

# IHP news 522 : Getting ready for #WHA72

( 17 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,

As I spent a day on the train to get to Geneva yesterday, for the **72<sup>nd</sup> WHA**, I'm sure you won't mind a short intro to this week's newsletter. In case you insist, nevertheless, on reading some of my more or less random 'thoughts of the week', I refer you to '[On UHC & social contracts \(fit for the 21st century\)](#)'. This week's issue of the newsletter will focus, among others, on the **Ebola outbreak**, preparations for and analyses ahead of **WHA72**, of course, with civil society meetings already starting today, updates on various global health stakeholders (including on a **Global Fund Board meeting**), the (ongoing) **G7 health ministers' summit** in France, **World Mental Health Awareness week**, plenty of news on **access to medicines**, the world's **first wellbeing budget** ...

Speaking of wellbeing, you might want to check out **Alex Evans'** ultra-short blog, [Public interest in the SDGs](#), and his rather ominous conclusion: "*...All of the top 10 most engaged countries are in Sub-Saharan Africa – whereas countries like China, US, Germany, France, UK, Brazil all score less than 5 out of 100 on the engagement scale. TLDR: **these may well be the Goals the world needs in the early 21st century. But even as publics all over the world vote for radical change, not many of them are looking to the SDGs for it.***" I don't blame them, as this part of the world is currently watching (with a sense of bewilderment ?) Eurosong in Tel Aviv. Israel is always an awkward place to organize this sort of party, but with tension steadily rising in the Mediterranean & Persian Gulf areas (due to the likes of Bolton & Pompeo), aliens must really think human beings are funny creatures. Let's just say these feel like Titanic times.

Enjoy your reading.

Kristof Decoster

## Featured Article

### Beauty is so much more than your image in the mirror

Deepika Saluja ( EV 2016)

It is Mental Health Awareness Week (May 13<sup>th</sup>-19<sup>th</sup>) and this has, as usual, brought discussions around mental health to the fore. The initiative began in 2001 and has been organised by the [Mental Health Foundation, UK](#) since then. Each year there's a dedicated theme - this year's is #bodyimage.

'Body Image' is a term that describes how one thinks and feels about one's body, and this of course can influence one's perception of oneself. Body image issues are in and of themselves not a mental health problem, but they can lead to body dissatisfaction, anxiety and depression, and result in mental health problems. Although this is more prevalent among young women, it is increasingly affecting men and women at all stages of life.

The Mental Health Foundation released its [latest report on body image](#) on the 13<sup>th</sup> of May, revealing high levels of distress and mental health issues associated with perceived poor body image. While this week is more prominently observed in the UK, this year's theme of body image is extremely relevant for all the countries and regions, including my country. India, forecasted to be the [youngest country of the world by 2020](#) with median age of 29 years, is also unfortunately the [country with the highest suicide rates amongst its youth](#). At 35.9 per 100,000 population (2016), it [far exceeds the global average](#) of 22.6 per 100,000 population (2016). Poor body image, bullying and discrimination based on appearance, relationship struggles and lack of family support are some of the reasons that contribute to such high numbers.

The body image report from Mental Health Foundation highlights many reasons that may influence the perceptions of one's body image: they include one's relationships with friends and families, the idealisation by the media industry of unrealistic body types, cultural differences, health conditions, gender and many other factors, which are equally relevant in the Indian context.

The first two are arguably more significant than the others, since interactions with family and friends, with their notions of the perfect body, can strongly influence how we feel about ours. For instance, at a family gathering a few years ago, my uncle interrupted a conversation, saying in front of all our relatives: *'leave all this, you tell me first, why did you gain so much weight?'* Such comments and questions are not only humiliating, they can shatter one's self-confidence! Thankfully my education and the exposure I have gained from being part of several international conferences and discussions, have equipped me with how to handle such belittling comments. I however understand that not everyone has the same level of mental strength and resilience to deal with such situations without letting it affect them. I know some friends who have lost sleep over these kinds of statements.

The media industry also plays a very strong role in presenting a certain image as the ideal; Bollywood actors endorsing fairness creams for example, solidify the notion of beauty as being fair and thin. This is exacerbated by the messages young people receive on social media which promote unrealistic beauty standards, and create an undue pressure on them to match such standards. It is primarily impressionable young people who, often mentally unprepared, have to deal with this pressure. They end up drifting towards maladaptive strategies and this not only induces anxiety and low self-esteem, it also creates insecurities about their own capabilities.

Adult women of marriageable age are also an easy target for body shaming in India, where it is convenient for the family members and relatives to label excess weight and a dark complexion as potential obstacles to getting married. I have myself faced numerous comments and questions over the past couple of years, on my appearance, weight, skin texture etc., especially because I am getting close to the limits of "marriageable age". *'You already look so old and fat, no boy will choose you for marriage'*, *'your skin is losing its lustre, get married soon before you start getting wrinkles'* etc. Such disparaging comments do not only bring down individuals' self-esteem levels, they also make them feel unworthy of love and affection. It is truly surprising, how many people are willing to share their unsolicited advice, by the way!

This stereotypical notion of beauty and acceptance is so deeply imbibed in our minds and our cultures, that we need a paradigm shift to deal with these issues. It is high time we as a society realise that neither the number on the weighing scale, the size of one's waist, nor the colour of one's skin determines the beauty of an individual. Beauty in fact, is so much more than that.

The first step is to start having open discussions about these issues and start appreciating the natural beauty of the human body in all its variations. The media and advertising industry can play a huge role by using responsible marketing strategies that promote a positive body image and focus on highlighting and strengthening individual's skills rather than their outer appearances. This is not impossible, as is evidenced by the shift that is currently happening in Bollywood, where some actors have strongly [refused to endorse fairness creams](#), [declined offers to do item songs](#) (where women are portrayed as sexual objects to be looked at and touched), [spoken out against body shaming](#), and initiated open discussions about issues related to these (see for example: [Miss Malini's The Girl Tribe](#) and [Kareena Kapoor Khan's Radio show What Women Want](#) urging women to be unapologetically awesome). Having [plus-size and transgender women as show-stoppers at the Lakmé Fashion Week](#) gives a strong message on body positivity and a sign of hope for all the women out there. All these are steps in the right direction, however, they are just the beginning, and there is still a long way to go.

Along with responsible media behaviour, there is also a strong need to create awareness through public health education strategies and provide training from early childhood to positively influence children's perceptions towards their bodies. Also schools, universities and workplaces need to be strict and adopt zero tolerance policies for bullying and discrimination of any kind, and focus on developing their self-confidence levels. Teachers, parents and elders in the family can be role models enforcing these principles on children in their early years of life. More emphasis should be placed on encouraging nutritional and healthy diets, rather than promoting extreme weight loss diet plans.

Last but not least, we need to stop addressing this issue as "a third person". This affects all of us, one way or another, and so we should support and stand up for this cause, doing our share in improving our own surroundings (at home as well as in the workplace) in this regard, and so creating a positive environment for the coming generations.

## Highlights of the week

### Gearing up for the 72<sup>nd</sup> WHA (20-28 May, Geneva) (& other WHO news)

It's coming very close now, the yearly grand global health party. The main theme is, not for the first time I guess, UHC 🤔.

- WHO documents, reports, provisional agenda: [WHO](#)
- Preparatory civil society meetings (17-18 May): see [Geneva Global Health Hub](#)
- Some (must-read) **analysis** of the main debates & expected contentious issues at the WHA:

**Devex** - [72nd World Health Assembly: Here's what you need to know](#) (by Jenny Ravelo & Vince Chadwick) (must-read!!!) Focus here on market transparency, Ebola in DRC, WHO reform, snakebite strategy, health workers, preparations for the UN HL meeting on UHC, health conditions in occupied Palestinian territories.

**Global Health Now - 7 Things to Watch at the 2019 World Health Assembly—#WHA72** (must-read analysis ahead of WHA72, by Brian Simpson). He focuses here on **Tedros, SRHR, Restructure, budget, access to medicines & vaccines; Ebola a public health emergencies, and, of course, UHC.**

**HPW - WHA 2019 Top Issues: Budget, UHC, Access To Medicines, Emergencies, Environment** (as already flagged last week, a good overview of what's in store at #WHA72)

Stay tuned also for **PHM's overview of issues** at the WHA. Normally you'll be able to find it [here](#) (not there yet, last time we checked).

- Ongoing advocacy:

For example, [NCDA advocacy briefing \(at WHA72\)](#)

**KEI (blog) - WHO donors in 2018 – US, Gates Foundation, UK, GAVI, Germany, OCHA, and Japan: Setting the Agenda for Global Health?**

<https://www.keionline.org/30744>

*"In advance of the 72nd World Health Assembly (20 May 2019 – 28 May 2019), the World Health Organization (WHO) published a document (A72/INF./5, 9 May 2019) entitled, **Voluntary contributions by fund and by contributor, 2018**. ... Here is a non-exhaustive list detailing the sources of voluntary contributions to the WHO General Fund and the size of their respective contributions in 2018...."*

Always good to know who pays the bills.

## **Other WHO related news**

WHO - [WHO is establishing technical advisory group and roster of experts on digital health](#)

*"WHO is establishing a global multi-disciplinary technical group to advise us on issues related to **digital health**. WHO's newly-established Digital Health Department will work to harness the power of digital health technologies and steer developments to contribute to the attainment of all people to the highest level of health through the General Programme of Work (GPW13) triple billion goals and Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). World Health Assembly resolution WHA/71 A71 on digital health underpins this work."*

WHO - [Smarter research & development to tackle global health priorities](#)

*"Today, WHO's new Science Division launched an online resource to guide the development of new health products for which there are limited markets or incentives for research and development. An essential tool for realizing universal health coverage, the [Health Product Profile Directory](#) aims to promote research and development for products to combat neglected diseases and threats to global health, including antimicrobial resistance and diseases with pandemic potential. The Health Product Profile Directory is a **free-to-use online resource created and developed by TDR**, the Special*

*Programme for Research and Training in Tropical Diseases, on behalf of WHO as a global public good. It provides a **searchable database** of profiles for health products needed to tackle pressing health issues in global health including those prioritized by WHO. ..."*

PS: You might also want to read the [May issue of the UN Special which focuses on WHO](#) and features a number of interviews, amongst others with dr. Tedros.

## Mental Health Awareness week (13-19 May)

<https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week>

See also this week's editorial. *"The theme this year is **Body Image** – how we think and feel about our bodies."* I know how I feel about my body these days – but it's not for publication 😊.

But of course, Mental Health (awareness) is about a lot more than 'body image', as important as that is. Mental health still doesn't get the place it deserves in global health policy (and financing), although there's been some progress lately, and hopefully that'll also be clear at the WHA (in their technical briefing on Mental Health on Wednesday).

## Ebola DRC – Out of Control?

There were a number of worrying reads (and analyses) this week, which you should probably all go through, as they provide the view of experts (and their disagreement, at times, for example on the use (or non-use) of a PHEIC at this stage) :

### Guardian – 'Terrifying' Ebola epidemic out of control in DRC, say experts

Sarah Bosely ; <https://www.theguardian.com/world/2019/may/15/terrifying-ebola-epidemic-out-of-control-in-drc-say-experts>

*"An Ebola epidemic in a conflict-riven region of Democratic Republic of Congo is out of control and could become as serious as the outbreak that devastated three countries in west Africa between 2013 and 2016, experts and aid chiefs have warned...."* Includes the views of **Jeremy Farrar, David Miliband, and dr Tedros**, among others.

### Stat News - Could an emergency declaration over Ebola make a bad situation worse?

H Branswell; [Stat News](#);

One of the must-reads of the week.

*“Despite the gravity of the situation, the North Kivu outbreak hasn’t been declared a public health emergency of international concern — a **PHEIC** in global health parlance. That fact has frustrated some health security experts, who insist it’s long past time to proclaim an international emergency. Other experts argue, however, that labeling this outbreak a global health crisis would not help to halt spread of Ebola in the region. They worry that it could even make an already perilous situation worse.”*

With the views of Ilona Kickbusch, Robert Steffen, Jeremy Farrar, Preben Aavitsland and David Fidler.

## Reuters - Political games hinder efforts to end Ebola outbreak in Congo: WHO

<https://www.reuters.com/article/us-health-ebola-congo/political-games-hinder-efforts-to-end-ebola-outbreak-in-congo-who-idUSKCN1SJ256>

*“Attempts to end the second worst Ebola outbreak on record are being hampered by **“political games” and distrust of outsiders in two towns in Democratic Republic of Congo**, a senior World Health Organization official said on Monday. ... The epidemic has moved through northeastern Congo, killing 1,117 people since mid-2018. A rapid international response with an effective vaccine has managed to stop the spread in a string of towns, including Beni, Kyondo, Komanda, Tchomia, Mabalako, Mandima and Kayna, WHO emergencies chief Mike Ryan said. **But in two towns, Butembo and Katwa, there has been persistent infection and reinfection, Ryan he told an audience at Geneva’s Graduate Institute. ...** “Ryan added that there were “myriad” Mai-Mai militia groups, with at least 21 around Butembo and Katwa alone, some leaning toward criminal activity and many being manipulated by political causes. “There is a lot of political gaming going on in this part of the world – government and opposition and others - and this needs to stop,” Ryan said. Community engagement strategy involved healthworkers visiting a village in advance of vaccination, but by the time they went back the next morning or afternoon, youth groups or others were often there to intercept them....”*

*...Ryan said the problem was totally different from attacks on health facilities by armed insurgents, who had used “heavy arms fire, rocket-propelled grenades, and other stuff”, which he said had horrified local inhabitants. ...”*

## Devex – WHO not equipped for conflict response, says former Ebola czar

<https://www.devex.com/news/who-not-equipped-for-conflict-response-says-former-ebola-czar-94900>

Excerpts, with two expert views:

*“The World Health Organization’s response to the current Ebola virus outbreak in the Democratic Republic of the Congo shows how much the institution has improved in the last five years — as well as **the limits of what it can reasonably be expected to do, according to the former U.S. government “Ebola czar.”** “They have been everything that they were not in 2014. They have been fast. They have been transparent. They have been candid, and they have been quite responsive. And their leadership is exceptional,” said **Ron Klain**, who served as the U.S. Ebola response coordinator in 2014 and 2015. ... **“If the biggest problems we have right now in the DRC are security, instability, the attacks on health care workers, the attacks on responders, the community resistance — and that***

community resistance is violent and dangerous — **the WHO has no capacity to respond to that,**” Klain said. “That’s not their mandate, and they’re never going to have that capacity. ... **Klain has argued for the creation of a “white-helmeted security battalion,” which he suggested could be led by the European Union,** to provide security assistance in the event of an epidemic response.”

**“...The international community has dealt with issues around delivering humanitarian assistance in conflict situations for decades, if not centuries. What is new about the situation in eastern DRC is the addition of an infectious disease into that complex environment, said Andrew Natsios, director of the Scowcroft Institute of International Affairs at Texas A&M University, and a former administrator of the U.S. Agency for International Development. ... What’s not happening is the [United Nations] is not using the emergency response functions of the rest of the U.N. system to help WHO deal with these instability issues,”** Natsios added, agreeing that **the EU might be a better venue for coordinating a new response security force.”**

### Cidrap news - Ebola outbreak grows by 19 as WHO notes 'stop and go' response

<http://www.cidrap.umn.edu/news-perspective/2019/05/ebola-outbreak-grows-19-who-notes-stop-and-go-response>

(update from Wednesday): “... In a situation update published yesterday, the World Health Organization (WHO) described the recent spike in cases as part of a **“stop and go” pattern that’s come to define this outbreak.** “Particularly in Butembo and Katwa, response has been reduced to a ‘stop and go’ pattern, where a day or two of activity is followed by a day or two of suspended or limited activity,” the WHO said...”

### Devex – the securitization of Ebola

<https://www.devex.com/news/us-aid-budget-battles-airbnb-s-west-bank-policy-and-the-securitization-of-ebola-this-week-in-development-94910>

**“Dr. Joanne Liu, international president of Médecins Sans Frontières, warned that the “security mindset” dominating the international community’s concern over the Ebola virus outbreak in eastern Democratic Republic of Congo represents a chronic threat to emergency response.** “With a security mindset, people will always respond late,” said Liu, who delivered a keynote speech at the World Association for Disaster and Emergency Medicine’s Congress on Disaster and Emergency Medicine in Brisbane, Australia. “Instead of responding in a timely fashion, they will wait instead until they feel threatened,” she said, noting that people in eastern DRC have faced a range of life threatening health and security challenges for years, and are now feeling confused by and skeptical of the international community’s sudden and intense intervention...”

### Cidrap News – Ebola setting in 'unpredictable calm' as cases rise by 21

<http://www.cidrap.umn.edu/news-perspective/2019/05/ebola-setting-unpredictable-calm-cases-rise-21>

Latest update (as of 16 May). **“Security problems have eased a bit into an “unpredictable calm,” as the outbreak continues to intensify,** the World Health Organization (WHO) said today, as Democratic Republic of the Congo (DRC) health officials reported 21 more cases. ... In its weekly update today, **the WHO said it’s especially concerned about community deaths, which make up**



*about 40% of new cases each week. Of 1,147 total deaths reported in the outbreak so far, 68% occurred outside of Ebola treatment centers, meaning patients died at a time when they are most infectious in homes or in health facilities not adequately equipped to isolate and treat patients sickened by the virus....”*

Some quick links related to the outbreak:

AP - [WHO warns Ebola could spread elsewhere if attacks don't stop](#) (a WHO warning from late last week already)

WB - [The Pandemic Emergency Financing Facility \(PEF\) released an additional \\$10 million for Ebola response activities in the Democratic Republic of Congo](#) The cash window, that is.

EC - [Ebola: EU provides further €5 million in humanitarian aid in Democratic Republic of Congo](#)

UN News - [lack of funding for safe burials](#)

*“Ensuring the safe and dignified burial of people who have died from Ebola virus in the Democratic Republic of the Congo – regarded as a key way to prevent disease transmission – is under threat from a lack of funding, a key UN-partner said on Thursday. Amid an uptick in the number of infections in north Kivu and Ituri provinces, the Red Cross says it has just two weeks’ worth of funding to support its burial teams. ... .. Faced with a US\$16 million shortfall, IFRC has called on the international community to urgently increase its investment in Ebola response, before the outbreak escalates further. ...”*

## Global health security – White House GHS plan

Laurie Garrett’s (Twitter) take on the new [GHS plan](#) from the White House (released end of last week):

*“The @WhiteHouse released a new global health security plan. **There's no mention of diving into the #Ebola #DRC epidemic. Plan puts Natl Security Council on top:** "Coordinate & review global health security policy, including during outbreak response" “*

## Dementia - new WHO Guidelines

**WHO - Adopting a healthy lifestyle helps reduce the risk of dementia**

<https://www.who.int/news-room/detail/14-05-2019-adopting-a-healthy-lifestyle-helps-reduce-the-risk-of-dementia>

*“New [WHO Guidelines](#) recommend specific interventions for reducing the risk of cognitive decline and dementia.”*



See **the Guardian** for some coverage - [Dementia: eat better, exercise, and reduce smoking and drinking to cut risk](#)

Check out also this week's **Lancet Editorial**, related to these WHO Guidelines - [Reducing the risk of dementia](#) While welcome, the Lancet reckons **the guidelines are not ambitious enough, and they also don't really push enough for taking on the 'commercial determinants of health'** (also needed for other battles in global health).

## World's first wellbeing budget

### New Zealand's world-first 'wellbeing' budget to focus on poverty and mental health

<https://www.theguardian.com/world/2019/may/14/new-zealands-world-first-wellbeing-budget-to-focus-on-poverty-and-mental-health>

*"Child poverty, domestic violence and mental health will be the priorities in New Zealand's 'wellbeing budget', the finance minister has announced, with the nation declaring itself the first in the world to measure success by its people's wellbeing...."*

Trouble is, for every NZ prime minister, you have at least 3 bigots in the world (usually male).

My suggestion for the UHC movement would be: yes, it's important to bring health & finance ministers (or even the prime minister) together, but let these financial or political big fellas first come up with a **"wellbeing budget"**. There might be synergies with 'health as an investment', but maybe only partially.

## WHO's PHC newsletter

Check out this **brand new (WHO) newsletter** (issue 2), on PHC:

<https://mailchi.mp/7acf87fc7e69/lets-talk-aboutphc-935137>

You can subscribe [here](#).

## Global health governance

### Lancet Global Health (Comment) - Urgency for transformation: youth engagement in global health

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30221-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30221-9/fulltext)

These authors, many of them young voices in global health, **argue for global (health) governance changes, to allow more meaningful engagement of the young generation in global health (policy making).**

They conclude: “...*The exclusion of young people at all levels of health and social systems delays progress at best and costs lives at worst. **We are calling on all leaders in global health to actively dedicate resources to youth engagement and to urgently rethink approaches to enable young people to have the space, voice, audience, and influence that they need to shape and implement agendas, particularly on issues that affect their own health and wellbeing.** Such a shift in framework and in mindset is necessary and will lead to new forms of powerful partnerships that will profoundly change the direction of health and sustainable development for a shared future.*”

## Germany’s new role in Global Health – WHO’s best friend?

M Bonk; <https://institut-fuer-globale-gesundheit.de/?p=1238>

Very nice blog by **Mathias Bonk** on Germany, WHO’s ‘new best friend’.

## Global Fund update

### Global Fund Board Steps Up the Fight Against AIDS, TB and Malaria

<https://www.theglobalfund.org/en/news/2019-05-16-global-fund-board-steps-up-the-fight-against-aids-tb-and-malaria/>

Press release of the 41th Board meeting. Must-read.

*“The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria approved an allocation approach to maximize the impact of investments to end the epidemics and to build resilient and sustainable systems for health, stepping up efforts for the next three-year funding period. At the Board’s 41st meeting, members approved a methodology for allocation and for catalytic investments in the 2020-2022 period, to focus funding on countries with the highest disease burden and lowest economic capacity, and accounting for key and vulnerable populations disproportionately affected by HIV, TB and malaria....”*

*“... **On several topics at the Board meeting, members stressed the strong advantages of leveraging partnerships in an evolving landscape on global health. The Global Fund is working closely together with multiple organizations on the SDG 3 Global Action Plan. The Global Fund expressed determination to raise at least US\$14 billion in its Sixth Replenishment, to be hosted by France in October 2019....”***

### Devex - How the Global Fund helped countries spend its grants faster

<https://www.devex.com/news/how-the-global-fund-helped-countries-spend-its-grants-faster-94841>

*“In recent years, the Global Fund to Fight AIDS, Tuberculosis and Malaria has cracked down on countries that don’t spend grants fast enough — and while it has struggled with the issue of “absorption” rates in the past, countries are now on track to meet its targets. With its efforts proving effective, it is intending to continue them through the next funding cycle. **Global Fund Executive Director Peter Sands spoke to Devex about the work that was involved in encouraging countries to spend grant funds within the three-year window....**”*

Hope he also starts up a similar initiative to encourage the private sector to contribute faster (to the Replenishment, for example). As they like it in corporate circles, the motto should be, ‘Better, Faster, More, ...’ 🤔.

## **Georgetown study shows aid from the Global Fund to Fight AIDS, TB, and Malaria linked to reducing corruption, better governance**

<http://oneill.law.georgetown.edu/news/georgetown-study-shows-aid-from-the-global-fund-to-fight-aids-tb-and-malaria-linked-to-reducing-corruption-better-governance/>

*“International aid from the Global Fund to Fight AIDS, Tuberculosis, and Malaria is linked to better governance in low- and middle-income countries, including improved control of corruption, rule of law, and overall development. A study published by Georgetown University researchers challenges critiques of international aid as “dead” and claim short term benefits are outweighed by harm to governance. The [study](#) “**Governance and Health Aid from the Global Fund: Effects Beyond Fighting Disease**” shows countries receiving more aid from the Global Fund displayed better governance, even after controlling for other factors. The research, published in **the Annals of Global Health**, was based on data from 112 countries over 15 years and was co-authored by **Dr. Matthew M. Kavanagh and Lixue Chen** of the O’Neill Institute for National and Global Health Law at Georgetown Law. This **new research comes as the Global Fund prepares for a global donor conference this fall to replenish its financing**, which will be hosted by the President of France, Emanuel Macron....”*

## **World Bank**

Dr Tedros congratulated, like many others, **Muhammed Pate**, with his new job:

*“Congratulations, @muhammadpate, for your confirmation as the **@WorldBank’s Global Director for Health, Nutrition and Population @WBG\_Health and Director for @theGFF**. We look forward to working closely with you to achieve #HealthForAll”*

Devex - [World Bank's David Malpass talks 'decentralization' and private investment](#)

*“World Bank President David Malpass outlined a **growing country focus** at the bank in a speech on Tuesday where he also called on governments to make structural reforms and to **create the building blocks for successful private sectors**. Malpass described his goals for the World Bank Group as helping developing countries “do well.”...”*

*““What I would like to see is countries that are true breakthroughs — that often involves strong leadership but also a good systemic reform program to make it attractive for private sector*

investment,” he said at the annual Global Private Equity Conference in Washington, D.C. The World Bank Group can help “through a **decentralization process that puts more of our people on the ground in developing countries**” and by remaining focused on good country programs focused on **debt transparency and private sector reforms....**”

## SRHR & LGBT

### Guardian - Alabama abortion ban: Republican state senate passes most restrictive law in US

<https://www.theguardian.com/us-news/2019/may/14/abortion-bill-alabama-passes-ban-six-weeks-us-no-exemptions-vote-latest>

*“Alabama’s Republican-controlled state senate passed a bill Tuesday to outlaw abortion, making it a crime to perform the procedure at any stage of pregnancy. The strictest-in-the-nation abortion ban allows an exception only when the woman’s health is at serious risk, and **sets up a legal battle that supporters hope will lead to the supreme court overturning its landmark ruling that legalized abortion nationwide [i.e. Roe versus Wade ]. The measure contains no exception for rape and incest**, after lawmakers voted down an amendment Tuesday that would have added such an exception....”*

But we reckon you already heard about this sorry (or rather bigoted) news.

See also a **BMJ Opinion by Scott Greer et al** - [Alabama abortion ban—part of new efforts to restrict abortion in the United States](#).

### Guardian - Revealed: the fringe rightwing group changing the UN agenda on abortion rights

<https://www.theguardian.com/global-development/2019/may/16/cfam-rightwing-white-house-anti-abortion-un>

*“Anti-abortion lobbying group using its influence in the Trump administration to help shape policy on the world stage. Last spring, Laurie Shestack Phipps, a diplomat at the US mission to the UN, received a set of talking points from the state department before an international women’s conference, setting out clear red lines against mention of “sexual and reproductive health” care. This had become the norm in the Trump administration, where the once uncontroversial phrase was seen as code for abortion. Use of the word “gender” was also strongly discouraged, as it was viewed as a stalking horse for LGBT rights. ... Most striking of all – the shared script was already familiar. It had been circulated before the conference by an anti-abortion lobbying group called **the Center for Family and Human Rights, or C-Fam**. C-Fam has emerged from the extreme right fringe on abortion, sexual orientation and gender identity to become a powerful player behind the scenes at the UN....”*

## Collectivity - Updating family planning indicators for quality of care measurement in PBF programs

B Meessen; <http://blog.thecollectivity.org/2019/05/16/updating-family-planning-indicators/>

*"In Fall 2017, practitioners, consultants, program managers, policy makers and researchers convened in Antwerp to advance the agenda of improving how Performance Based Financing (PBF) programs pay for family planning services. In the follow-up of the meeting, working groups were set up to identify better quality of care indicators. This collaborative work, which mobilized fifty experts, is now synthesized in a [report](#). "*

## HPW - UNAIDS And LGBT Foundation Launch Groundbreaking Study On Happiness

<https://www.healthpolicy-watch.org/unaid-and-lgbt-foundation-launch-groundbreaking-study-on-happiness/>

*"A new open-access study on quality of life among the lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals has been launched by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the LGBT Foundation – and members of those communities are being invited to complete a 12-minute survey...."*

## Oxfam Briefing paper – Feminist aid: a call for G7 leaders to beat inequality

<https://www.oxfam.org/en/research/feminist-aid-call-g7-leaders-beat-inequality>

*"In an increasingly unequal world, advancing gender equality is fundamental to tackling inequality and poverty. **The G7 has made important gender equality commitments and all G7 countries have gender equality integrated in their aid strategies.** But efforts continue to fall short as they too often neglect to address the underlying structural and systemic barriers that keep women poor and undermine their fundamental rights and freedoms. **Feminist aid has the potential to be a game changer in that it challenges us to rethink how aid is delivered and truly transform systems of unequal power. The time is now for the G7 to make a historic commit to a feminist aid agenda.**"*

## UNAIDS calls on countries to remove discriminatory laws and enact laws that protect people from discrimination

[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/may/20190516\\_IDAHOT](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/may/20190516_IDAHOT)

*"Ahead of the International Day against Homophobia, Transphobia and Biphobia (IDAHOT), on 17 May, UNAIDS is calling on all countries **to remove discriminatory laws** against lesbian, gay, bisexual, transgender and intersex (LGBTI) people...."*

## G7 & health

### G7 Health Ministers meeting (16-17 May, Paris)

<https://www.elysee.fr/en/g7/2019/01/01/ensuring-health-care-for-all>

Well timed – the event should be nicely over before it's Saturday in Paris : )

*“The ministerial meeting on 16 and 17 May 2019 in Paris, led by the Minister for Solidarity and Health, **will seek first and foremost to strengthen “primary” health care** which addresses the needs of populations at every stage of people’s lives (for prevention, screening and care)....”*

With **three goals**, in particular: **combating unequal access to health care; eliminating the three major pandemics – AIDS, tuberculosis and malaria – by 2030; improving the effectiveness of health systems.**

As you know, later this year the Global Fund Replenishment also takes place in France (Lyon).

Later today or in the coming days, you'll probably find a press release on this G7 health ministers meeting. Probably [here](#).

## Low birthweight - global estimates & lack of data

### Lancet Global Health – National, regional, and worldwide estimates of low birthweight in 2015, with trends from 2000: a systematic analysis

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30565-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30565-5/fulltext)

For some of the key results, see this **Lancet GH press release**:

*“The Lancet Global Health: **1 in 7 babies worldwide born with a low birthweight***

**First of their kind estimates find that globally 20.5 million babies were born with a low birthweight (<2500g or about 5.5 pounds) in 2015—over 90% were born in low- and middle-income countries. Warning as annual decline in low birthweight rates will need to more than double to meet global target of a 30% reduction in prevalence between 2012 and 2025, including in high income countries. ... Authors call for immediate action to tackle underlying causes of low birthweight, to ensure clinical care for small babies, and for all babies to be weighed at birth.**

More than 20 million babies were born with a low birthweight (less than 2500g; 5.5 pounds) in 2015—around one in seven of all births worldwide. Almost three-quarters of these babies were born in Southern Asia and sub-Saharan Africa, where data are most limited.

...New analysis undertaken by researchers from the London School of Hygiene & Tropical Medicine,

UNICEF, and the World Health Organization (WHO), involving 148 countries and 281 million births....”

In the accompanying [Lancet GH Comment](#), a (lack of good) **data problem** is flagged by Tanya Doherty & Mary Kinney:

Commenting on the implications of the findings, they say: ***“The authors present an urgent and practical call to action to greatly improve the coverage of weighing at birth, including the need to count and weigh all babies (livebirths and stillbirths), strengthen existing data and health systems, and innovate better weighing devices. Yet achieving this practically, especially in emergency settings or weak health systems, remains a challenge.”*** .... ***“The se new low birthweight estimates provide an opportunity to advance the agenda and call upon all stakeholders to take concerted action in the effort to ensure that every newborn is weighed at birth, and that the information is collated and used for local action and accountability at the household, community, district, national and global levels. At the same time, we must improve care for the 20.5 million low birthweight infants and their families each year.”*** ...”

See also the **Lancet Global Health Editorial** - [The weight of invisibility](#)

***“...Reducing LBW is one of the six targets set out by the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition. The Plan set a target to reduce the global number of preterm births by 30% by 2025—a 3% relative reduction per year from 2012. How do Blencowe and colleagues' findings suggest that we are doing in terms of that target? Not at all well is the short answer....”***

The editorial also provides some possible ways forward.

And see coverage of this report in **UN News** - [Countries must up their game to reduce low birth weights, warns UN-backed report](#)

## UHC High-Level meeting preparations & advocacy

We certainly recommend re-watching the **event at the Graduate Institute** - [Moving Forward Together: Key Asks from the UHC Movement for the UN HLM](#) (with also the view of a WHO big shot on where the UN HLM process currently stands, and what the current political and other sensitivities are around the political declaration ( PS: the zero draft is expected rather soon now)).

Maybe also good to give again a brief overview of some (civil society/advocacy) reads from recent weeks, aka “Important [#HLMUHC](#) reading”:

- Key Asks from [#UHC](#) Movement <https://bit.ly/2X77zqL>
- Civil Society Priority Actions <https://bit.ly/2JyFwwK> (CSEM: Civil Society Engagement Mechanism for UHC 2030)
- [@CSOs4UHC](#) letter in [@TheLancet](#) <https://bit.ly/2IYt5tV> (by Simon Wright et al)
- [@CSOs4UHC](#) article on [#civilsociety](#) [#HealthForAll](#) <https://bit.ly/2VYDJ19>



We agree with **Kent Buse**, who agreed (on Twitter) with @simoniswright & @readrefiloe ***“litmus rest of successful #UHC HLM will be very specific commitments by States on public finance targets, financial risk protection & inclusive governance as well as independent monitoring for #accountability <http://bit.ly/2LADrmt> “***

PS: as already flagged in the intro, I have my doubts on the way ‘social contracts’ are framed in the current UHC (2030) discussion - [On UHC & social contracts \(fit for the 21st century\)](#) Or rather, I have a few suggestions to get to such a social contract, fit for the 21<sup>st</sup> century.

UHC 2030 - [Civil society gathers to advocate for UHC that leaves no one behind at the C20 \(Civil 20\) in Japan](#)

Short report of a **C20 (Civil 20 Summit)** for 3 days on **21 – 23 April 2019** in **Tokyo, Japan**.

*“...Japan is hosting the G20 for the first time, and the C20 is the summit for civil society members to gather their voices and feed into the G20 outcome documents. In the lead up to this event, civil society members from various fields of work developed key recommendations through a process of dialogue and discussions over three months, which were submitted to Prime Minister Abe on 18 April. Civil society members advocating for UHC also attended this event. **The Japanese government had already announced the UHC was going to be on the G20 agenda, alongside issues such as health, active ageing and health security. The G20 process is therefore a prime opportunity to accelerate action towards the UN High Level Meeting on UHC to be held in September 2019. ...”***

## US Congress & global health financing

**KFF - House Appropriations Subcommittee Approves FY 2020 State & Foreign Operations (SFOPs) Appropriations Bill; Full Committee Approves Health & Human Services (HHS) Appropriations Bill**

[KFF](#);

Analysis of US parliament (House) appropriation bills, with a **focus on global health**. As usual, it seems they try to mitigate some of the dumbest & most shortsighted Trump budget requests, for example re PEPFAR & Global Fund (and thus increase funding over Trump requests).

See also **Devex** - [US House aid budget bill pushes back against Trump administration policies](#)

The funding bill also contains several specific measures opposed by Republicans, relating to issues such as abortion around the world, global warming initiatives, .... So the chances of it passing are not very high, in its current shape...

See also **UN Dispatch** - [With Democrats Now in Charge, UN Budget Gets a Big Boost in the U.S. House of Representatives](#)

*“...This was the first budget drafted by the State and Foreign Operations Sub-committee in which Democrats held the majority and the result was increased funding for the United Nations....”*

## HIV

### NPR - New HIV Map Offers Most Detailed Look Yet At The Epidemic

[https://www.npr.org/sections/goatsandsoda/2019/05/15/723564110/new-hiv-map-offers-most-detailed-look-yet-at-the-epidemic?utm\\_source=dlvr.it&utm\\_medium=twitter](https://www.npr.org/sections/goatsandsoda/2019/05/15/723564110/new-hiv-map-offers-most-detailed-look-yet-at-the-epidemic?utm_source=dlvr.it&utm_medium=twitter)

*“... A first-of-its-kind new map may help increase the precision of the HIV/AIDS response, as some data-savvy researchers narrow their focus on the continent's worst-affected areas — to the size of a small town. A [study](#) published Wednesday presents what these researchers describe as the most detailed map ever produced of HIV prevalence across sub-Saharan Africa. The team behind the map is an international consortium of epidemiologists led by the University of Washington-Seattle's Institute for Health Metrics and Evaluation (IHME). Their work appears in the peer-reviewed journal **Nature**. The researchers don't just go country by country. They break down the continent into a grid of thousands of 9.6-square-mile squares. The result is a view of HIV distribution that is much more fine-grain than the usual national or province-level data and that could have a huge impact on how resources are allocated to diagnose and treat as well as to prevent new infections....”*

From the abstract: “Our analysis reveals substantial within-country variation in the prevalence of HIV throughout sub-Saharan Africa and local differences in both the direction and rate of change in HIV prevalence between 2000 and 2017, highlighting the degree to which important local differences are masked when examining trends at the country level.”

For the **visualization**, see [here](#).

## Snakebites

### Guardian - Wellcome Trust investing £80m in snakebite treatment

<https://www.theguardian.com/science/2019/may/16/wellcome-trust-investing-80m-in-snakebite-treatment>

*“Snakebite, says the **Wellcome Trust**, is the cause of the world's biggest hidden health crisis – and it is **investing £80m in the hope of solving** it. The World Health Organization will this month also launch a snakebite strategy aiming to halve deaths by 2030....”*

# Planetary health & destruction

## Independent - Climate crisis: CO2 levels rise to highest point since evolution of humans

<https://www.independent.co.uk/environment/climate-change-carbon-dioxide-levels-high-history-warming-global-temperatures-a8911331.html>

*"Levels of the damaging greenhouse gas carbon dioxide have reached an alarming new milestone at the world's oldest measuring station in Hawaii. The Mauna Loa Observatory, which has measured the parts per million (ppm) of CO2 in the atmosphere since 1958, took a reading of **415.26ppm** in the air on 11 May – thought to be the highest concentration since humans evolved...."*

## Plos Med (Editorial) - Limiting global warming to 1.5 to 2.0°C—A unique and necessary role for health professionals

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002804>

*"In an Editorial, Edward Maibach and colleagues discuss the important role of health professionals in future responses to threats of climate change."*

*...this moment is one of extraordinary consequence. Actions taken by all nations over the next decade will determine whether global health will continue to improve or whether it will instead decline—possibly catastrophically so—as a result of climate change...."*

*"Over the next decade, the nations of the world must embrace and accomplish three difficult but achievable objectives so that human civilization and the ecosystems on which we depend can continue to flourish: creating a clean energy economy, drawing down excess atmospheric carbon, and preparing for and adapting to health impacts. Three global objectives: **Clean energy, carbon drawdown, and preparedness...**"*

## BBC - Climate change: Scientists test radical ways to fix Earth's climate

<https://www.bbc.com/news/science-environment-48069663>

We learned about a new term in this piece, "**climate repair**".

*"Scientists in Cambridge plan to set up a research centre to develop new ways to repair the Earth's climate. It will investigate **radical approaches such as refreezing the Earth's poles and removing CO2 from the atmosphere**. The centre is being created because of fears that current approaches will not on their own stop dangerous and irreversible damage to the planet. **The initiative is the first of its kind in the world** and could lead to dramatic reductions in carbon emissions...." Or, if we're unlucky, total hell.*

## Climate Change and Risk of Conflict: The Links Grow Clearer

<https://www.passblue.com/2019/05/07/climate-change-and-risk-of-conflict-the-links-grow-clearer/>

Worth a read, this (UN) analysis.

## Bill Gates - A critical step to reduce climate change

[https://www.gatesnotes.com/Energy/A-critical-step-to-reduce-climate-change?WT.mc\\_id=20190515000825\\_Energy-Storage\\_BG-TW&WT.tsrc=BGTW&linkId=67393850](https://www.gatesnotes.com/Energy/A-critical-step-to-reduce-climate-change?WT.mc_id=20190515000825_Energy-Storage_BG-TW&WT.tsrc=BGTW&linkId=67393850)

Gates' latest view (14 May) on climate change and what to do about it (especially focusing on high-tech solutions here, and his own (investment) efforts, for example via **Breakthrough Energy Ventures**). He sounds upbeat.

## Guardian - Single-use plastics a serious climate change hazard, study warns

<https://www.theguardian.com/environment/2019/may/15/single-use-plastics-a-serious-climate-change-hazard-study-warns>

***"The proliferation of single-use plastic around the world is accelerating climate change and should be urgently halted, a report warns. Plastic production is expanding worldwide, fuelled in part by the fracking boom in the US. The report says plastic contributes to greenhouse gas emissions at every stage of its lifecycle, from its production to its refining and the way it is managed as a waste product. This plastic binge threatens attempts to meet the Paris climate agreement. It means that by 2050 plastic will be responsible for up to 13% of the total "carbon budget" – equivalent to 615 coal-fired power plants – says the research published on Thursday...."***

## Vaccines

### Nature - Vaccination lags behind in middle-income countries

Seth Berkley; [Nature op-ed](#);

*"Poor children in relatively rich nations are being let down by immunization programmes, says Seth Berkley."* Recommended read.

***"Indonesia, Iraq and South Africa now rank among the ten countries with the highest number of under-immunized children worldwide, even though these countries are richer than many of their neighbours. What is going on? ... As the World Health Assembly meets in Geneva, Switzerland, next week, the development community must tackle an emerging conundrum: how do we increase access to vaccines, primary health care and other essential health interventions in countries that can — at least according to their gross national incomes — afford them? ... We project that by 2030, almost 70% of the world's under-immunized children will be living in countries ineligible for Gavi's vaccination programmes, such as Nigeria, India and the Philippines."*** Berkley offers a number of suggestions in this op-ed.

## BMJ Editorial - Information wars: tackling the threat from disinformation on vaccines

<https://www.bmj.com/content/365/bmj.l2144>

Closing down trolls, bots, and content polluters would be a start, say **Martin McKee** et al.

## HP&P - Value and effectiveness of National Immunization Technical Advisory Groups in low- and middle-income countries: a qualitative study of global and national perspectives

S Bell et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czz027/5487730?searchresult=1>

*“The Global Vaccine Action Plan proposes that every country establish or have access to a **National Immunization Technical Advisory Group (NITAG)** by 2020. The NITAG role is to produce evidence-informed recommendations that incorporate local context, to guide national immunization policies and practice. **This study aimed to explore the value and effectiveness of NITAGs in low- and middle-income countries (LMICs), identifying areas in which NITAGs may require further support to improve their functionality and potential barriers to global investment....”***

## Lancet Comment – Addressing the inactivated poliovirus vaccine shortage

R W Zutter & M Zafran; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30766-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30766-4/fulltext)

Lancet Comment, accompanying a new [study](#):

*“... The study by Cynthia Snider and colleagues in The Lancet is an **important addition to the growing scientific literature about fractional-dose IPV, and answers two important questions**: first, whether two intradermal IPV doses administered at 6 and 14 weeks of age are more immunogenic than one full-dose IPV given at 14 weeks; and, second, whether fractional or full-dose IPV should be used for booster doses....”*

*“... **Even so, issues remain with this strategy**, including the programmatic difficulties of intradermal administration of fractional-dose IPV (although a needle-free jet injector system for intradermal administration was prequalified by WHO in 2018), the IPV vial size (fractional-dose IPV is only recommended for single-dose or five-dose vials), and the reluctance of IPV manufacturers to apply for a label change. **Therefore, this strategy might not be suitable for countries with a weak health workforce or for those with a rigid regulatory environment for which the off-label use would be a concern** (although such use is more common than previously assumed). **The importance of the fractional-dose IPV strategy cannot be over-emphasised. This approach allowed countries to make best use of scarce IPV supplies and participate in the globally synchronised withdrawal of the Sabin type 2 vaccine.** Most importantly, in an eradication programme, careful and proactive contingency planning is indispensable to address unexpected challenges; in this case, **the Global Polio Eradication Initiative benefited from an approach that was initially pursued to make IPV more affordable.***

## Lancet World Report – Low-cost pneumonia vaccine breaks into global market

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31084-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31084-0/fulltext)

*“Pneumococcal vaccination could become less costly for Gavi, The Vaccine Alliance, as a new, cheaper, alternative hits the market. Ann Danaiya Usher reports. A vaccine produced in India for pneumococcal disease, the single largest cause of death in children worldwide, is about to enter the global market at the lowest price ever offered. The new product could free up almost US\$1 billion for Gavi, The Vaccine Alliance, and it could finally make the pneumonia vaccine available to children in middle-income countries....”*

## Access to Medicines

### Stat - Pharma is making progress addressing global health, but it's still a mixed bag

<https://www.statnews.com/pharmalot/2019/05/16/pharma-global-health-access-neglected-diseases/>

*“As the pharmaceutical industry confronts growing demands to improve global health and combat neglected diseases, **a new analysis finds patchy progress as most efforts are undertaken by a handful of companies targeting only a few maladies in a small number of low and middle-income countries.** Drug makers are taking steps to reach people on very low incomes and R&D pipelines have grown, but patient access programs have been confined to just a few diseases, only some companies are tackling the risks of unethical sales behavior, and still fewer support international trade agreements designed to ensure the poorest people can benefit from medical innovation, according to the analysis. **Some of the good news: the pipeline for priority diseases — such as HIV/AIDS, tuberculosis, and malaria — has more than doubled since 2014, reaching 285 projects....”***

For the **press release** of the new analysis by the [Access to Medicine Foundation](#) -

*“In a new report published today, the Access to Medicine Foundation shows where pharmaceutical companies have made progress in the past ten years when it comes to access to medicine. **It analyses companies’ performances in 106 low- and middle-income countries** – home to 83% of all people alive today. **It finds clear evidence of progress, most notably in R&D, and in how companies approach access. A few companies are carrying the greater part of the load. Overall, companies’ activity concentrates on a few diseases and countries....”***

See also FT (gated) - [Pharma industry improves access to medicines in developing world](#)

*“Pharma industry improves access to medicines in developing world. **Pharmaceutical companies have made good progress in promoting global health over the past 10 years by providing more and better medicines to the developing world,** according to an independent assessment of their performance.” “Number of drugs in pipeline to treat priority diseases double in 4 years.”*

## Stat - Gilead struck anti-competitive deals to bolster profits on an HIV drug, lawsuit says

[https://www.statnews.com/pharmalot/2019/05/14/gilead-hiv-anticompetitive-lawsuit/?utm\\_content=buffer930a&utm\\_medium=social&utm\\_source=twitter&utm\\_campaign=twitter\\_organic](https://www.statnews.com/pharmalot/2019/05/14/gilead-hiv-anticompetitive-lawsuit/?utm_content=buffer930a&utm_medium=social&utm_source=twitter&utm_campaign=twitter_organic)

*“In a bid to maintain its dominance in the HIV market, Gilead Sciences (GILD) allegedly conspired with other drug makers whose medicines were part of a so-called combination cocktail in order to block generic competition, according to a lawsuit filed by AIDS activists and two unions. The complaint describes an unusual scheme concerning these cocktails, which are actually fixed-dose combinations of different medicines and have been widely used for several years to combat the virus. Although Gilead has been a dominant player in the HIV marketplace, other companies manufacture HIV medicines that are useful components in a cocktail treatment. In this instance, Gilead allegedly reached deals with Bristol-Myers Squibb (BMY) and the Janssen unit of Johnson & Johnson (JNJ) to use only its component, called tenofovir, in any cocktail the companies might later market — even after the tenofovir patent expired. And Gilead returned the favor by agreeing not to market a competing cocktail after the Bristol-Myers and Janssen patents expired, the suit stated....”*

## CGD Notes - Aggregating Demand for Pharmaceuticals is Appealing, but Pooling Is Not a Panacea

C Nemzoff, K Chalkidou & M Over; <https://www.cgdev.org/publication/aggregating-demand-pharmaceuticals-appealing-pooling-not-panacea>

*“As low- and middle-income countries reduce their reliance on donor aid, they are increasingly obliged to assume some degree of financial responsibility for donor projects. This challenge will be particularly complex in the procurement of health commodities. In recent decades, recipient countries have benefitted from donor-aggregated demand and pooling mechanisms, negotiated prices, purchasing, and delivery of commodities. However, as countries shift away from donor support, their challenge will be finding a way to aggregate demand in order to achieve the benefits that the pooled purchasing arrangements of vertical health programs now provide. As a first step in tackling this challenge, **much can be learned from a diverse group of pooled procurement initiatives that have developed over the past 40 years in high-, middle-, and low-income countries.** This note reviews the rationale and functions of these initiatives, notes their potential benefits and barriers, and draws lessons regarding how best to incorporate pooled pharmaceutical purchasing models into the design and implementation of health financing reforms in countries in transition....”*

## Global Report on Internal Displacement 2019 (GRID 2019)

Reliefweb - [More people displaced inside their own countries than ever before](#)

Report from late last week. **“A record 41.3 million people are displaced inside their own countries because of conflict and violence, according to a new report by the Internal Displacement Monitoring Centre (IDMC) of the Norwegian Refugee Council (NRC)....”**



Coverage also in the **Guardian** - [Global neglect of millions forced from their homes by conflict branded 'pitiful'](#) They are clearly not a global priority...

## New tobacco products & Formula 1

### Lancet - Smoke and mirrors: new tobacco products and Formula 1

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31087-6/fulltext#figures](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31087-6/fulltext#figures)

*"Clear links between Formula 1 and smoking were rightly confined to history decades ago. However, it now appears that connections are developing once more. British American Tobacco (BAT) joined with McLaren in February to advertise several products including a so-called heat-not-burn, tobacco-containing device—a hybrid of the e-cigarette and the traditional cigarette. Under the branding "A Better Tomorrow", the union is about "transforming [the] tobacco agenda, at the heart of our portfolio of potentially reduced risk products", BAT told The Lancet on May 8...."*

The Lancet isn't very happy about that, for good reason.

Neither were my Dutch colleagues, for planetary health reasons, when it became clear that the F1 circus is again coming to Holland. Guess you have to do something for all these orange nutcases who want to cheer Max Verstappen forward : ) What did I say about 'Titanic times' in the intro?

## Migration & health

### Lancet (Comment) - WHO takes action to promote the health of refugees and migrants

L Gostin et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31051-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31051-7/fulltext)

An overview of UN & WHO frameworks, policies in the pipeline, and compacts with respect to migration & health. Focus here on WHO, though.

***"The World Health Assembly (WHA) on May 20–28, 2019, should adopt, and robustly implement, WHO's Global Action Plan on Promoting the Health of Refugees and Migrants, 2019–2023 (GAP)..."***

*"...The GAP, GCM, and GCR offer a historic opportunity to place migrant and refugee health high on the global agenda. A key step is for every state to develop a national action plan to implement the GAP priorities, embedding the health rights of migrants into domestic law...."*

## The *Lancet* Commission on diagnostics: advancing equitable access to diagnostics

M Wilson et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31052-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31052-9/fulltext)

The Lancet announces “...the formation of a Lancet Commission on diagnostics to address the challenges and opportunities for PALM ( diagnostics equipment for pathology and laboratory medicine (PALM) ) and radiology jointly. ...” Check out what the new Commission will focus on.

## SDGs – Trajectory Shift needed

### IISD - Special Edition of SDG Progress Report Finds Need for ‘Trajectory Shift’

[IISD](#):

*“The Secretary-General released a Special Edition of the annual SDG Progress Report, reviewing the past four years of progress on the SDGs. It also observes that the shift in development pathways needed to meet the SDGs by 2030 is “not yet advancing at the speed or scale required”. Among other findings, the report stresses that a failure to meet Paris Agreement goals will “directly threaten attainment of all other SDGs”.”*

## Some papers & reports of the week

### Report Safeguarding Health in Conflict Coalition (2018) – Safeguarding health in conflict

[https://www.safeguardinghealth.org/sites/shcc/files/SHCC2019final.pdf?utm\\_source=STAT+Newsletters&utm\\_campaign=9f924c116c-MR\\_COPY\\_08&utm\\_medium=email&utm\\_term=0\\_8cab1d7961-9f924c116c-149865409](https://www.safeguardinghealth.org/sites/shcc/files/SHCC2019final.pdf?utm_source=STAT+Newsletters&utm_campaign=9f924c116c-MR_COPY_08&utm_medium=email&utm_term=0_8cab1d7961-9f924c116c-149865409)

*“In 2018, there were **at least 973 attacks** on health workers, health facilities & health transports in **23 countries in conflict** around the world. **At least 167 health workers died** and at least 710 were injured as a result of these attacks. “ Again a significant **increase** versus last year.*

*“The countries with the most reported attacks on health in 2018 are the occupied Palestinian Territories (308), Syria (257), Afghanistan (98), Yemen (53), Libya (47), and the Central African Republic (CAR) (47). ...”*

As you know, as this report was released, there were **continued attacks on health workers in the DRC (Ebola) and also in Pakistan (polio)**.

*“... There has been **little progress, however, in member state follow-through on UN Security Council resolution 2286....**” The Coalition appreciates the work of Poland, Sweden, France, and Germany for keeping the issue on the Security Council’s agenda, but we urge all states to do their duty. For health care to be respected and protected, all states must implement Security Council resolution 2286 and act to safeguard health. **There are opportunities for action in 2019.** ... .. Moreover, the **September UN High-Level Meeting on Universal Health Coverage provides an occasion to integrate health care security** as a key marker in achieving the goal that every community around the world has access to all essential health services....”*

## Global Public Health - Health system preparedness for emerging infectious diseases: A synthesis of the literature

A Palagy, B Marais, S Abimbola, S Topp et al;

<https://www.tandfonline.com/eprint/4y485eC9CkUGt45XkidU/full?target=10.1080/17441692.2019.1614645>

*“This review reflects on what the literature to date has taught us about how health systems of low- and middle-income countries (LMICs) respond to emerging infectious disease (EID) outbreaks. These findings are then applied to **propose a conceptual framework characterising an EID prepared health system.** ... .. The resulting conceptual framework recognised **six core constructs**: four focused on material resources and structures (i.e. system ‘hardware’), including (i) Surveillance, (ii) Infrastructure and medical supplies, (iii) Workforce, and (iv) Communication mechanisms; and two focused on human and institutional relationships, values and norms (i.e. system ‘software’), including (i) Governance, and (ii) Trust. **The article reinforces the interconnectedness of the traditional health system building blocks to EID detection, prevention and response, and highlights the critical role of system ‘software’ (i.e. governance and trust) in enabling LMIC health systems to achieve and maintain EID preparedness.** The review provides recommendations for refining a set of indicators for an ‘optimised’ health system EID preparedness tool to aid health system strengthening efforts.”*

## CGD (Notes) - Modicare Post-Election: Recommendations to Enhance the Impact of Public Health Insurance on UHC Goals in India

Kalypto Chalkidou, A Glassman et al; [https://www.cgdev.org/publication/modicare-post-election-recommendations-enhance-impact-public-health-insurance-uhc-goals#.XNf\\_tjrjZ4w.twitter](https://www.cgdev.org/publication/modicare-post-election-recommendations-enhance-impact-public-health-insurance-uhc-goals#.XNf_tjrjZ4w.twitter)

Widely noted in the press. *“Hailed as one of the largest publicly funded health insurance programs in the world, India’s “Modicare” has, since its launch a little more than six months ago, made universal healthcare coverage an election theme for the first time in the country’s history. **In this note, we describe the program, with an emphasis on its better-known secondary and tertiary care component, and offer policy recommendations to strengthen the scheme post-election to enhance its contribution to India’s vision for universal health coverage (UHC).** In a country of almost 1.4 billion people that is home to one-third of global maternal deaths, where public spending for health accounts for roughly 1 percent of GDP and where 60 million people fall into poverty every year because of healthcare bills, fixing healthcare is a daunting task that will determine the world’s performance against the Sustainable Development Goals over the coming decade.”*

Interesting read. At some point you have to wonder, though, whether one can really discuss pros & cons of Modicare “in isolation”, i.e. without really taking into account the broader (destructive)

impact Modi & his party (+ RSS in the wings) have on the social fabric in India. For the latter, see for example this **read in the Guardian** - [In her Arthur Miller Freedom to Write Lecture, published here, Arundhati Roy asks what it means to be a writer in a world that is rapidly hardening](#)

Dolf's "Autobahns" from the '30s sometimes come to mind : ) But that's just me, I guess.

## **Lancet Global Health – How concentrated are academic publications of countries' progression towards universal health coverage?**

A Gheorge, K Chalkidou et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30154-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30154-8/fulltext)

One of the recommended reads of the week. Excerpts:

*“...The **emerging picture is nevertheless one of a UHC research focus to date on a small number of countries (particularly Brazil, Russia, India, China, and South Africa)**, potentially leaving the experiences of many others largely unknown. ... Cross-country variations in the national governments' political commitment towards the UHC agenda, domestic capacity to conduct health systems research, and (research) funding priorities of development partners, among others, **might well explain some of this disparity.***

The authors conclude: *“**Validating and, if confirmed, understanding and addressing the sources of this cross-country variability in research attention might be useful for advancing the UHC agenda.** Countries seeking to achieve UHC as rapidly and cost-effectively as possible **could learn from the successes of many others**, particularly how they handled the various hurdles, at least some of which are unlikely to be unique. **The over-representation of few countries in research for UHC is bound to introduce biases in the lessons to be had from countries' practical experience, whether positive or negative.** This bias could potentially undermine the fundamental UHC promise that every country must find its own way by limiting the options to what has been tried (and documented) already in a limited number of countries. **The time seems ripe for a concerted effort to widen the base of countries and experiences....”***

## **Lancet Global Health (June issue)**

[https://www.thelancet.com/journals/langlo/issue/vol7no6/PIIS2214-109X\(19\)X0007-8](https://www.thelancet.com/journals/langlo/issue/vol7no6/PIIS2214-109X(19)X0007-8)

Check out some of the other reads in this new Lancet Global Health issue, for example:

[Task-sharing for the prevention and control of non-communicable diseases](#)

[Xpert MTB/RIF is cost-effective, but less so than expected](#)

[Diabetes in active tuberculosis in low-income countries: to test or to take care?](#)

## WHO Bulletin - Health workers' strikes in low-income countries: the available evidence

G Russo, B McPake et al; [https://www.who.int/bulletin/online\\_first/BLT.18.225755.pdf?ua=1](https://www.who.int/bulletin/online_first/BLT.18.225755.pdf?ua=1)

The authors analysed the characteristics, frequency, drivers, outcomes and stakeholders of health workers' strikes in low-income countries.

Some of the results: “...**Strikes involving more than one professional category was the frequent strike modality (32 events), followed by strikes by physicians only (22 events). The most common reported cause was complaints about remuneration (63 events), followed by protest against the sector's governance or policies (25 events) and safety of working conditions (10 events). Positive resolution was achieved more often when collective bargaining institutions and higher levels of government were involved in the negotiations....**”

## Special issue Anthropology in action – Anthropology in global health: Creating a space for critical incongruity

R Reynolds et al ; <https://www.berghahnjournals.com/view/journals/aia/26/1/aia.26.issue-1.xml>

*“Since the turn of the millennium, conceptual and practice-oriented shifts in global health have increasingly given emphasis to health indicator production over research and interventions that emerge out of local social practices, environments and concerns. In this special issue of Anthropology in Action, we ask whether such globalised contexts allow for, recognise and sufficiently value the research contributions of our discipline. We question how global health research, ostensibly inter- or multi-disciplinary, generates knowledge. We query ‘not-knowing’ practices that inform and shape global health evidence as influenced by funders’ and collaborators’ expectations. The articles published here provide analyses of historical and ethnographic field experiences that show how sidelining anthropological contributions results in poorer research outcomes for the public. Citing experiences in Latin America, Angola, Senegal, Nigeria and the domain of global health evaluation, the authors consider anthropology’s roles in global health.”*

Featuring, among others, an article by my colleague Sara Van Belle - [Global Health Research, Anthropology and Realist Enquiry](#)

*“In this article, I set out to capture the dynamics of two streams within the field of global health research: realist research and medical anthropology. I critically discuss the development of methodology and practice in realist health research in low- and middle-income countries against the background of anthropological practice in global health to make claims on why realist enquiry has taken a high flight. I argue that in order to provide a contribution to today’s complex global issues, we need to adopt a pragmatic stance and move past disciplinary silos: both methodologies have the potential to be well-suited to an analysis of deep layers of context and of key social mechanisms.”*

## Lancet Letter – Gender equity on journal editorial boards

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31042-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31042-6/fulltext)

By Julie K Silver.

## Blogs & mainstream articles of the week

### Open Democracy - The key to global security? It's not just about security

Paul Rogers ; <https://www.opendemocracy.net/en/the-key-to-global-security-its-not-just-about-security/>

Paul Rogers shows how **economics and climate demand a new approach to international security**.  
“What is actually required is **a human-rights dimension to security**,”

“What will be making the world a more dangerous place in the coming two decades? There’s no shortage of looming threats: weapons of mass destruction; automation and artificial intelligence taking hundreds of millions of jobs; extensive surveillance and intrusion by states. But **three core drivers of insecurity** transcend these. They are: **a failing neoliberal economic system; environmental limits, especially climate breakdown; an entrenched security paradigm....**”

*“Neoliberalism puts us in danger by deepening socio-economic divisions, which marginalises many people and so increases the risk of violent revolts from those margins. Climate breakdown is of course a global danger and will be catastrophic if not prevented. And our military-industrial complex, with the use of force as its excuse for existing, has proved disastrous in the 18-year ‘war on terror’ and is incapable of responding to a divided and constrained world. **Economics, environment and security are not independent issues, however. They create vicious circles that could become virtuous if we approached them as a single integrated problem....**”*

### Science – To meet the ‘Plan S’ open-access mandate, journals mull setting papers free at publication

<https://www.sciencemag.org/news/2019/05/meet-plan-s-open-access-mandate-journals-mull-setting-papers-free-publication>

“Plan S, the funder-backed scheme to require free online access to scientific literature, aims to shake up the subscription journals that have long dominated scholarly publishing. Now, **some publishers are considering an approach they hope will both comply with the plan and maintain their subscription income: allowing authors to post manuscripts in public archives as soon as their papers are published**. Currently, most journals charge for subscriptions and keep online papers behind a paywall for at least several months. But the Plan S funders, who will release final rules this month, insist that scientists who receive their funding publish without a paywall or waiting period. **One way for scientists to comply with the plan, which is backed by 15 European government funders and four foundations, is to publish in a journal that collects fees from authors to cover free access—the “gold” model of open access**. Some publishers fear they wouldn’t earn enough through author fees to remain financially viable. So, according to John Sack, founding director of HighWire in Los Gatos, California, which provides web hosting for nonprofit scientific publishers, **many have warmed to another compliance option: “green” open access**. In that model—permitted in the draft version of Plan S, unveiled in September 2018—**Plan S-funded authors could deposit free-to-read papers in public repositories without a waiting period. The journal would continue to collect subscription fees, and the mechanism could benefit some authors who lack funding to pay for gold open access....**”

## Global health events

### Coming up: Global Vaccination summit (Brussels, 12 Sept)

[https://ec.europa.eu/health/vaccination/ev\\_20190912\\_en#b](https://ec.europa.eu/health/vaccination/ev_20190912_en#b)

*“The European Commission organises, in cooperation with the World Health Organisation, a **Global Vaccination Summit on 12 September 2019, in Brussels**. The event takes place under the joint auspices of the European Commission President Jean Claude Juncker and WHO Director General Tedros Adhanom Ghebreyesus. **The overall objective is to give high level visibility and political endorsement to the topic of vaccination and issue a statement to endorse and promote the benefits of vaccination as the most successful public health measure that saves millions of lives every year.** It will demonstrate EU leadership for global commitment to vaccination, boost political commitment towards eliminating vaccine preventable diseases and engage political leaders and leaders from scientific, medical, industry, philanthropic and civil society....”*

## Global governance of health

### Globalization & Health - USMCA (NAFTA 2.0): tightening the constraints on the right to regulate for public health

Ronald Labonté et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-019-0476-8>

*“In late 2018 the United States, Canada, and Mexico signed a new trade agreement (most commonly referred to by its US-centric acronym, the United States-Mexico-Canada Agreement, or **USMCA**) to **replace the 1994 North American Free Trade Agreement (NAFTA)**. The new agreement is the first major trade treaty negotiated under the shadow of the Trump Administration’s unilateral imposition of tariffs to pressure other countries to accept provisions more favourable to protectionist US economic interests. Although not yet ratified, the agreement is widely seen as indicative of how the US will engage in future international trade negotiations. **Drawing from methods used in earlier health impact assessments of the Trans-Pacific Partnership agreement, we undertook a detailed analysis of USMCA chapters that have direct or indirect implications for health. ...”***

Based on the results, the authors conclude: “....**Rather than enhancing public health protection the USMCA places new, extended, and enforceable obligations on public regulators that increase the power (voice) of corporate (investor) interests during the development of new regulations.** It is not a health-enhancing template for future trade agreements that governments should emulate.”



## Global Social Policy - Introduction to a special issue in memory of Bob Deacon: Where do we stand in global social policy studies?

A Kaasch; <https://journals.sagepub.com/doi/full/10.1177/1468018119847336>

Overview of this special issue.

And a quick link:

IPS - [Rise of Right-wing Nationalism Undermines Human Rights Worldwide](#)

*"The rise of right-wing nationalism and the proliferation of authoritarian governments have undermined human rights in several countries in Europe, Asia, Africa, the Middle East and Latin America. As a result, some of the **international human rights experts** – designated as **UN Rapporteurs** – have either been politically ostracized, denied permission to visit countries on "fact-finding missions" or threatened with expulsion, along with the suspension of work permits..."*

## Planetary health

### Nature (Comment) - Put equity first in climate adaptation

<https://www.nature.com/articles/d41586-019-01497-9>

*"Focusing on the bottom few per cent, not averages, is the best way to tackle poverty, argue Mark Pelling and Matthias Garschagen."*

### Science - Why some climate scientists are saying no to flying

[Science;](#)

Particularly for this sentence, on **flying by early career researchers vs more established ones**:  
*"...Cobb agrees. Early-career researchers "should have unfettered ... access to flying to build their careers just as I did," she says. It's the senior, more established scientists—such as herself—who should curtail air travel, she says. That could make the biggest dent in the problem, too: A study published online last month calculated that, at the University of British Columbia in Vancouver, Canada, full professors are responsible for three times as many flight-related emissions as grad students and postdocs."*

## Guardian - UN agency meets to tackle pollution and emissions by ships

<https://www.theguardian.com/environment/2019/may/14/un-agency-meets-to-tackle-pollution-and-emissions-by-ships>

*“International Maritime Organization aims to halve global emissions by 2050.”*

## Guardian - Nearly all countries agree to stem flow of plastic waste into poor nations

<https://www.theguardian.com/environment/2019/may/10/nearly-all-the-worlds-countries-sign-plastic-waste-deal-except-us>

*“Almost all the world’s countries have agreed on a deal aimed at restricting shipments of hard-to-recycle plastic waste to poorer countries, the United Nations announced on Friday. Exporting countries – including the US – now will have to obtain consent from countries receiving contaminated, mixed or unrecyclable plastic waste. Currently, the US and other countries can send lower-quality plastic waste to private entities in developing countries without getting approval from their governments....”*

## International Journal of Epidemiology - Early-life exposure to ambient fine particulate air pollution and infant mortality: pooled evidence from 43 low- and middle-income countries

N Goyal et al; <https://academic.oup.com/ije/advance-article-abstract/doi/10.1093/ije/dyz090/5487745>

Cfr a tweet by the first author: *“In a new article, Mahesh Karra, @davidcanning6, and I examine the link between ambient air pollution and infant mortality in 43 low- and middle-income countries. »*

## Global Policy – Towards a Global Biodiversity Action Agenda

P Pattberg et al; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.12669>

*“Non-state and sub-national actors (e.g. cities, regions and companies) are increasingly taking action to address biodiversity loss. They set up standards and commitments, provide funding, create and disseminate information, and execute projects on the ground. As part of the post-2020 Global Biodiversity Framework, parties to the **Convention on Biological Diversity (CBD)** decided to implement the ‘**Sharm El-Sheikh to Beijing Action Agenda for Nature and People**’. While there is general support for a voluntary commitment process, the question now is how the Action agenda*

should look like, what form voluntary commitments for biodiversity should take and if and how the action agenda could become a meaningful pillar in the post-2020 global biodiversity framework. A recent study by the authors reveals the **actual depth and breadth of biodiversity governance beyond the CBD**. **This contribution argues that lessons learned from the ongoing climate change action agenda should urgently be taken into account when further developing the biodiversity action agenda.**”

## Infectious diseases & NTDs

### Devex – PEPFAR funding: Taking stock of the latest changes

[Devex](#);

(gated) "As the largest and most impactful global health initiative ever undertaken, the U.S. President's Emergency Plan for AIDS Relief is credited with saving millions of lives and changing the trajectory of the global HIV epidemic. **Since its creation in 2003, PEPFAR has set aside more than \$80 billion for HIV bilateral programs across the globe...** By comparison, the Global Fund to Fight AIDS, Tuberculosis, and Malaria has disbursed close to \$20 billion for HIV/AIDS since 2002 — a total that includes contributions from PEPFAR....”

### Xinhua - New technology enables large-scale production of artemisinin for malaria

[Xinhua](#);

**“Chinese researchers have developed a new technology to produce artemisinin, the top choice for malaria treatment, on a large scale.** Sweet wormwood was used in ancient Chinese therapy to treat various illnesses, including fevers typical of malaria. Nearly five decades ago, Chinese scientists identified its active ingredient, artemisinin. ... According to researchers from the Institute of Process Engineering (IPE), Chinese Academy of Sciences, due to its complex structure, artemisinin is currently difficult and not economically feasible to chemically synthesize. The traditional industrial method to produce artemisinin is to treat sweet wormwood leaves with organic solvents like petroleum ether. The extraction process is long, energy consumption is high and productivity is low. In the study, the IPE researchers proposed to enhance the contact between the solvent and the leaves by reflux to speed up the artemisinin extraction. The extraction time was reduced from seven hours to four and a half hours....”

### NEJM (Perspective) - Collateral Benefits of Preventive Chemotherapy — Expanding the War on Neglected Tropical Diseases

P Hotez et al; <https://www.nejm.org/doi/full/10.1056/NEJMp1900400>

*“The collateral and extended effects of preventive chemotherapy, many of which were unanticipated, have reduced disease burdens and saved lives on a scale that appears to have exceeded the intended impact on seven neglected tropical diseases (NTDs) — the three major soil-transmitted helminth infections (ascariasis, trichuriasis, and hookworm infection), schistosomiasis, lymphatic filariasis, onchocerciasis, and trachoma.... ... Expanding these interventions would cost-effectively increase years of healthy life for people in the affected regions. ...”*

## Cidrap News – Study highlights caregiver risk, respiratory role in Nipah

[Cidrap News](#);

News from late last week: “A **new study based on 14 years of Nipah virus infections in Bangladesh**—the country hit hardest by the disease—revealed an elevated risk to caregivers, the role of respiratory secretions, and other new clues about what fuels transmission among humans, findings that could help control future outbreaks. An international group of researchers published its findings [today] in the New England Journal of Medicine....”

## Nature (Q & A)- How a Nigerian biochemist hopes to stop the spread of sleeping-sickness disease

<https://www.nature.com/articles/d41586-019-01549-0>

*“Emmanuel Balogun aims to develop drugs to wipe out **trypanosomiasis** in humans and animals across the African continent.”*

Quick link:

IHP - [Trachoma in Australia: environmental improvement needed for long-term elimination](#)

By **Liam Kelly Mc Bride**. Well worth a read, focusing on indigenous people in Australia.

## AMR

## Forbes – Building New Models To Support The Ailing Antibiotics Market

[Forbes](#);

Update on BARDA & AMR. By **Rick Bright, director of BARDA** (a component of the Office of the Assistant Secretary for Preparedness and Response at the U.S. Department of Health and Human Services).

Excerpt: “...Since 2010, **the Biomedical Advanced Research and Development Authority (BARDA)** has been a leader in the fight against antimicrobial resistance, providing scientific, technical and financial support of over \$1.1 billion. Thereby, BARDA has established a robust portfolio of public-private partnerships focused on the development of 14 novel, small molecule candidates. This commitment has advanced nine new antibiotics into Phase 3 clinical development, three of which, VABOMERE, ZEMDRI, and XERAIVA have received FDA approval. **Recently, BARDA expanded its portfolio to include antimicrobial medical countermeasures via the CARB-X initiative.** Funded by government agencies from the U.S., United Kingdom, and Germany as well as non-governmental organizations, particularly Wellcome Trust, CARB-X is the world’s largest public-private partnership of its kind. It provides financial, technical, and business support to generate a pipeline of antimicrobial candidates, including antibiotics, vaccines, and diagnostics. BARDA has awarded \$140 million toward CARB-X projects in the partnership’s first three years. The portfolio currently includes 35 candidates, including 13 new classes of antibiotics, 11 non-traditional antimicrobial approaches, five diagnostics, and one vaccine. This portfolio could expand to over 50 novel, clinically important programs by the end of 2019...”

**“...However, the Achaogen story exposes the limited impact that current strategies have on addressing institutional barriers to successful development and commercialization of critically needed antibiotics.** This emerging scenario is not unique to Achaogen. Similarly, there has been a collapse of market value for other late-stage development companies such as Paratek, Melinta, and Tetrphase. **Now is the time to build new business models and novel partnerships that foster a robust end-to-end enterprise, making critically needed antimicrobials available to patients....”**

And a few quick links:

- The Conversation - [Scientists alone can’t solve the antibiotic resistance crisis – we need economists too](#) (based on a Science review from early April, from the same authors)
- Vox - [The cure for your next infection may come from sewage](#)

*“ Isabelle Holdaway, age 15, was out of options. After undergoing a lung transplant necessitated by her cystic fibrosis, she’d gotten an infection that wasn’t responding to antibiotics. ... ..But today, just a few months later, she’s doing much better — thanks, apparently, to a virus scraped from the bottom of a rotten eggplant in soil teeming with worms. Holdaway, who lives in London, was treated with an **experimental “phage therapy,”** devised by her local doctors and researchers at the University of Pittsburgh. **Phages — viruses that infect and kill specific bacteria — are often found in really dirty places. Ditches. Ponds. Sewage....”***

## NCDs

### HPW - WHO Releases Draft Guidance On Labelling For Healthy Foods

<https://www.healthpolicy-watch.org/who-releases-draft-guidance-on-labelling-for-healthy-foods/>

*“WHO has released a set of draft “guiding principles” on front-of-label food packaging that would provide stronger indications to consumers of the healthy or unhealthy components in packaged and processed foods. The draft WHO Guiding principles and framework manual for front-of-pack labelling for promoting healthy diet, will provide a key input to deliberations by the 45th session of the Codex Alimentarius Committee on Food Labeling, a joint Food and Agriculture Organization and WHO body, which yesterday opened a week-long meeting in Ottawa, Canada....”*

### Lancet Global Health (Comment) - Task-shifted interventions for depression delivered by lay primary health-care workers in low-income and middle-income countries

B Adeyami Ola et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30197-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30197-4/fulltext)

Comment accompanying a new study in the Lancet Global Health by O Gureye et al.

*“...In The Lancet Global Health, Oye Gureje and colleagues report the results of a cluster-randomised trial designed to establish whether two different models of task-shifted intervention delivered by lay health workers in Nigeria could yield similar outcomes in patients with moderate to severe depression. Patients in the intervention group received a fully structured and manualised intervention package that incorporated components of the WHO Mental Health Gap Action Programme intervention guide (mhGAP-IG) for depression as well as problem-solving therapy. Those in the control group received unstructured usual care, enhanced with mhGAP-IG-based training of providers in recognition of depression and basic psychological and pharmacological interventions for depression....”*

### Reuters – Exclusive: Philip Morris suspends social media campaign after Reuters exposes young 'influencers'

[Reuters](#);

*“Cigarette maker Philip Morris International Inc has suspended a global social media marketing campaign in response to Reuters inquiries into the company’s use of young online personalities to sell its new “heated tobacco” device, including a 21-year-old woman in Russia....”*

## BMJ Feature – Big tobacco, the new politics, and the threat to public health

<https://www.bmj.com/content/365/bmj.l2164>

*“With several Tory leadership contenders sympathetic to its ideology, **the Institute of Economic Affairs is closer to power than it has been for decades**. In an exclusive investigation, Jonathan Gornall reveals how **the organisation is funded by British American Tobacco and has links with senior conservative ministers**. After orchestrating a series of attacks on public health initiatives, the IEA may now hold the key to No 10...”*

See also a related **BMJ Editorial** - [Think tanks should come out of the shadows](#)

## BMJ Global Health (blog) - Why drowning is ignored – and what can be done about it

M Gupta; <https://blogs.bmj.com/bmjgh/2019/05/10/why-drowning-is-ignored-and-what-can-be-done-about-it/>

On the neglect of drowning in global health policy. The authors suggests some possible ways to overcome this, including via linking drowning with climate change and disaster management, and also through linking it with the WASH agenda.

## Guardian - Britons get drunk more often than 35 other nations, survey finds

<https://www.theguardian.com/society/2019/may/15/britons-get-drunk-more-often-than-35-other-nations-survey-finds>

#World champions : )

*“Drinkers in the UK get drunk more than any other nation in the world, findings from a global survey suggest. Britons reported getting drunk an average of 51.1 times in a 12-month period – almost once a week – the report featuring 36 countries found....”* Figures based on the **Global Drug Survey**.

And a quick link:

**JAMA** - [Association of a Beverage Tax on Sugar-Sweetened and Artificially Sweetened Beverages With Changes in Beverage Prices and Sales at Chain Retailers in a Large Urban Setting](#) New study on the Philadelphia Soda Tax.



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

### Reuters – Antibiotics after assisted births could stop thousands of infections

[Reuters](#);

*“Giving a single dose of antibiotics to mothers who have a medically assisted birth using forceps or vacuum could prevent almost half of maternal infections, researchers said on Monday, and global health authorities should change their advice. In a [study](#) published in The Lancet medical journal, the researchers said prescribing antibiotics as a preventative measure could save more than 7,000 infections in new mothers in the UK each year, and around 5,000 in the United States. They called on the World Health Organization (WHO) and other national health agencies to alter their advice in the light of the results...”*

See also The Telegraph - [Antibiotics after birth halves rate of infection, Oxford study finds](#)

Or the Lancet Press release:

*“The Lancet: Preventative antibiotics after assisted childbirth almost halve maternal infection rate and reduce overall antibiotic use; Large randomised trial indicates that WHO and other national organisations should change antibiotic guidelines for assisted childbirth...”*

## Access to medicines

### HPW – Fair Pricing: striking the balance

<https://www.healthpolicy-watch.org/fair-pricing-striking-the-balance/>

*“Thomas Cueni, director general of the International Federation of Pharmaceutical Manufacturers and Associations, shared his view on fair pricing with Health Policy Watch.” No doubt a fair and balanced view.*

## Social determinants of health

### ILO (report) - Working conditions in a global perspective

[https://www.ilo.org/global/publications/books/WCMS\\_696174/lang--en/index.htm](https://www.ilo.org/global/publications/books/WCMS_696174/lang--en/index.htm)

*“This report provides a comparative analysis of job quality covering approximately 1.2 billion of the world’s workers in the EU28, China, the Republic of Korea, Turkey, the United States (US), Spanish-speaking Central America (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama), Argentina, Chile and Uruguay....”*

## Human resources for health

### BMJ Global Health - The role of community health workers in cervical cancer screening in low-income and middle-income countries: a systematic scoping review of the literature

J O’Donovan et al; <https://gh.bmj.com/content/4/3/e001452>

*“Community-based screening for cervical cancer and task sharing to community health workers (CHWs) have been suggested as a potential way to increase screening coverage in low- and middle-income countries (LMICs). **The aims of the scoping review** were to understand the following: (i) where and how CHWs are currently deployed in screening in LMIC settings; (ii) the methods used to train and support CHWs in screening, and (iii) The evidence on the cost-effectiveness of using CHWs to assist in screening. ... **The roles of CHWs in cervical cancer screening in LMICs have largely to date focused on education, outreach, and awareness programmes...**”*

### BBC - The hidden world of the doctors Cuba sends overseas

<https://www.bbc.com/news/uk-48214513>

*“Cuba has long been renowned for its medical diplomacy - thousands of its doctors work in healthcare missions around the world, earning the country billions of dollars in cash. **But according to a new report, some of the doctors themselves say conditions can be nightmarish - controlled by minders, subject to a curfew and posted to extremely dangerous places,** James Badcock reports.”*

The **report** is from opposition-linked ‘**Cuban Prisoners Defenders**’, and based on direct testimony from 46 doctors with experience of overseas medical missions, plus public-source information from statements by 64 other medics.

### UK turns to Asia for nurses to cover staff shortages

<https://asia.nikkei.com/Economy/UK-turns-to-Asia-for-nurses-to-cover-staff-shortages>

*“**Hospitals recruit health workers from India and Philippines amid fall from EU.** A combination of factors including uncertainty over Brexit affecting European nurses, demographic changes and a shortage in domestically trained staff have made nurses from outside of Europe an important part of*

the workforce in the U.K., which is estimated to have over 30,000 vacancies for registered nurses in England alone. **The Philippines and India now account for the largest number of foreign nurses working in England.**"

## Miscellaneous

### Nature – Chinese investments fuel growth in African science

[Nature](#);

*"Africa has emerged as a major partner in China's Belt and Road Initiative (BRI), and that is paying dividends for science. So far, 39 African countries and the African Union Commission have signed BRI cooperation agreements, with others expected to follow...."*

### RAND Corporation (report) - Contemporary Asian Drug Policy - Insights and Opportunities for Change

[RAND](#);

*"...Historically, countries in Asia have addressed illicit drug use and supply with harsh punishments, including compulsory treatment and the death penalty. The region has long espoused the goal of creating a drug-free society, a goal that has been abandoned in other parts of the globe for being infeasible. **This report describes the illicit drug policy landscape for the Association of Southeast Asian Nations (ASEAN) + 3 countries (China, Japan, and South Korea)**, which account for about 30 percent of the world's population. The authors also present **three case studies on the shifting drug policy landscape in Asia**: (1) the violent crackdown on people who use or sell drugs in the **Philippines**, (2) **Thailand's** move from a similar crackdown toward an alternative approach of reducing criminal sanctions for drug use and improving access to medication treatment and needle exchange, and (3) **China's** emergence as a major source of many new chemical precursors and drugs, like fentanyl, that are exported outside Asia." ..."*

### Devex – Here's how people in Nigeria are avoiding vaccination

[Devex](#);

Excerpt : « ...But although 1 in 5 people who contract yellow fever in Nigeria die from it, not everyone gets immunized — and **some are finding ways to bypass the travel requirements**, increasing the risk of the epidemic-prone disease spreading to other countries. One way to do it is to **buy a falsified vaccination card, readily available at the airport** for those who either don't want to be immunized or don't have enough time before they travel. The Nigerian government told Devex the cards are

*fake, while evidence at the airport suggests they are authentic but fraudulently obtained. Airport staff and travelers said the cards had been bought at the port health authority's store, duly stamped and signed as a way of generating underhand revenue for staff. Devex was able to buy one for 3,000 Nigerian naira (\$8.50) and no evidence of immunization...."*

## **World Development issue (open access issue) - China and Brazil in African Agriculture**

Edited by Ian Scoones (IDS) et al; <https://www.sciencedirect.com/journal/world-development/vol/81>

Worth scanning.

## **AP - A growing number of states call porn a public health crisis**

[AP](#)

News from the US. *"More than a dozen states have moved to declare pornography a public health crisis, raising concerns among some experts who say the label goes too far and carries its own risks...."*

Bet Alabama is one of them.

## **Nature - Artificial intelligence is selecting grant reviewers in China**

[Nature](#);

*"An algorithm is being trialled by the National Natural Science Foundation in China to select researchers who can review project proposals. The tool is designed to make reviewer selection more efficient, faster and fairer. The system is still under development and will use semantic analysis to match grant applications with potential referees. But some researchers warn that such an AI system could replicate human biases, rather than avoid them."*

## Research

### BMJ Analysis - Spreading and scaling up innovation and improvement

Trisha Greenhalgh et al; <https://www.bmj.com/content/365/bmj.l2068.full>

*“Disseminating innovation across the healthcare system is challenging but potentially achievable through different logics: mechanistic, ecological, and social, say Trisha Greenhalgh and Chrysanthi Papoutsis.”*

### Health Policy - Worlds of Healthcare: A Healthcare System Typology of OECD Countries

R. Reibling et al; <https://www.sciencedirect.com/science/article/pii/S0168851019301083>

*“In this paper, we present an extended typology of OECD healthcare systems. Our theoretical framework integrates the comparative-institutional perspective of existing classifications with current ideas from the international health policy research debate. ... The results from a series of cluster analyses indicate that **at least five distinct types of healthcare systems** can be identified.... ”*