italy, Portugal, Slovenia, and Spain from the EU, as well as Malaysia, Serbia, South Africa, Turkey and Uganda, an Italian government official confirmed to Health Policy Watch. Meanwhile, an updated version of the [draft resolution](#), Improving the transparency of markets for medicines, vaccines and other health-related technologies, obtained by Health Policy Watch from the official Italian government source, goes beyond the earlier version with further, far-reaching proposals for reshaping the landscape of health-related research and development (R&D)....”

WHO Bulletin (Editorial) - Ensuring access to life-saving medicines as countries shift from Global Fund support

Mercedes Tatay & Els Torrelee; <https://www.who.int/bulletin/volumes/97/5/19-234468.pdf>

“...faced with stagnating donor health funding, in recent years the Global Fund has revised its allocation model and its sustainability, transitions and co-financing policies. These policies are driving changes that can have negative implications for people with human immunodeficiency virus (HIV), tuberculosis or malaria...” “....Negative effects of these shifts are already apparent in some countries.....”

The authors suggest that the Global Fund, its partners and governments should undertake several steps to address this issue.

Vaccines

Save the Children – Shaping the Immunisation Landscape: Getting it right for 20 million children

K Mathieson; [Save the Children](#);

“The next year will be critical for shaping the global immunisation landscape. The potential impact on the nearly 20 million children still not receiving vaccinations globally is huge. The post-2020 global immunisation vision for the next decade is being crafted this year. Simultaneously, Gavi, the Vaccine Alliance, is developing its next five-year strategy – which will guide its support to eligible countries (traditionally low-income countries with gross national income per capita less than or equal

to US\$1,580) – and is **gearing up for its third replenishment** to ensure sufficient funding to deliver on its strategic objectives....”

With this in mind, Save the Children highlights **3 key priority areas** to ensure sustainability of GAVI’s immunization programs. **PHC, equity & market shaping**.

International Health - Immunizations and vaccines: a decade of successes and reversals, and a call for ‘vaccine diplomacy’

Peter Hotez; <https://academic.oup.com/inthealth/advance-article-abstract/doi/10.1093/inthealth/ihz024/5481423?redirectedFrom=fulltext>

*“Over the last decade we have seen extraordinary public health gains due to expansions in global vaccination programs led by United Nations (UN) agencies, including Gavi, the Vaccine Alliance, UNICEF and the WHO. These initiatives have reduced childhood deaths from measles, tetanus and other vaccine-preventable diseases by almost one half. There is additional excitement over the potential development and introduction of new vaccines to prevent highly lethal respiratory virus infections, as well as tuberculosis, malaria, HIV/AIDS and several neglected tropical diseases. However, these **successes are under threat due to political instability, conflict and an accelerating antivaccine movement**. New initiatives in vaccine diplomacy will be required to combat these challenges.”*

(Enhancing) Domestic revenue mobilization

Duke’s Center for Policy Impact in Global Health – Enhancing domestic revenues: constraints and opportunities: a cross-country comparative study of tax capacity, effort and gaps

<http://centerforpolicyimpact.org/domestic-revenue-mobilization/>

One of the publications of the week. You find the **executive summary** in the link above.

Aim of the study: “Achieving the SDGs will require significant increases in financial resources from many different sources especially domestic resource mobilization (DRM). **This Policy Brief summarizes a new study “Enhancing domestic revenues: constraint and opportunities A cross country comparative study of tax capacity, effort and gaps” that addressed three key questions about DRM:** How much domestic resources should a country be reasonably mobilizing—that is, what is its tax capacity? What are the reasons a government is not raising the tax and non-tax revenues it needs—that is, what are the main reasons for the gap between capacity and performance? What are the implications for governments and for donors—that is, how should aid relationships change as developing countries approach income transitions?...”

You also find a great overview of key messages in the related (Brookings) blog [Measuring the gap between ability and effort in domestic revenue mobilization](#) (by I Bharali et al)

The key messages of the report also lead to **three recommendations** for improving public financial management, mobilizing domestic resources, and reducing aid dependence: better measures of the quality of tax administration; much more attention to tax expenditures; a **special focus on lower-middle-income countries**.

CGD - Enhancing Domestic Resource Mobilization: What are the Real Obstacles?

Sanjeev Gupta et al; <https://www.cgdev.org/blog/enhancing-domestic-resource-mobilization-what-are-real-obstacles>

*“At the Center for Global Development, we recently initiated a project to develop more effective and equitable strategies for domestic resource mobilization in low-income countries in sub-Saharan Africa (SSA). The impetus for the project is the Addis Ababa Action Agenda for financing development, which calls on developing countries to step up their efforts to collect more taxes domestically to achieve the SDGs. The CGD project envisions many outputs over the next two years, but a central one is **organizing a roundtable of finance ministers every six months to discuss the impediments—political and structural—to raising domestic resources**. The **first such roundtable was held the week of the IMF/World Bank Spring Meetings in Washington DC**. In this blog post, we summarize the **key issues** that emerged....”*

The first meeting of the ministers’ roundtable focused on the **political economy** of taxation.

Global Fund update

http://www.aidspace.org/gfo_article/global-fund%E2%80%99s-new-results-reporting-methodology-critiqued-being-%E2%80%9Cinsufficiently-rigorous

The latest **Global Fund Observer** issue is a must-read. Check out, among others:

- [**Supreme Audit Institutions in Africa** would welcome an opportunity to start or expand their involvement in auditing Global Fund grants](#)
- [**A look at decision items planned for the 15–16 May Global Fund Board meeting**](#)

“At its meeting on 15–16 May 2019, the Global Fund Board is expected to adopt a methodology for use in determining the 2020–2022 allocations. The Board is also expected to adopt measures designed to strengthen the process of selecting members for the Board’s standing committees. ...”

“The agenda for the Board meeting has not been made public. The Board, in recent years, has been making fewer decisions than previously as more and more decision-making has been delegated to its three standing committees: the Strategy Committee (SC), the Audit and Finance Committee (AFC), and the Ethics and Governance Committee (EGC)....

- [**Global Fund publishes new donor profiles; Japan makes \\$393 million contribution towards its pledge for the Fifth Replenishment**](#)

“As it gears up for the Sixth Replenishment, the Global Fund has published a new series of government donor profiles, highlighting each country’s pledges and contributions to the Fund since the start of their respective donor relationships. ... The profiles of 40 current government donors are accessible on the [Government Donors page](#) on the Global Fund’s website, in a drop-down menu that takes you, in one further step, to the profile page of the country you’ve selected. Each donor government profile shows the pledges and contributions (a) cumulatively to date; and (b) for the Fifth Replenishment....”

- [Global Fund creates new Data Service web pages consolidating information on grants, donor contributions, allocations, etc.](#)
- [Global Fund’s new results reporting methodology critiqued as being “insufficiently rigorous”](#)

*“An **article published in January in The Lancet leveled a major criticism of the Global Fund’s results reporting methodology**, saying that it is, “insufficiently rigorous to inform the allocation of scarce resources.” **The Fund countered**, claiming that its methods are widely accepted, were developed in close collaboration with other institutions, and represent the best available way to communicate impact to donors and others. **This article describes the arguments advanced by the authors and by the Fund; and includes comments from other stakeholders.**”*

Malaria vaccine rollout & lingering doubts

Nature - First proven malaria vaccine rolled out in Africa — but doubts linger

[Nature:](#)

“The RTS,S vaccine is up to 40% effective at preventing malaria in young children.”

For a related read, see **Devex** - [The limits of Africa's malaria vaccine pilots](#)

Both are well worth a read to understand why this is not a game changer, but at most an additional tool in the malaria toolbox.

Urban health

Editorial Equinet – It’s not enough to tweak old models: urban health calls for new approaches

R Loewenson et al ; <https://www.equinetafrica.org/newsletter/current>

...In 2016-18 we gathered and analysed diverse forms of evidence and experience on the social distribution of health in urban areas and on the opportunities for promoting health and wellbeing. In Harare, with the Civic Forum on Human Development and Harare youth, and in Lusaka, with the District Health Office and Lusaka youth, we listened to the perceptions and experiences of young

people (18-25 year olds) from diverse settings and socio-economic groups in these two cities. We explored how far their experiences were captured in the evidence we collect across the countries in the region. ... So **what would such a more holistic, integrated and affirmative approach look like? One starting point may be to go back to the first principle of the WHO Constitution, that health is not merely the ‘absence of disease or infirmity’, it is “a state of complete physical, mental and social wellbeing.** ... A concept of ‘wellbeing’ – or ‘buen vivir’ as applied in some countries – holds the potential to integrate psychosocial, social, time use, political, material, economic, service, governance and ecological determinants, all of which are affecting urban health. “

“...By bringing them together, the concept draws attention to what balance (and imbalances) we are generating between these different dimensions of wellbeing and the current and future consequences of imbalances....”

For the related Equinet Working paper, see [Pathways to urban health equity, report of multi-method research in east and southern Africa](#)

WHO's new science division

Nature - How to shape research to advance global health

<https://www.nature.com/articles/d41586-019-01235-1>

“Billions of people rely on the norms and standards for global health set by the World Health Organization (WHO). The chief scientist of its new science division, Soumya Swaminathan, explains how the agency will encourage innovation, promote open data and hand the power to scientists from the global south.”

The WHO Task Force on Nursing and Midwifery

Lancet (Comment) - Delivering on global health priorities: the WHO Task Force on Nursing and Midwifery

E Iro et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30842-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30842-6/fulltext)

« WHO is entering a new era in its recognition of the vital domains of nursing and midwifery. After the appointment of WHO's Chief Nursing Officer in 2017, the Director-General has endorsed the establishment of the WHO Task Force on Nursing and Midwifery. The taskforce is engaging the global nursing and midwifery community to accelerate collaboration and progress on the health-related Sustainable Development Goals (SDGs). »

Planetary (ill-) Health

Forbes - We Have Five Years To Save Ourselves From Climate Change, Harvard Scientist Says

<https://www.forbes.com/sites/jeffmcmahon/2018/01/15/carbon-pollution-has-shoved-the-climate-backward-at-least-12-million-years-harvard-scientist-says/#6b7e6a04963e>

*"The level of carbon now in the atmosphere hasn't been seen in 12 million years, a Harvard scientist said in Chicago Thursday, and this pollution is rapidly pushing the climate back to its state in the Eocene Epoch, more than 33 million years ago, when there was no ice on either pole. "We have exquisite information about what that state is, because we have a paleo record going back millions of years, when the earth had no ice at either pole. **There was almost no temperature difference between the equator and the pole,**" said James Anderson, a Harvard University professor of atmospheric chemistry best known for establishing that chlorofluorocarbons were damaging the Ozone Layer.*

*...People have the misapprehension that we can recover from this state just by reducing carbon emissions, Anderson said in an appearance at the University of Chicago. Recovery is all but impossible, he argued, without a **World War II-style transformation of industry**—an acceleration of the effort to halt carbon pollution and remove it from the atmosphere, and a new effort to reflect sunlight away from the earth's poles. **This has to be done, Anderson added, within the next five years.** "The chance that there will be any permanent ice left in the Arctic after 2022 is essentially zero," Anderson said, with 75 to 80 percent of permanent ice having melted already in the last 35 years...."*

BBC News - Nature loss: Major report to highlight 'natural and human emergency'

<https://www.bbc.com/news/science-environment-48059043>

Analysis from last weekend, ahead of an important meeting in Paris. *"**Scientists and government officials meet this week in Paris to finalise a key assessment on humanity's relationship with nature. The Intergovernmental Panel for Biodiversity and Ecosystem Services, or IPBES, will issue the first report of this type since 2005.** It will detail the past losses and future prospects for nature and humans. One author says the report will highlight the "social and ecological emergency" the world is now facing. From Monday some of the world's leading researchers in the field of biodiversity will meet in the French capital to work through the details of their report with representatives from 132 governments. **Their conclusions, known as a Summary for Policymakers, will then be published on 6 May...."***

*"... It will likely warn that we are on the brink of a rapid acceleration of the global rate of loss of species. And it will say **the threat these losses pose - and the challenge that presents - is on a par with climate change.** It's probable also that it will say that farming, deforestation and our demands for energy are undermining the services we get from nature. ... **The researchers hope that just as the report from the IPCC woke the world up to the scale of the threat of climate change last Autumn, the IPBES report will do the same for nature...**"*

For an **update on this biodiversity meeting** in Paris, see [UN report stresses urgent need for nature rescue plan](#)

*"The destruction of nature threatens humanity "at least as much as human-induced climate change", **UN biodiversity chief** Robert Watson said as the five-day meeting began. **"We have a closing window of opportunity to act, and narrowing options."** A **44-page draft summary for policymakers** catalogues the 1,001 ways in which our species has plundered the planet and damaged its capacity to renew the resources upon which we depend, starting with breathable air, drinkable water and productive soil...."*

BBC news - Indonesia's planning minister announces capital city move

<https://www.bbc.com/news/world-asia-48093431>

*"Indonesia is moving its capital city away from Jakarta, according to the country's planning minister. Bambang Brodjonegoro said President Joko Widodo had chosen to relocate the capital in "an important decision". The new location is not yet known. However state media reports one of the front runners is Palangkaraya, on the island of Borneo. **Jakarta, home to over 10 million people, is sinking at one of the fastest rates in the world...."***

BMJ Editorial - Schoolchildren's activism is a lesson for health professionals

R Stott et al; <https://www.bmj.com/content/365/bmj.l1938>

"Like them, we must campaign relentlessly for carbon net zero by 2030."

*"... **With their relentless protests, Thunberg and other schoolchildren around the world have shown a commitment that other groups, including health professionals, have not managed.** Despite the efforts of, for example, the Global Climate and Health Alliance (climateandhealthalliance.org), the Lancet Countdown on Health and Climate Change (lancetcountdown.org), and the UK Health Alliance on Climate Change (ukhealthalliance.org), **the commitment of health professionals to this issue has been patchy, intermittent, and sotto voce.** Climate breakdown is an immediate health threat not a distant environmental inconvenience. **Now is the time for health professionals to share the demands of schoolchildren and Extinction Rebellion activists,** to insist that all governments tell the truth about climate change, declare an ecological and climate change emergency, and act urgently to halt biodiversity loss and to reduce greenhouse gasses to carbon net zero by or before 2030."*

Some more links related to planetary health:

- Guardian - [Extinction Rebellion activists stage die-in protests across globe](#)
- FT Column - [Attenborough, Gates and the battle between optimism and pessimism](#)

"Climate change is worrying even the most determined optimists."

Excerpt: *"... **What is less clear is whether Mr Gates is genuinely optimistic that technological***

advances will come rapidly enough to head off disaster. A recent UN report argued that the world needs to reduce greenhouse gas emissions by more than 20 per cent by 2030, if it is to limit temperature change to under 2C more than pre-industrial levels — a level that is widely deemed to be unacceptably dangerous. But Mr Gates believes that things could get much worse than that, arguing recently that, “If we freeze technology today, we will live in a 4C warmer world in the future — guaranteed”. ... **Mr Gates is worried enough to have accepted the co-chairmanship of the Global Commission on Adaptation**, (alongside Kristalina Georgieva, the chief executive of the World Bank), which aims to mitigate the effects of climate change on the world’s poorest people. **But he avoids speculating about the worst scenarios in public, preferring to accentuate the positive** — such as the “ingenious inventors who are tackling climate change” ...”

Scientific publishing

Nature - Elsevier strikes its first national deal with large open-access element

[Nature:](#)

“Agreement with Norwegian consortium allows researchers to make the vast majority of their work free to read on publication in Elsevier journals.”

PS: “The Norway agreement does not cover around 400 Elsevier titles owned by academic associations, or by the prestigious Cell Press journals or The Lancet...”

Big Tobacco & tax justice

Guardian - Tobacco firm BAT ‘costs developing countries \$700m in tax’

<https://www.theguardian.com/business/2019/apr/30/tobacco-firm-bat-costs-developing-countries-700m-in-tax>

“British American Tobacco has been accused of depriving developing countries of hundreds of millions of dollars in tax by using “financial manoeuvring” to shift profits to a UK subsidiary. The Tax Justice Network estimated that London-based BAT, the world’s largest tobacco company, would avoid paying \$700m (£540m) between now and 2030 in Bangladesh, Indonesia, Kenya, Guyana, Brazil, and Trinidad and Tobago.

*...There is no suggestion that any of the methods allegedly used are illegal and BAT said it complied in full with tax legislation in the countries where it operates. ... But in a detailed report entitled **Ashes to Ashes**, the Tax Justice Network said BAT’s practices “fly in the face of tobacco companies’ claims to be essential tax providers to low and middle income countries where 80% of the 1.1bn smokers worldwide live” “*

Some papers of the week

SS&M – Conceptual analysis of health systems resilience: A scoping review

C P Turenne, L Gautier, V Ridde et al ;

<https://www.sciencedirect.com/science/article/abs/pii/S0277953619302205>

“Provides a conceptual analysis of health system resilience; Argues that health systems resilience lack conceptual maturity; Calls for clarification of the concept to guarantee effective communication and valid empirical study.”

The authors evaluated the clarity and the precision of the concept of health systems resilience using **Daigneault & Jacob's three dimensions of a concept: term, sense, and referent.**

Their conclusion: *“The lack of clarity in this conceptualization hinders the expansion of knowledge, the creation of reliable analytical tools, and the effectiveness of communication. The current conceptualization of health systems resilience is too scattered to enable the enhancement of this concept with great potential, opening a large avenue for future research.”*

BMJ Global Health - Health system modelling research: towards a whole-health-system perspective for identifying good value for money investments in health system strengthening

S Verguet, R Atun, J Bump et al; <https://gh.bmj.com/content/4/2/e001311>

*“Global health research has typically focused on single diseases, and most economic evaluation research to date has analysed technical health interventions to identify ‘best buys’. **New approaches in the conduct of economic evaluations are needed to help policymakers in choosing what may be good value** (ie, greater health, distribution of health, or financial risk protection) **for money** (ie, per budget expenditure) **investments for health system strengthening (HSS)** that tend to be programmatic. We posit that these economic evaluations of HSS interventions will require developing new analytic models of health systems which recognise the dynamic connections between the different components of the health system, characterise the type and interlinks of the system’s delivery platforms; and acknowledge the multiple constraints both within and outside the health sector which limit the system’s capacity to efficiently attain its objectives. **We describe priority health system modelling research areas to conduct economic evaluation of HSS interventions** and ultimately identify good value for money investments in HSS.”*

CSP - From Alma-Ata to Astana. Primary health care and universal health systems: an inseparable commitment and a fundamental human right

L Giovanella, Paulo Buss et al ; http://www.scielo.br/pdf/csp/v35n3/en_1678-4464-csp-35-03-e00012219.pdf

Well worth a read. And only 4 pages!

Human Resources for Health - Intersectionality and global health leadership: parity is not enough

Z Zeinala, R Morgan et al ; <https://link.springer.com/article/10.1186%2Fs12960-019-0367-3>

"...While efforts to reduce gender imbalance in global health leadership are critical and gaining momentum, it is imperative that we look beyond parity and recognize that women are a heterogeneous group and that the privileges and disadvantages that hinder and enable women's career progression cannot be reduced to a shared universal experience, explained only by gender. Hence, we must take into account the ways in which gender intersects with other social identities and stratifiers to create unique experiences of marginalization and disadvantage."

Plos Med (Editorial) - Addressing critical needs in the fight to end tuberculosis with innovative tools and strategies

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002795>

Editorial of a Plos Med Special issue on TB.

"In this month's Special Issue's Editorial, the Guest Editors highlight some of the research and how these studies focusing on discovery, clinical trials and implementation research collectively add to the prospects for reaching the WHO EndTB targets by 2035."

WHO Bulletin – May issue

<https://www.who.int/bulletin/volumes/97/5/en/>

Do start with the **Editorials**, 'Providing health care in conflict settings: a call for papers' and 'Ensuring access to life-saving medicines as countries shift from Global Fund support' (see above).

Lancet (Comment) - Towards eradication of chronic obstructive pulmonary disease: a *Lancet* Commission

M Dransfield, S Kleinert et al (for the Lancet COPD Commissioners)

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30950-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30950-X/fulltext)

Guess you know what this is about :)

Some blogs and mainstream articles of the week

HSG (blog) – The C-Word: Tackling the enduring legacy of colonialism in global health

<https://www.healthsystemsglobal.org/blog/341/The-C-Word-Tackling-the-enduring-legacy-of-colonialism-in-global-health.html>

Recommended, hard-hitting blog by some of the organizers of the 'Decolonize Global Health Conference' in Harvard from a while ago. Short report of the conference.

Cfr a tweet: *""**Decolonization is not a one-day event or a checkbox. It is a process** - a process that leads to futures we do not know, but that we should dare to imagine."*

WB's Investing in Health blog - Joint Learning Network: How to improve efficiency through systematic priority setting

Y Ling-Chi et al ; <http://blogs.worldbank.org/health/joint-learning-network-how-improve-efficiency-through-systematic-priority-setting>

*"On March 1-2 the **Joint Learning Network Efficiency Collaborative (EC)** co- located with the **domestic resource mobilization collaborative** in Delhi, India. This fourth in-person EC meeting focused on two workstreams: systematic priority setting, and measurement and information...." "The first day and a half focused on **systematic priority setting**, which aims to generate a database of resource allocation frameworks for health, as well as a comprehensive guide...." With some key messages.*

Health and Human Rights Journal (blog) - Donors Risk Human Rights Violations When Leaving Middle-Income Countries

Sara Davis; <https://www.hhrjournal.org/2019/04/donors-risk-human-rights-violations-when-leaving-middle-income-countries/>

Sara Davis explores whether health aid donors transitioning out of middle-income countries have any obligations under human rights law. Guess you all know the answer.

Kristof Decoster (blog) – A question for Dubai 2020

<https://kdecoستر.blogspot.com/2019/04/a-question-for-dubai-2020.html>

Quickie specifically targeted at the Communications team for the next HSR symposium. I have to admit I don't really envy their job, when it comes to managing **social media** use/messages on some sessions, given the (intrinsically rather political) programme of the next symposium. Feels like an accident waiting to happen.

Global Policy (blog) - At this Rate, It Will Take 200 Years to End Global Poverty

Jason Hickel; <https://www.globalpolicyjournal.com/blog/29/04/2019/rate-it-will-take-200-years-end-global-poverty>

*"...While it is true that the average incomes of poor people have increased since 1981, there are **two crucial caveats to this that we need to pay attention to.** ...*

*“...First, **the increase has not been steady**. Indeed, there have been long periods over the past few decades where the average incomes of the global poor (those living on less than \$7.40 per day, the minimum necessary for decent nutrition and normal life expectancy) didn’t rise at all, and quite often actually fell. ... Second, **the increase that has happened has been at an astonishingly slow pace**. Since 1981 poor people’s daily incomes have increased by only about 2 cents per year, on average. ...”*

“...Those like Gates and Pinker who so adamantly defend the status quo of the global economy – this is what they are defending. That the incomes of the poor should grow by 2 cents per year, ensuring that poverty will be with us for hundreds of years to come. This is a striking position to take, when you consider that poverty could be ended right now, forever, simply by shifting \$6 trillion of existing global income to the poorest 60% of humanity. This would be enough to lift every human on the planet above the \$7.40 line....”

See also a (2018) WB blog - [Nearly 1 in 2 in the world lives under \\$5.50 a day](#).

Global health events

KFF roundtable - The Future of Global Health Financing: Hope vs. Reality in the Push for Universal Health Coverage

[KFF](#);

*“On **Thursday, April 25**, the Kaiser Family Foundation and the CSIS Global Health Policy Center held a **policy roundtable on the latest data on funding for global health**, including from the U.S. government. It began with a brief presentation by Joseph Dieleman of the Institute for Health Metrics and Evaluation on the annual Financing Global Health report, which this year includes new data on trends in HIV and malaria funding. WHO Director-General Tedros Adhanom Ghebreyesus delivered keynote remarks by remote video from Geneva on his vision to finance Universal Health Coverage. A roundtable conversation followed, featuring, among others Chris Collins, president of Friends of the Global Fight; Jen Kates, vice president and director of Global Health & HIV Policy at KFF (moderator); Stephen Morrison, senior vice president and director of the CSIS Global Health Policy Center; Christopher J.L. Murray, professor and director at the Institute for Health Metrics and Evaluation; and Loyce Pace, president and CEO of the Global Health Council.”*

You can **re-watch the video** – Recommended !!!

Certainly the overview of key messages by Dieleman and the roundtable discussion. Among others, on the **decreasing bipartisanship on global health** in the US, but also how the upcoming presidential elections could inspire global health advocacy go be really ‘daring’ and think out of the box.

LSE Department of Health Policy Launch (30 April)

<http://www.lse.ac.uk/health-policy>

You can find the programme of the day [here](#).

And a tweet by Clare Wenham: *“Conclusion of @LSEHealthPolicy department launch is that the **biggest challenges in health and social care are political**. I agree”*

Second G20 sherpa meeting

Cfr a tweet:

“@G20Japan focuses on health, reaching #UHC, promoting healthy ageing, fighting pandemics and #AntimicrobialResistance One health approach. The world needs G20 leaders commitment to deliver @WHO @DrTedros #SDGs”

Coming up (this afternoon, 3 May): CGD (event) - Fiscal Policy Tools to Protect Our Planet

<https://www.cgdev.org/event/fiscal-policy-tools-protect-our-planet>

*“...A new IMF paper provides country-level guidance on the role, design and economic impact of fiscal policies for implementing these strategies, using a unique and transparent tool laying out the trade-offs among policy options. The IMF will also be releasing updated estimates of energy subsidies at the global and national level. **Christine Lagarde**, the IMF’s Managing Director will be joined by Ngozi Okonjo-Iweala, former Minister of Finance of Nigeria and Andrew Steer, President and CEO of WRI, in a session moderated by CGD President, Masood Ahmed to discuss fiscal policy options to achieve the Paris commitments:...”*

Global governance of health

New Book - Security and Public Health

Simon Rushton; <http://politybooks.com/bookdetail/?isbn=9781509515882>

*“...In this book, Simon Rushton explores the politics of pandemics in the contemporary world. Looking back over three decades of public health, he traces national and international efforts to tackle infectious disease, focusing in-depth on **three core areas in which securitization has been particularly successful: rapidly spreading pandemic diseases, HIV/AIDS; and man-made pathogenic***

threats, such as biological weapons. Three central problems raised by common responses to disease as a security threat are then examined: the impact upon individuals and civil liberties; the tendency to treat the symptoms and not the underlying causes of disease outbreaks; and the types of disease deemed worthy of global attention and action. Arguing against a tendency to treat global health security as a technical challenge, the book stresses the need for a vibrant, and even confrontational, political engagement around the implications of securitizing public health."

Chatham House (Expert Comment) – Getting Serious About Protecting Health Care in Conflict

R Dayoub; https://www.chathamhouse.org/expert/comment/getting-serious-about-protecting-health-care-conflict?CMP=share_btn_tw

"Three years ago, a UN Security Council resolution called for the protection of health care in conflict zones, but attacks have continued. Effective translation of the resolution into action requires international organization involvement in prosecuting perpetrators and better inclusion of local health care providers."

New book: The Business of Changing the world

Raj Kumar; [The Business of Changing the World: How Billionaires, Tech Disrupters, and Social Entrepreneurs are Transforming the Global Aid Industry.](#)

By **Raj Kumar**. On pretty much everything we loathe in the aid industry. Probably to be complemented with the book "[Winners take all](#)" :)

Devex - Breaking: Rory Stewart replaces Penny Mordaunt as DFID chief

<https://www.devex.com/news/breaking-rory-stewart-replaces-penny-mordaunt-as-dfid-chief-94827>

"Rory Stewart was appointed the new U.K. secretary of state for international development Wednesday evening, after former leader Penny Mordaunt was moved to the Ministry of Defence. Stewart becomes the department's fourth leader in three years. ... He is seen as a strong advocate for U.K. aid and is widely respected within the community for his foreign policy expertise. A former diplomat and army veteran, he is also known for his support of stronger coordination between aid and defense operations...."

See also **Devex** - [Aid community reacts as Rory Stewart replaces Penny Mordaunt as DFID chief](#) The new boss is widely welcomed, it appears.

And see also the **Guardian** - [Rory Stewart defends UK aid target \[i.e. the 0.7 %\] and vows to tackle climate 'emergency'](#).

*“...Climate change was among the most important challenges facing DfID, said Stewart, who expressed agreement with Jeremy Corbyn’s view that **the world is confronting a climate change emergency....**”*

CSIS (brief) - Harnessing Multilateral Financing for Health Security Preparedness

<https://www.csis.org/analysis/harnessing-multilateral-financing-health-security-preparedness>

As already flagged in a previous IHP newsletter.

*“...The **World Bank Group’s International Development Association (IDA)** replenishment takes place every three years and presents a choice opportunity to make adjustments that reflect important emerging priorities. In the current IDA19 replenishment, stakeholders can take a major step towards closing the preparedness financing gap by incentivizing \$1 billion or more per year in preparedness investments in LICs and LMICs....”*

Foreign Policy (Q&A) - ‘We Need a New Vision in Development’

<https://foreignpolicy.com/2019/05/01/we-need-a-new-vision-in-development-pinelopi-koujianou-goldberg-work-bank-interview/>

Well worth a read. *“**World Bank chief economist** Pinelopi Goldberg says equality can’t be an afterthought in plans for economic growth.”*

European Journal of Public Health - A Dictator’s Gift: Dominant party regimes and health expenditures

H-T Yan et al; <https://academic.oup.com/eurpub/advance-article-abstract/doi/10.1093/eurpub/ckz070/5477840?redirectedFrom=fulltext>

This study aims to examine the determinants of health expenditure in dictatorships. Focus here, among others, on Ivory Coast.

*« ...The findings suggest that **different forms of dictatorship are associated with varying levels of health expenditure**. Where dictatorships rely on popular support, as is the case with **dominant party dictatorships**, health expenditure is generally greater. »*

Third World Network - WHO: Restructuring fails to address conflict of interest in FENSA Implementation

<https://www.twn.my/title2/health.info/2019/hi190406.htm>

The recent restructuring of the World Health Organization (WHO) hierarchy fails to address conflict of interest in the implementation of the Framework of Engagement with Non-State actors (FENSA), argues K M Gopakumar.

Social Europe - Are ILO labour standards up for sale?

<https://www.socialeurope.eu/ilo-labour-standards-up-for-sale>

"In its centenary year, the International Labour Organization received a poisoned chalice from the United Nations—an institutional reform which could represent a threat to ILO labour standards."

"...While private funding of UN activities could hypothetically fill the funding gap and promote decent work among investors, it could turn into a threat to ILO social and labour standards. ..."

IOGT – AB InBev – New Chairman hails from Big Tobacco

<https://iogt.org/news/2019/04/26/ab-inbev-new-chairman-hails-from-big-tobacco/>

Cfr a tweet: 'Addiction industries keep integrating' - new AB Inbev chair hails from big tobacco.

"Shareholders of Anheuser-Busch InBev elected the former top executive at tobacco giant Altria Group Inc. as its new board chairman. Martin J. Barrington was appointed by the annual meeting of the world's biggest beer producer...."

Devex - New investor alliance launches to tackle SDG financing

<https://www.devex.com/news/new-investor-alliance-launches-to-tackle-sdg-financing-94760>

*"The United Nations has announced the creation of a **Global Investors for Sustainable Development Alliance**, which will bring together a group of chief executive officers as part of its efforts to more closely align the international financial system with the 2030 agenda. The **alliance, which was announced at the Financing for Development Forum and will be officially launched in September**, is inspired in part by a Swedish initiative and came after an examination of work the U.N. was doing with the private sector, said Navid Hanif, director at the U.N. Department of Economic and Social Affairs' Financing for Sustainable Development office...."*

Tweets Sophia Harmann related to FP analysis (Vogel et al) debunking Garrett's coltran hypothesis on DRC Ebola

Sophie Harmann reacted with a series of tweets, to an earlier tweet from **Clare Wenham** "This is exactly why I was suggesting *the @WHO emergency committee needed a DRC pol/sci - vital analysis for effective response!* The country's Ebola outbreak is spreading out of control—but it's not because of a fight over "conflict minerals.""

YES! This is exactly what I and the global health world needed to read this morning. Spot on. This is why #Ebola response desperately needs political experts on the region... This is what politics experts can offer... 1/11

2/11 Assess the formal and (crucially!) informal political structures in specific contexts

3/11 Identify gatekeepers and political motivations

4/11 Understand how international actors impact on domestic settings and why it is rational for people to question their actions

5/11 Do not presume to correct/create political will but explain why this is lacking/harmful and attempts to do so by international actors can have repercussions to the detriment of the main aim

6/11 Tropes/stereotypes/othering false and harmful, especially when done through the lens of conflict and minerals. Does not lead to global action but reproduces tropes/stereotypes/othering as far off people always in conflict who do not matter

7/11 Caution against the seduction of securitisation (see 3, 5, 6)

8/11 See who is missing from decision-making, data, presumptions about patients, practices and strategy (yes I am talking about women)

9/11 Map relationships btw transactions (financial, service delivery) and power extension/abuse/opportunity.

10/11 Conflict and global health specialists exist! And here's the thing, they understand the political drivers of conflict and the messiness of protracted conflict

11/11 Global health is not a sacred space full of good intention. It is political. Ebola response desperately needs people who don't just say politics is the problem, but can navigate politics. These ppl exist, I have their contact details.

International Affairs – China vs the WHO: a behavioural norm conflict in the SARS crisis

C Kreuder-Sonnen; <https://www.chathamhouse.org/publication/ia/china-vs-who-behavioural-norm-conflict-sars-crisis>

“This article studies a conflict over two competing norms in which the actors demonstrated incompatible positions not through arguments, but through actions. During the SARS crisis, China and the World Health Organization (WHO) entered a norm conflict over the precedence of sovereignty or global health security. Both resorted to behavioural, not discursive contestation: while the WHO practically but not rhetorically challenged the sovereignty norm by acting according to the norm of global health security, China—without openly acknowledging it—contravened the basic principles of global health security by acting according to the overlapping sovereignty norm. Why and with what consequences do actors choose to contest norms through actions rather than words?...”

UHC

Lancet World Report – Health under the spotlight as South Africa takes to the polls

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31001-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31001-3/fulltext)

“South Africa's leading parties are debating options for health care—but a tendency to reject blame for failures on migration is worrisome. Munyaradzi Makoni reports.”

Dr. Sulaiman Al Habib Medical Journal - Essential Diagnostics: A Key Element of Universal Health Coverage

M Pai et al; <https://www.atlantis-press.com/journals/dsahmj/125906081/view>

*“Good primary care is an essential precondition for a decent healthcare system. In fact, primary health care is at the heart of Universal Health Coverage (UHC). UHC, in turn, is critical to achieve the sustainable development goals. While access to essential medicines is explicit in UHC, access to essential diagnostics has received little attention. **In May 2018, the World Health Organization (WHO) published the first Essential Diagnostics List (EDL), and declared its commitment to give equal importance to diagnostic tests and essential medicines.** The EDL has been positively received by a variety of stakeholders, including industry. The EDL offers countries a benchmark that they can use to measure and improve diagnostic services, and preliminary data from India show limited access to essential tests at the primary care level. **Some countries, notably India, have already begun developing National EDLs (NEDLs).** Hopefully, such national efforts will enable the implementation of EDLs, and improve access to diagnostics. **It is time for Low- and Middle-Income Countries (LMICs) to not only increase coverage of health care, but also improve quality of care. Access to essential tests is the first key step in improving quality of care.**”*

Journal of General Internal Medicine - Prevalence and Correlates of Medical Financial Hardship in the USA

[Journal of General Internal Medicine](#)

Via Stat News: “**137 million Americans** face hardship paying for medical care...” “*Medical financial hardship is common in the USA, especially in adults aged 18–64 years and those without health insurance coverage.*”

Planetary health

Nature (Comment) - Model and manage the changing geopolitics of energy

<https://www.nature.com/articles/d41586-019-01312-5>

“Transitioning to a low-carbon world will create new rivalries, winners and losers, argue Andreas Goldthau, Kirsten Westphal and colleagues.”

“...*We present here four geopolitical scenarios to illustrate how varied the transition could be by 2030.Big Green Deal; Technological breakthrough; Dirty nationalism; Muddling on. ...*”

Global Policy - Think Planetization Not Nationalization

Stefan Pedersen; <https://www.globalpolicyjournal.com/blog/01/05/2019/think-planetization-not-nationalization>

“Talk is rife about the prospects of limited nationalization should Labour win the next election in the United Kingdom. Coupled with the recent Extinction Rebellion, it has been suggested that nationalization could work against global warming. **It is here argued that if combating global warming is the primary goal, we should instead start thinking in terms of planetization.**”

Excerpts:

“...**Planetization**, on the other hand, is as I here suggest a governmental strategy similar to nationalization but carried out at an appropriate scale for comprehensively ending environmentally harmful practices globally. It involves a comprehensive program for ensuring regulatory compliance by corporations and finance institutions through making their right to domicile and carrying out business domestically contingent on following a set of what would be universally best practices both domestically and in their foreign operations. **Aggravated noncompliance could lead to ‘planetization’** where the entire firm is taken over by a global trust which ensures not just that the applicable environmental rules are followed but also that the profits derived from its operation are

invested in e.g. green technologies or reforestation where that will be most effective to hinder further environmental degradation....”

... What makes planetization initially trickier than nationalization is that it will only work if a series of major governments commit to it. It could begin with Labour doing so in their program and winning a future UK election. But a US administration might then have to follow suit before it becomes a viable strategy globally. The point is that nationalization is not a naturally green strategy but that planetization would be...”

Guardian - Microsoft joins group seeking to kill off historic climate change lawsuits

<https://www.theguardian.com/technology/2019/may/01/microsoft-joins-group-seeking-to-avoid-climate-change-lawsuit>

“Microsoft has joined a conservative-led group that demands fossil fuel companies be granted legal immunity from attempts to claw back damages from the climate change they helped cause. The stated goals of the Climate Leadership Council (CLC) include a \$40-a-ton fee on carbon dioxide emissions in return for the gutting of current climate change regulations and “protecting companies from federal and state tort liability for historic emissions”. Microsoft has become the first technology company to join the CLC, which includes oil giants BP, ExxonMobil, Shell, Total and ConocoPhillips among its founding members. Handing legal immunity to these oil companies would squash a cavalcade of recent climate lawsuits launched by cities and counties across the US, including one by King county, Washington, where Microsoft is based....”

Tourism Recreation research - Decarbonising tourism: mission impossible?

S Becken;

<https://www.tandfonline.com/doi/abs/10.1080/02508281.2019.1598042?journalCode=rtrr20>

“The tourism industry collectively seeks to portray itself as being proactive in embracing climate action, but is the sector doing enough to decarbonise to the extent agreed on in the Paris Agreement? This paper presents a constructive critique of the key mechanisms that presently define the global travel and tourism industry’s attempts to reduce greenhouse gas emissions. Six challenges are identified and each constitutes a major hurdle to rapid and substantial progress. These are: tourism’s embeddedness in the prevailing growth paradigm, the institutionalisation of interests, the nature of policy making, the inadequacy of incremental improvements, the focus on technological efficiency instead of (behavioural) conservation, and the global distribution of tourism. The paper concludes by suggesting that only systemic changes at a large scale will be sufficient to break or disrupt existing arrangements and routines. Tourism academics should contribute to identifying and helping to implement solutions, but this will require much greater collaboration with the industry and government, as well as with researchers from a broad range of disciplines.”

Nature - Permafrost collapse is accelerating carbon release

<https://www.nature.com/articles/d41586-019-01313-4>

“The sudden collapse of thawing soils in the Arctic might double the warming from greenhouse gases released from tundra, warn Merritt R. Turetsky and colleagues.”

On “**abrupt thawing** of permafrost”. “...Current models of greenhouse-gas release and climate assume that **permafrost thaws gradually** from the surface downwards. Deeper layers of organic matter are exposed over decades or even centuries, and some models are beginning to track these slow changes. But **models are ignoring an even more troubling problem**. Frozen soil doesn’t just lock up carbon — it physically holds the landscape together. Across the Arctic and Boreal regions, **permafrost is collapsing suddenly** as pockets of ice within it melt. Instead of a few centimetres of soil thawing each year, several metres of soil can become destabilized within days or weeks. The land can sink and be inundated by swelling lakes and wetlands....”

Infectious diseases & NTDs

Lancet - Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30418-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30418-0/fulltext)

Cfr the **press release**:

*“The Lancet: **Effective antiretroviral treatment prevents sexual transmission of HIV in gay men***

European study of nearly 1,000 gay male couples who had sex without using condoms – where one partner was HIV positive and on suppressive antiretroviral therapy (ART) and the other HIV negative – reports no cases of within-couple HIV transmission over 8 years.

*A European study of 972 gay male serodifferent couples, in which one partner was on suppressive antiretroviral therapy (ART), has found no cases of HIV transmission within couples over 8 years of follow up. The observational study, which is the largest of its kind and published in **The Lancet**, provides conclusive evidence that having an undetectable viral load (less than 200 copies/mL) on ART means that the virus is untransmittable. ...”*

For the related **Comment** in the Lancet (by M Cohen), see [Successful treatment of HIV eliminates sexual transmission](#)

For coverage, see the **Guardian** (Sarah Boseley et al)- [End to Aids in sight as huge study finds drugs stop HIV transmission](#)

“An end to the Aids epidemic could be in sight after a landmark study found men whose HIV infection was fully suppressed by antiretroviral drugs had no chance of infecting their partner. The success of the medicine means that if everyone with HIV were fully treated, there would be no further infections....”

*“...“Our findings provide conclusive evidence for gay men that the risk of HIV transmission with suppressive ART [antiretroviral therapy] is zero. Our findings support the message of the international U=U campaign that **an undetectable viral load makes HIV untransmittable**. “This powerful message can help end the HIV pandemic by preventing HIV transmission, and tackling the stigma and discrimination that many people with HIV face....”*

Plos NTDs - Sustainable innovation in vector control requires strong partnerships with communities

<https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0007204>

*“Javier Lezaun and colleagues argue that independent, comparative research into the conditions that enable meaningful public engagement must play an important role in building the strong partnerships with communities and local institutions that are vital to achieving sustainable control of mosquito-borne diseases. The **confluence of innovations along these two fronts—new mosquito modification technologies and novel citizen science platforms**—represents a unique opportunity to develop new approaches to public participation in the design, implementation, and evaluation of vector control programmes...”*

For a related publication, see also a **Plos NTDs (Policy Platform)** - [Guidance on stakeholder engagement practices to inform the development of area-wide vector control methods](#)

*“Benjamin Robinson, Delphine Thizy, and colleagues aim to draw increased attention to the **importance of stakeholder engagement for interventions relying on area-wide vector control strategies as well as many other public health measures**.”*

Lancet Infectious Diseases - A new social sciences network for infectious threats

T Giles-Vernick et al ; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(19\)30159-8/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(19)30159-8/fulltext)

*“... **SoNAR-Global, the new Social Sciences Network for Infectious Threats and Antimicrobial Resistance**, will bolster this coordination, training, and integration of social sciences into preparedness and response. **This European Commission-funded network, piloted by 11 collaborating institutions from Europe, Asia, and Africa**, will organise and foster interactions among*

social scientists working on infectious threats and antimicrobial resistance preparedness and responses within Europe and around the world....” On the aims of this network for the next three years, and what it’s already doing, for example in the current Ebola outbreak in the DRC.

Stat - FDA approves the first vaccine for dengue fever, but with major restrictions

<https://www.statnews.com/2019/05/01/fda-dengue-vaccine-restrictions/>

*“The [US] Food and Drug Administration on Wednesday approved the first vaccine against dengue fever, one that protects against a common disease but has generated significant controversy due to evidence it can increase the risk of severe infection in some people. **The agency ruled that Dengvaxia, manufactured by Sanofi Pasteur, can only be used in individuals aged 9 to 16 living in parts of the United States where the dengue virus is endemic** — in other words, where it circulates on an ongoing basis. Dengue is found only in Puerto Rico and a few other U.S. offshore territories and protectorates. **Furthermore, the vaccine can only be given to children and teens who have had one previous laboratory-confirmed case of dengue.** The various restrictions mean the U.S. market for the vaccine is smaller still than the already modest market Sanofi had sought. Still, the company said it was pleased by the FDA’s decision....”*

And a quick link:

NPR Goats & Soda - [U.S. Measles Outbreaks Are Driven By A Global Surge In The Virus](#)

“...The reemergence of measles is linked to parents who have chosen not to vaccinate their children against this highly contagious disease. But that's not the full explanation. James Goodson, a senior measles scientist at the CDC, says the U.S. outbreaks are being driven by a surge in measles globally....”

AMR

Stat - Fixing a ‘market failure’: To develop new antibiotics, upend the incentive structure, experts urge

<https://www.statnews.com/2019/05/02/fixing-a-market-failure-to-develop-new-antibiotics-upend-the-incentive-structure-experts-urge/>

“It’s a market failure that companies aren’t investing in antimicrobial resistance”.

*“...what if U.S. policymakers upended the incentive structure for developing new therapies? What if, for instance, drug makers were granted additional exclusivity in certain situations? **Increasingly, the idea of rethinking models for antibiotic development is animating industry leaders and policy wonks eager to find new tools to combat superbugs....”***

Report of a panel discussion on the issue earlier this week at the **Milken Institute Global Conference**.

In a world where everything that goes wrong is a 'market failure', you will hardly be surprised that *"...experts agree[d] that it'll involve a **public-private partnership**: Government entities, investors, and the industry will have to work together to find better treatments."*

Peter Piot also overdid the rhetoric. *"...This really needs a societal approach. It has to be at the top of political agendas," said Dr. Peter Piot, director of global health at the London School of Hygiene and Tropical Medicine. "It's a threat to our survival. It's as simple as that."*

Economist – Netflix and pills: The antibiotic industry is broken

<https://www.economist.com/leaders/2019/05/04/the-antibiotic-industry-is-broken>

Yet another idea: *"...the most promising idea is for drugs firms to change how they charge governments and health insurers for antibiotics, by switching to a Netflix-style subscription model. Just as Netflix subscribers pay the same each month, whether they binge-watch boxsets all day or watch nothing at all, so health-care providers would pay a flat rate for access to an antibiotic, regardless of the volume. When the drug is new and being saved as a last line of defence, the drugs company still gets paid. And if the antibiotic has to be more widely used, the price does not go up. It may sound crazy, but **subscriptions are already being tried in America to pay for hepatitis c drugs**. Using this model for antibiotics can square the circle of incentivising drugs companies to develop a treatment that doctors will then try to use as little as possible...."*

NCDs

Economist – Global meat-eating is on the rise, bringing surprising benefits

[Economist](#)

In-depth analysis of China, India, and also sub-Saharan Africa. *"As Africans get richer, they will eat more meat and live longer, healthier lives."* In SSA, meat and dairy consumption are already rising twice as fast as population growth. But yes, the article also acknowledges the (more negative) environmental aspects of 'more meat' in SSA and elsewhere.

But see also Vox - [Beyond Meat is going public. Meat alternatives are going mainstream.](#)

"Beyond Meat, the plant-based meat company, started publicly trading Thursday morning, and the stock more than doubled in value right out of the gate — it's now trading at \$60, when just last week the company was estimating it would start selling at \$19 to \$21...."

US sales OK'd for cigarette alternative that heats tobacco

AP - [US sales OK'd for cigarette alternative that heats tobacco](#)

"U.S. health officials on Tuesday said Philip Morris can sell a cigarette alternative that heats tobacco without burning it, opening the door for the company's effort to shift smokers toward newer products. The Food and Drug Administration has not yet decided whether to allow the device, IQOS (EYE-kose), to be advertised as less harmful than cigarettes. A decision on that key marketing pitch could come later this year...."

Guardian (Longread) - Busting the myth that depression doesn't affect people in poor countries

https://www.theguardian.com/society/2019/apr/30/busting-the-myth-that-depression-doesnt-affect-people-in-poor-countries?CMP=share_btn_tw

Recommended. *"For decades, many psychiatrists believed depression was a uniquely western phenomenon. But in the last few years, a new movement has turned this thinking on its head."*

BMJ Open - Health-related quality of life and prevalence of six chronic diseases in homeless and housed people: a cross-sectional study in London and Birmingham, England

D Lewer et al; <https://bmjopen.bmj.com/content/9/4/e025192.full>

The conclusion: *"... While differences in health between housed socioeconomic groups can be described as a 'slope', differences in health between housed and homeless people are better understood as a 'cliff'."*

Globalization & Health - What is driving global obesity trends? Globalization or "modernization"?

A Fox et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0457-y>

*"Worldwide obesity has more than doubled since 1980. Researchers have attributed rising obesity rates to **factors related to globalization processes**, which are believed to contribute to obesity by flooding low-income country markets with inexpensive but obesogenic foods and diffusing Western-style fast food outlets (dependency/world systems theory). However, **alternative explanations include domestic factors such as increases in unhealthy food consumption in response to rising income and higher women's labor force participation as countries develop economically ('modernization' theory)**. To what extent are processes of globalization driving rising global*

*overweight/obesity rates versus domestic economic and social development processes? **This study evaluates the influence of economic globalization versus economic development and associated processes on global weight gain....***

The interpretation of the findings: *“...**Global increases in overweight/obesity appear to be driven more by domestic processes including economic development, urbanization and women’s empowerment, and are less clearly negatively impacted by external globalization processes suggesting that the harms to health from global trade regimes may be overstated.***”

And a quick link for the smartphone addicts among you (NYT) - [Putting down your phone may help you live longer](#)

“By raising levels of the stress-related hormone cortisol, our phone time may also be threatening our long-term health. “

Sexual & Reproductive / maternal, neonatal & child health

BMC (blog) - Why do women still resort to informal sector abortions in countries where abortion is legal?

G Russo et al; [BMC](#);

“Abortion is generally a safe procedure when carried out in the formal healthcare setting in countries where it is legal. However, many women choose to seek abortions outside of the formal healthcare setting, despite the inherent risk. In this blog post, the authors of a [recent systematic review](#) of qualitative studies about why women make this choice, published in [BMC Women’s Health](#), discuss their findings.”

Sexual and Reproductive Health Matters - Exploring the association between the constitutional right to health and reproductive health outcomes in 157 countries

H Matsuura; <https://tandfonline.com/doi/full/10.1080/26410397.2019.1599653>

*“Panel data from 157 countries, between 1970 and 2007, were used to **study the associations between introducing an explicit and enforceable right to health into national constitutions and subsequent reductions in neonatal, infant, and maternal mortality and the probability of dying for adult women.** The introduction of a right to health in a national constitution was significantly associated with subsequent reductions in neonatal and infant mortality rates. However, it was not associated with reductions in maternal mortality ratios and the probability of dying for adult women. The reduction in neonatal and infant mortality rates was large in countries with high scores for democratic governance, but approximately half as great in countries with low scores for democratic*

governance. The results suggest that introducing a constitutional right to health is likely to be an effective mechanism for improving infant health in countries with a high level of democratic governance. This health benefit is not seen in maternal and women's health outcomes. There is an imminent need to translate the constitutional promise of a right to health into the improvement of maternal health for all in the era of the Sustainable Development Goals."

HPW - New Study Maps Vaccine Coverage Disparities, Helps Explain Why Targets Are Being Missed

<https://www.healthpolicy-watch.org/new-study-maps-vaccine-coverage-disparities-helps-explain-why-targets-are-being-missed/>

Cfr a tweet: "New study by @unisouthampton in @NatureComms uses **high resolution maps** to identify immunization disparities and to inform policy action."

"Child vaccination targets of at least 80 percent coverage in low- and middle-income countries, are regularly being missed. To better understand why this is happening, a new study created high resolution maps of vaccine coverage to identify disparities within countries and to inform effective strategies to increase coverage and access. The [study](#), Mapping vaccination coverage to explore the effects of delivery mechanisms and inform vaccination strategies, led by the University of Southampton-UK and published in the journal **Nature Communications**, found that immunization targets were regularly being missed due to a **range of constraints that varied between countries...."**

And a quick link:

Guardian - [Pills, gels, customised jockstraps: are we any closer to a male contraceptive?](#)

"The arrival of birth control for men has been '10 years away for the past 40 years' – but the industry is holding back the science."

Access to medicines

Stat (Op-ed) - Where was differential pricing at the WHO Fair Pricing Forum?

Ed Schoonveld; [Stat](#);

Schoonveld's account of the 2nd Fair Pricing Forum in Jo'burg. Excerpts:

*"...Having attended the first Fair Pricing Forum two years ago in Amsterdam, where the discussions were constructive, I was surprised that **positions at this meeting were polarized and often emotional...**"*

*“...The complexity of the economics of drug development and lack of transparency about drug prices and R&D investments is infuriating many stakeholders. That sentiment is being fueled by the claims of some academics — backed by calculations — that the actual manufacturing costs for many drugs can be quite low. As a result, **governments are calling for transparency while nongovernmental organizations are calling for delinking R&D from drug development**, meaning governments commission R&D with grants, while payments are separated from manufacturing, which is paid on a cost basis. **Patient organizations are taking a different tack and seeking to force compulsory licensing for oncology drugs, much as was done for HIV/AIDS drugs 20 years ago**. A report commissioned by the WHO on these issues was discussed at a WHO Executive Council meeting earlier this year....”*

*“... The first two days of the forum felt divisive and polarized rather than collaborative. Monologue was more pervasive than dialogue. That fortunately changed on the third day as a substantial amount of time was devoted to giving the audience opportunities to comment. This shift suggested to me that the **largest elements missing from the issue of drug pricing are a basis of trust between industry, governments, and patient organizations and a belief that a joint resolution of the challenges is feasible**. ... Finding common ground among stakeholders is an essential ingredient toward reaching patient solutions for high cost drugs. **I was surprised that differential pricing — allowing prices to vary in different countries based on affordability levels — had been omitted from the formal agenda for the meeting....”***

HPW - WHO Report On Cancer Medicines Pricing: Detailed Info On Findings

<https://www.healthpolicy-watch.org/who-report-on-cancer-medicines-pricing-detailed-info-on-findings/>

“The World Health Organization held an information session with member states and non-state actors last week to present the detailed findings of its 2018 report on cancer medicines pricing. It then posted the 72 detailed slides from the information session on its website....”

Human resources for health

Providing healthcare under ISIS: A qualitative analysis of healthcare worker experiences in Mosul, Iraq between June 2014 and June 2017

G Michlig et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2019.1609061>

*“During ISIS occupation of the Northern Iraqi city of Mosul between June 2014 to June 2017, healthcare workers remaining in Mosul continued to provide medical services. Little is currently known about Iraqi healthcare workers’ personal and professional lives in the ISIS healthcare system, and how these individuals adapted. **This study sought to explore their experiences during***

occupation through thematic analysis of qualitative data from twenty interviews conducted immediately after ISIS withdraw from Mosul in August 2017. ... Participants described major changes to their personal and professional lives under ISIS and an extremely limited perceived ability to negotiate the challenges of providing healthcare in the ISIS system. They described terrifying working environments, the strict separation between the sexes, restricted movement, and continuous monitoring by the Al-Hesba morality police. Infractions of ISIS law and subsequent punishment, deaths and kidnappings, changes in personal relationships, poverty and the disrupted schooling of children were also discussed. The importance of protection by supervisors, access to additional money and transportation were highlighted. Understanding these hardships may help support the recovery of health workers experiencing similar situations.”

Miscellaneous

UK Gov (News) - Penny Mordaunt welcomes China move on international development

<https://www.gov.uk/government/news/penny-mordaunt-welcomes-china-move-on-international-development>

*“International Development Secretary Penny Mordaunt has welcomed **moves by China to look at the way it spends aid in developing countries**. Speaking at the World Bank Meetings in Washington on April 12, she said the **UK was building a “positive, constructive relationship with China” on International Development**. It came after **China signed a Memorandum of Understanding with eight multilateral banks**, including the World Bank, in March this year **to set up a Multilateral Cooperation Centre for Development Finance**. The idea is to **look at how China is operating in the developing world, and to bring benefits to the countries it is investing in**. ...”*

PS: meanwhile, Penny Mordaunt has been replaced by [Rory Stewart](#) at the helm of DFID.

Stat - Facebook announces new steps in effort to allow users to ask health questions anonymously

[Stat News](#):

*“Millions of Facebook users have joined groups to talk about health care issues ranging from rare disease diagnoses to chemotherapy side effects. Now, the technology giant is taking steps it hopes will encourage those conversations while affording users more privacy.... **The company announced Tuesday that it will create a new type of community: health support groups**. Once groups are designated as health support communities, users will be able to easily ask the administrators to post questions on their behalf...”*

Privacy concerns remain, though.

Guardian - Poor bear the brunt as global justice system fails 5.1 billion people – study

<https://www.theguardian.com/global-development/2019/apr/29/global-justice-system-fails-5-billion-people-study>

*“Across the world, an estimated 5.1 billion people – two-thirds of the global population – are being failed by the justice system, a study has found. But providing universal access to basic justice could save the global economy billions of dollars every year, as lost income and stress-related illness due to seeking legal redress can cost countries up to 3% of their annual GDP, according to a report published today by the **Task Force on Justice**. The report said that **of the 5.1 billion people with no meaningful access to justice, an estimated 1.5 billion – one in five people worldwide – have been left with justice problems they cannot solve, whether that involves a land dispute, consumer debt or being the victim of crime. An estimated 253 million people live in extreme conditions of injustice and are deprived of any meaningful legal protections:** 40 million people are modern-day slaves, 12 million people are stateless, and 200 million live in countries or communities where levels of insecurity are so high that they are unable to seek justice, the team found....”*

Guardian - Technology cuts children off from adults, warns expert

<https://www.theguardian.com/society/2019/apr/27/technology-threatens-child-development-psychology-expert-warns>

“UCL professor says digital world disrupts family life, risking mental health of youngsters.”

Devex - Rockefeller grants its name and \$30M to new resilience center

<https://www.devex.com/news/rockefeller-grants-its-name-and-30m-to-new-resilience-center-94808>

*“After its recent surprising decision not to continue funding the 100 Resilient Cities initiative, The Rockefeller Foundation joined the Atlantic Council Monday **to launch a new center meant to create a permanent home for resilience-focused programs. The Adrienne Arsht-Rockefeller Foundation Resilience Center** is the product of a \$30 million grant from Rockefeller and a \$25 million gift from philanthropist Adrienne Arsht. The center’s first director is Kathy McLeod, formerly senior vice president for global environmental and social risk at Bank of America. **The center aims to “enhance the resilience of 1 billion people by 2030” — in partnership with organizations likely to include major insurance companies, consulting firms, municipal governments, and NGOs....”***

Emerging Voices

Health Research Policy & Systems - Accountability in the health system of Tamil Nadu, India: exploring its multiple meanings

Rakhal Gaitonde (EV 2012) et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0448-8>

*“Accountability is increasingly being demanded of public services and is a core aspect of most recent frameworks of health system strengthening. **Community-based accountability** is an increasingly used strategy, and was a core aspect of India’s flagship National Rural Health Mission (NRHM; 2005–2014). **Research on policy implementation has called for policy analysts to go beyond the superficial articulation of a particular policy intervention to study the underlying meaning this has for policy-makers and other actors of the implementation process and to the way in which problems sought to be addressed by the policy have been identified and ‘problematised’.** This research, focused on state level officials and health NGO leaders, explores the **meanings attached to the concept of accountability among a number of key actors during the implementation of the NRHM in the south Indian state of Tamil Nadu.**”*

Health Research Policy & Systems - To what extent is Fetal Alcohol Spectrum Disorder considered in policy-related documents in South Africa? A document review

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0447-9>

Co-authored by **Ferdinand Mukumbang** (EV 2018).

“South Africa is considered to have the highest prevalence of fetal alcohol spectrum disorder (FASD) globally. Nevertheless, the extent to which the South African government has responded to the high FASD prevalence at the policy level is unclear. Herein, we aimed to identify targeted and generic clauses that could be attributed to the prevention and management of FASD in relevant South African policy documents....”